PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 5187

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

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

| Α | For the | 2019 calendar year, or tax year beginning and e | ending | _ | |
|---------------|---------------------------------------|---|------------------|------------------------------------|-------------------------------|
| В | Check if applicable | C Name of organization | | D Employer identific | cation number |
| Г | Addres | WASHINGTON WOMEN'S FOUNDATION | | | |
| | Name change | | | 91-17549 | 33 |
| | Initial return Final return/ | | Room/suite 3 3 0 | E Telephone number 206-340- | |
| | termin- ated | | | G Gross receipts \$ | 1,481,459. |
| | Ameno | SEATTLE, WA 98144 | | H(a) Is this a group re | |
| | Application | F Name and address of principal officer: N • ELIZABETH MCCAW | | for subordinates | |
| | pendin | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| ī | Tax-exe | empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o | or 527 | 1 | list. (see instructions) |
| | | e: ► WAWOMENSFDN.ORG | | H(c) Group exemption | n number 🕨 |
| K | Form of | organization: X Corporation Trust Association Other | L Year | of formation: 1995 N | State of legal domicile: WA |
| P | art I | Summary | | | |
| Governance | 1 | Briefly describe the organization's mission or most significant activities: ${	t TO}$ CFPHILANTHROPY THROUGH THE POWER OF COLLECT | HANGE FIVE G | THE COURSE IVING. | OF WOMEN'S |
| rna | 2 | Check this box 🕨 🔲 if the organization discontinued its operations or dispos | sed of more | than 25% of its net as | ssets. |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | ı | 16 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 16 |
| es & | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 5 |
| Λįξί | 6 | Total number of volunteers (estimate if necessary) | | | 180 |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| ٩ | b | Net unrelated business taxable income from Form 990-T, line 39 | | | 0. |
| | | | | Prior Year | Current Year |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 1,336,988. | 1,164,365. |
| enc | 9 | Program service revenue (Part VIII, line 2g) | | 2,963. | 1,485. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 154,468. | 159,636. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 5,615. | 6,075. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . | | 1,500,034. | 1,331,561. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 848,500. | 685,506. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . | | 469,037. | 476,098. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | <u></u> | 0. | 0. |
| ž | b ' | Total fundraising expenses (Part IX, column (D), line 25) | | 010 506 | 025 060 |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 219,726. | 235,269. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,537,263. | 1,396,873. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -37,229. | |
| Net Assets or | | T. I. (D. I.V.). 40) | | ginning of Current Year 5,604,657. | End of Year 6,106,769. |
| SSE | g 20 | Total assets (Part X, line 16) | | 344,765. | 273,910. |
| let / | 21 | Total liabilities (Part X, line 26) | | 5,259,892. | 5,832,859. |
| | ≧∣ 22 art II | Net assets or fund balances. Subtract line 21 from line 20 | | 3,233,032. | 3,032,033. |
| _ | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and etatem | ents, and to the hest of my | v knowledge and helief it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | y Knowledge and boller, it is |
| uu | 3, 001100 | t, and complete. Declaration of proparti (other than officer) is based on an information of wife | non proparci | las any knowledge. | |
| Sig | ın l | Signature of officer | | I Date | |
| He | | N. ELIZABETH MCCAW, PRESIDENT AND CEO | | | |
| 110 | 10 | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | 10 | Date Check | PTIN |
| Pai | id | KARI MOORE, CPA KARI MOORE, CPA | lo | 9/15/20 if self-employe | P01392605 |
| | parer | Firm's name JACOBSON JARVIS & CO, PLLC | | Firm's FIN | 91-2011386 |
| | e Only | Firm's address 200 FIRST AVE WEST, SUITE 200 | | I IIII O EIN | |
| | | SEATTLE, WA 98119-4219 | | Phone no. (2 | 06)-628-8990 |
| Ma | ıv the IF | RS discuss this return with the preparer shown above? (see instructions) | | 1 | X Yes No |

| Pai | t III 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: |
| | WASHINGTON WOMEN'S FOUNDATION IS A STRONG AND INCLUSIVE COLLECTIVE OF |
| | INFORMED WOMEN WHO TOGETHER INFLUENCE COMMUNITY TRANSFORMATION THROUGH |
| | INDIVIDUAL AND COLLECTIVE DISCOVERY, HIGH-IMPACT GRANT MAKING AND BY |
| | LISTENING TO AND RESPECTING ALL VOICES IN OUR COMMUNITY. |
| 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 \$ 703,683 • including grants of \$ 525,000 •) (Revenue \$) |
| | POOLED GRANT MAKING: IN 2019, THE FOUNDATION MADE FIVE GRANTS OF |
| | \$100,000 EACH, TOTALING \$500,000 TO REGIONAL NONPROFIT ORGANIZATIONS, |
| | ONE IN EACH OF THE FOLLOWING AREAS: ARTS, EDUCATION, ENVIRONMENT, |
| | HEALTH, AND HUMAN SERVICES. 60-70 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 \$25,000 WERE AWARDED TO THE FIVE |
| | RUNNER-UP ORGANIZATIONS. |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 139,741 • including grants of \$ 117,636 •) (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. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ |
| | 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. THE FOUNDATION HAS OVER 180 ACTIVE |
| | COMMITTEE MEMBERS AND 2,500 VOLUNTEER HOURS ARE INVESTED EACH YEAR IN |
| | OUR PROGRAMS. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 77,771 • including grants of \$ 32,870 •) (Revenue \$) |
| 4e | Total program service expenses ► 1,132,214. |
| | Form 990 (2019) |

WASHINGTON WOMEN'S FOUNDATION

Form 990 (2019) WASHINGTON WOMEN'S FOUNDATION Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? 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 during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| _ | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 4 | | |
| 5 | 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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 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 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | Х |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | х | |

| Part IV | Checklist | of Required | Schedules | (continued) |
|---------|-----------|-------------|------------------|-------------|

| | | | Yes | No |
|------|--|-----|------|--------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 | | v | |
| 04 - | Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | | | v |
| 00 | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? | 28c | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | <u> </u> |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | | Х |
| 35.2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 33a | | |
| - | 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 | | X |
| 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 37 | |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | <u> </u> |
| ıa | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Shook if Contours Contains a response of flote to any line in this fact v | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11 | | . 50 | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

WASHINGTON WOMEN'S FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | | Yes | No |
|--------|--|------------------------|----------|-----|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 5 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions |) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | iccount)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country ▶ | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi | ccounts (FBAR). | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | ons 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 ser | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 3 | _ | | ₩ |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | _ | | v |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual preparity, did the organization file. | | 7f | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | /11 | | |
| Ŭ | sponsoring organization have excess business holdings at any time during the year? | - | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | D. I | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | 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 | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 | | | |
| | | 13b | | | |
| | | 13c | 4. | | v |
| 14a | | - 0 | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | 45 | | х |
| | excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | 15 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t income? | 16 | | Х |
| 10 | If "Yes," complete Form 4720, Schedule O. | i ilioonie: | 10 | | |
| | ii 100, Complete Form 4720, Concedit C. | | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | | | | |
|-------------|--|----------|-------------------|------------|----------|---------|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | 1 1 | 1 | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 1 | 익 | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | 1 | اے | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 1 | 익 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | | | | | 37 | | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | 37 | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? \dots | | | 3 | | X | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | 5 | | X | | | | |
| | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | Х | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | 3,7 | | | | | |
| | more members of the governing body? | | | 7a | X | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | , | | | 37 | | | | |
| | persons other than the governing body? | | | 7b | | X | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | 3,7 | | | | | |
| а | The governing body? | | | 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 real | | | | | 177 | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Fi | Revenue | Code.) | | I., | · | | | | |
| 40 | | | | 40 | Yes | No X | | | | |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Α. | | | | |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such or and beginning to a second the procedure of the control of the contr | | | 10b | | | | | | |
| 44- | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | |
| | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a 12b | X | | | | | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | | | 120 | 125 | | | | | |
| С | | | | 120 | x | | | | | |
| 12 | in Schedule O how this was done | | | 12c | X | | | | | |
| 13 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | | 14 | X | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | | | 14 | 25 | | | | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | - | dependent | | | | | | | |
| 9 | The organization's CEO, Executive Director, or top management official | | | 15a | Х | | | | | |
| | Other officers or key employees of the organization | | | 15a | X | | | | | |
| D | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | 130 | <u> </u> | | | | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment w | th a | | | | | | | |
| .54 | taxable entity during the year? | | | 16a | | Х | | | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | 100 | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati | - | • | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶WA | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | and 990 | T (Section 501(c) | 3)s onl | y) avai | lable | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | (0)(| , | ., | - | | | | |
| | X Own website Another's website X Upon request Other (explain | n on Scl | nedule O) | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, c | | , | nd fina | ncial | | | | | |
| | statements available to the public during the tax year. | | ,,, - | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | ooks an | d records | | | | | | | |
| | KATHY WEHLE - 206-340-1710 | | | | | | | | | |
| | 2100 24TH AVE S. NO. 330. SEATTLE. WA 98144 | | | | | | | | | |

Form 990 (2019)

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 (D), (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.

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

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

| Name and title | (A) | (B) | Ī | (C) | | (D) | (E) | (F) | | | |
|--|---|---|--------------------------------|---|---------|-------------------------|---------------------------------|---------------------|--------------|---------------|-----------------------------------|
| Compensation Comp | | Average hours per | box | (do not check more than one box, unless person is both an | | Reportable compensation | Reportable compensation | Estimated amount of | | | |
| (1) N. ELIZABETH MCCAW | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization | organizations | from the organization and related |
| C20 | | 40.00 | | | | | | | 150 165 | • | 4 565 |
| CFO | | 00.00 | _ | | X | | | | 152,167. | 0. | 4,565. |
| CHRIS CHARBONNEAU | | 20.00 | - | | 77 | | | | F0 047 | 0 | 0 050 |
| PRESIDENT | | 4 00 | | | X | | | | 50,04/. | 0. | 8,852. |
| VICE PRESIDENT | | 4.00 | x | | x | | | | 0. | 0. | 0. |
| SECRETARY | (4) ANN KUMASAKA | 4.00 | | | | | | | | | |
| SECRETARY | VICE PRESIDENT | | Х | | X | | | | 0. | 0. | 0. |
| Columb C | (5) KATHY EDWARDS | 4.00 | | | | | | | | | _ |
| TREASURER | SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| The state of the | (6) JANE SEARING | 4.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | | Х | | X | | | | 0. | 0. | 0. |
| (8) GRACE CHIEN | | 2.00 | | | | | | | | | |
| DIRECTOR X | | | X | | | | | | 0. | 0. | 0. |
| CEDRA DUFLON-HEIDE | | 2.00 | ١ | | | | | | | | • |
| DIRECTOR X | | 0.00 | X | | | | | | 0. | 0. | 0. |
| Column | , | 2.00 | ,, | | | | | | | 0 | 0 |
| DIRECTOR X | | 2 00 | X | | | | | | 0. | 0. | 0. |
| Columbia | | 2.00 | . , | | | | | | | 0 | 0 |
| DIRECTOR X | | 2 00 | A | | | | | | 0. | 0. | 0. |
| DIRECTOR X | | 2.00 | | | | | | | | 0 | 0 |
| DIRECTOR X | | 2 00 | ^ | | | | | | 0. | 0. | 0. |
| Column | | 2.00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR X | | 2.00 | | | | | | | • | • | |
| DIRECTOR X DIRECTOR X D. D. D. D. D. D. D. | | | x | | | | | | 0. | 0. | 0. |
| DIRECTOR X | (14) JODI GREEN | 2.00 | | | | | | | - | | |
| DIRECTOR X 0. 0. 0. 0. | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) MARTHA KONGSGAARD 2.00 DIRECTOR X (17) BO LEE 2.00 DIRECTOR X | (15) KRIS KAMINISHI | 2.00 | | | | | | | | | |
| DIRECTOR X 0. 0. 0. (17) BO LEE 2.00 X 0. 0. 0. 0. | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (17) BO LEE DIRECTOR X 0. 0. 0. | (16) MARTHA KONGSGAARD | 2.00 | | | | | | | | | |
| DIRECTOR X 0. 0. | DIRECTOR | | Х | | | | | L | 0. | 0. | 0. |
| | (17) BO LEE | 2.00 | | | | | | | | | |
| | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |

| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ighe | st C | compensated Employe | es (continued) | | | | |
|------|---|--|--------------------------------|--|--------------|--------------|------------------------------|---------------------|--|--|---------|--|------------------------------------|------------|
| | (A) Name and title | (B) Average hours per week (list any hours for | (do box offi | Position (do not check more than one oox, unless person is both an officer and a director/trustee) | | | | one h an tee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | | (F) Estimated amount of other compensati | | of tion |
| /10) | PATTI MEYERS | related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | ` | | and | anization d relate anization | ed |
| DIRE | | 2.00 | Х | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Subtotal | | | | | | | | 202,214. | | 0. | | 3,41 | |
| d | Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | | | > 10 r | 0. 202,214. | 000 of reportab | 0. | | 3,41 | 0. 17. |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su | uch individual | | | | | | | | | | 3 | | Х |
| | and related organizations greater than \$150 Did any person listed on line 1a receive or a | 0,000? <i>If</i> "Yes, accrue comper | " co nsat | <i>mple</i> ion f | ete S rom | Sche any | e <i>dule</i> / unr | e J f | for such individual | | | 4 | Х | _ |
| Sect | rendered to the organization? If "Yes," com tion B. Independent Contractors | plete Schedul | e J f | or st | uch | pers | son . | | | | <u></u> | 5 | | X |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | npens | ation f | rom | |
| | (A) Name and business | address | N | ONI | 3 | | | | (B) Description of s | ervices | C | (C Compe | C) nsation | 1 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent contractors (i | ncludina but n | ot li | mite | d to | tho | se li | stec | d above) who received m | nore than | | | | |
| | \$100,000 of compensation from the organization | • | | | | | 0 | | | /••• • | | | 000 (0 | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 911,923. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 252,442. similar amounts not included above 1f 53,480. g Noncash contributions included in lines 1a-1f 1g |\$ 1,164,365. h Total. Add lines 1a-1f **Business Code** 611600 1,485. 1,485. 2 a EDUCATION EVENT FEES Program Service Revenue С f All other program service revenue 1,485. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 143,412. 143,412. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory _{7a} 166,122. **b** Less: cost or other basis Other Revenue 7ь 149,898. and sales expenses c Gain or (loss) 7c 16,224. 16,224. 16,224. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** 900099 11 a MISCELLANEOUS 6,075. 6,075. b d All other revenue 6,075. e Total. Add lines 11a-11d 1,331,561. 1,485. 165,711 Total revenue. See instructions 12

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).

| 3601 | On 50 I (C)(3) and 50 I (C)(4) organizations must com | - | | impiete columni (A). | Г |
|------|---|----------------|--------------------------|---------------------------------|------------------------|
| Do | Check if Schedule O contains a respon not include amounts reported on lines 6b, | (A) | this Part IX | (C) | (D) |
| 7b, | 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 | 605 506 | 605 506 | | |
| | and domestic governments. See Part IV, line 21 | 685,506. | 685,506. | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | 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, | 152,167. | 91,300. | 45,650. | 15,217. |
| 6 | trustees, and key employees | 132,107. | J1,300. | 43,030. | 15,217 |
| 0 | persons (as defined under section 4958(f)(1)) and | | | | |
| | paragna described in section 40E0(a)(2)(D) | | | | |
| 7 | Other salaries and wages | 245,048. | 143,000. | 95,548. | 6,500. |
| 8 | Pension plan accruals and contributions (include | 23,040 | <u> </u> | 73,340. | 0,500. |
| 0 | section 401(k) and 403(b) employer contributions) | 11,916. | 8,394. | 3,066. | 456. |
| 9 | Other employee benefits | 35,367. | 22,281. | 11,671. | 1,415. |
| 10 | Payroll taxes | 31,600. | 18,547. | 11,386. | 1,667. |
| 11 | Fees for services (nonemployees): | 32,0001 | 20,017 | 22,3331 | 2,00,0 |
| | Management | | | | |
| | Legal | 1,235. | | 1,235. | |
| | Accounting | 23,526. | | 23,526. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 15,299. | | 15,299. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | - | | - | |
| J | column (A) amount, list line 11g expenses on Sch O.) | 26,550. | 23,773. | 2,450. | 327. |
| 12 | Advertising and promotion | - | - | - | |
| 13 | Office expenses | 28,521. | 17,256. | 10,805. | 460. |
| 14 | Information technology | 4,466. | 2,415. | 1,879. | 172. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 19,154. | 10,645. | 7,748. | 761. |
| 17 | Travel | 2,214. | 1,663. | 486. | 65. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 25,601. | 21,131. | 4,253. | 217. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 17,509. | 15,109. | 2,400. | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | VENUE AND REFRESHMENTS | 41,379. | 41,379. | | |
| b | SPEAKER FEES | 29,815. | 29,815. | | |
| c | | | · | | |
| d | | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,396,873. | 1,132,214. | 237,402. | 27,257. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | Earm 990 (2010) |

Form 990 (2019) Part X Balance Sheet

| Га | IL A | balance Sneet | | | | | |
|-----------------------------|------|---|------------|---------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or | note to an | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 315,355. | 1 | 184,169. |
| | 2 | Savings and temporary cash investments | | 1,108,060. | 2 | 1,127,117. | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | |
| | | controlled entity or family member of any of t | hese pers | ns | | 5 | |
| | 6 | Loans and other receivables from other disqu | | | | | |
| | | under section 4958(f)(1)), and persons descri | | 6 | | | |
| s | 7 | Notes and loans receivable, net | | | 7 | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ğ | 9 | Prepaid expenses and deferred charges | | | 5,585. | 9 | 6,928. |
| | 10a | Land, buildings, and equipment: cost or othe | | | | | |
| | | basis. Complete Part VI of Schedule D | | 57,327. | | | |
| | b | Less: accumulated depreciation | | 31,768. | 43,069. | 10c | 25,559. |
| | 11 | Investments - publicly traded securities | | | 4,132,588. | 11 | 4,762,996. |
| | 12 | Investments - other securities. See Part IV, lir | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | _ | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | | 5,604,657. | 16 | 6,106,769. | |
| | 17 | Accounts payable and accrued expenses | | | 41,598. | 17 | 46,576. |
| | 18 | Grants payable | | | 303,167. | 18 | 227,334. |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | | | | 21 | |
| S | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, su | | | | | |
| abi | | controlled entity or family member of any of t | | | | 22 | |
| = | 23 | Secured mortgages and notes payable to un | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | _ | | | |
| | | parties, and other liabilities not included on li | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 344,765. | 26 | 273,910. |
| | | Organizations that follow FASB ASC 958, o | | | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| a | 27 | Net assets without donor restrictions | | | 1,458,438. | 27 | 2,268,832. |
| Ва | 28 | Net assets with donor restrictions | | Г | 3,801,454. | 28 | 3,564,027. |
| pur | | Organizations that do not follow FASB ASC | | | | | |
| Ę | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current fun | ds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | _ | | 31 | |
| Net | 32 | Total net assets or fund balances | | | 5,259,892. | 32 | 5,832,859. |
| | 33 | Total liabilities and net assets/fund balances | | | 5,604,657. | 33 | 6,106,769. |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|--|------------|------|-----|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,33 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,39 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 5,3 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5,25 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 63 | 8,2 | 79. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 5,83 | 2,8 | 59. |
| 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 | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | |
| | 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 on Sci | | | | |
| 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? | | 3a | | 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 on 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

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WASHINGTON WOMEN'S FOUNDATION 91-1754933 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 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 organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

| Sec | tion A. Public Support | | | | | | | |
|------|--|----------|---------------------------------------|------------------------|----------------------|-------------|--------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | _ | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 1449364. | 1446332. | 1835681. | 1336988. | 1164365. | 7232730. | |
| 2 | Tax revenues levied for the organ- | | | | | | _ | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1449364. | 1446332. | 1835681. | 1336988. | 1164365. | 7232730. | |
| 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) | | | | | | 268,071. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 6964659. | |
| Sec | tion B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| 7 | Amounts from line 4 | 1449364. | 1446332. | 1835681. | 1336988. | 1164365. | 7232730. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | 440 004 | | | |
| | and income from similar sources | 65,102. | 66,989. | 102,291. | 119,381. | 143,412. | 497,175. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | 405 | 1 004 | 000 | F 64 F | 6 055 | 42 500 | |
| | assets (Explain in Part VI.) | 405. | 1,204. | 283. | 5,615. | 6,075. | 13,582. | |
| | Total support. Add lines 7 through 10 | | | | | | 7743487. | |
| | Gross receipts from related activities, | • | | | | 12 | 29,791. | |
| 13 | First five years. If the Form 990 is for | - | first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) | | |
| 200 | organization, check this box and stop etion C. Computation of Publ | here | rcentage | | | | <u></u> ▶□ | |
| | | | | olumn (f)) | | 14 | 89.94 % | |
| | Public support percentage for 2019 (I Public support percentage from 2018 | | | | | 15 | 89.94 % 91.06 % | |
| | | | | | | | , - | |
| 104 | 6a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| b | stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| _ | | - | | | | | | |
| 17a | and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | | | | | | | |
| | meets the "facts-and-circumstances" | | | | • | _ | | |
| b | 10% -facts-and-circumstances tes | ~ | · · · · · · · · · · · · · · · · · · · | | • | | | |
| | more, and if the organization meets the | | | | | | | |
| | organization meets the "facts-and-circ | | | | | | ▶ □ | |
| 18 | Private foundation. If the organization | | | | | | s | |

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 | | | | | | |
| | | | | | | | |
| / 6 | Amounts included on lines 1, 2, and | | | | | | |
| , | 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.) | | | | | | |
| | · | () 0045 | (1) 0040 | () 0047 | (1) 0040 | () 0040 | (0 T |
| | endar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (| line 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | % |
| Se | ction D. Computation of Inve | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)19 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | % |
| 18 | | | | | | 18 | % |
| 19 | a 33 1/3% support tests - 2019. 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 | 17 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | organization quali | fies as a publicly s | upported organiza | ation | ▶□ |
| ŀ | 33 1/3% support tests - 2018. If the | | | | | | and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 | | |
| | | | |
| | 3c | | |
| | | | |
| | 4a | | |
| | | | |
| | 4b | | |
| | | | |
| | | | |
| | | | |
| | 4c | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 5a | | |
| | | | |
| | 5b | | |
| | 5с | | |
| | | | |
| | | | |
| | | | |
| | _ | | |
| | 6 | | |
| | | | |
| | 7 | | |
| | • | | |
| | 8 | | |
| | | | |
| | | | |
| | 9a | | |
| | | | |
| | 9b | | |
| | | | |
| | 9с | | |
| | | | |
| | 46 | | |
| | 10a | | |
| | 101- | | |
| m ^ | 10b 90 or 99 |)O. 57 | 2010 |
| יווי ש | an or as | 7U-EZ | 2019 |

| Pai | t 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 | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | 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 | | |
| <u>Sec</u> | tion D. All Type III Supporting Organizations | | | |
| | _ | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | _ | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | 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 | _ | | |
| 800 | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | | | |
| ı a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru | uctions | .) | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 100 | 110 |
| _ | 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. | 3а | | |
| 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.

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportir | g Orga | anizations | J |
|------|---|-------------|------------------------------|--------------------------------|
| 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. Al |
| | other Type III non-functionally integrated supporting organizations must co | mplete s | 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): | | | |
| a | 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-functiona | lly integra | ated Type III supporting org | ganization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Par | ιV | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|---------|--|-------------------------------|-----------------------------------|----------------------------------|
| Secti | on D - | Distributions | | , | Current Year |
| 1 | Amou | nts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amou | nts paid to perform activity that directly furthers exemp | nt purposes of supported | | |
| | organi | izations, in excess of income from activity | | | |
| 3 | | istrative expenses paid to accomplish exempt purpose | es of supported organization | ns | |
| 4 | | nts paid to acquire exempt-use assets | · · · · · · | | |
| 5 | | ied set-aside amounts (prior IRS approval required) | | | |
| 6 | | distributions (describe in Part VI). See instructions. | | | |
| 7 | | annual distributions. Add lines 1 through 6. | | | |
| 8 | | putions to attentive supported organizations to which the | ne organization is responsive | e | |
| | | de details in Part VI). See instructions. | J | | |
| 9 | | outable amount for 2019 from Section C, line 6 | | | |
| 10 | | amount divided by line 9 amount | | | |
| | | | (i) | (ii) | (iii) |
| Secti | on E - | Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distrib | outable amount for 2019 from Section C, line 6 | | | |
| 2 | Under | distributions, if any, for years prior to 2019 (reason- | | | |
| | able c | ause required- explain in Part VI). See instructions. | | | |
| 3 | Exces | s distributions carryover, if any, to 2019 | | | |
| а | From 2 | 2014 | | | |
| b | From 2 | 2015 | | | |
| С | From 2 | 2016 | | | |
| d | From 2 | 2017 | | | |
| е | From 2 | 2018 | | | |
| f | Total | of lines 3a through e | | | |
| g | Applie | ed to underdistributions of prior years | | | |
| h | Applie | ed to 2019 distributable amount | | | |
| | | over from 2014 not applied (see instructions) | | | |
| j | | inder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | | outions for 2019 from Section D, | | | |
| | line 7: | | | | |
| а | | ed to underdistributions of prior years | | | |
| | | ed to 2019 distributable amount | | | |
| | | inder. Subtract lines 4a and 4b from 4. | | | |
| 5 | | ining underdistributions for years prior to 2019, if | | | |
| | | Subtract lines 3g and 4a from line 2. For result greater | | | |
| | , | ero, explain in Part VI. See instructions. | | | |
| 6 | | ining underdistributions for 2019. Subtract lines 3h | | | |
| - | | b from line 1. For result greater than zero, explain in | | | |
| | | 1. See instructions. | | | |
| 7 | | s distributions carryover to 2020. Add lines 3j | | | |
| • | and 4 | - I | | | |
| 8 | | down of line 7: | | | |
| | | s from 2015 | | | |
| | | s from 2016 | | | |
| | | s from 2017 | | | |
| | | s from 2018 | | | |
| | | s from 2019 | | | |
| e | LAUUS | J U J U J U J U U U | | | |

Schedule A (Form 990 or 990-EZ) 2019

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

OMB No. 1545-0047

Name of the organization

Employer identification number

WASHINGTON WOMEN'S FOUNDATION

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

91-1754933

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Organization type (check one): | | | | | | |
|--|--|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | | | | | | |
| , , | is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General Rule | | | | | | |
| | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special Rules | | | | | | |
| sections 509(a)(1) any one contribut | on 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 tor, 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; Z, line 1. Complete Parts I and II. | | | | | |
| year, total contrib | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the elty to children or animals. Complete Parts I, II, and III. | | | | | |
| year, contribution is checked, enter purpose. Don't co | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\bigsim}{\bigsim} \fr | | | | | |
| but it must answer "No" o | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), in 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |

Name of organization Employer identification number

WASHINGTON WOMEN'S FOUNDATION

91-1754933

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

Name of organization Employer identification number

WASHINGTON WOMEN'S FOUNDATION

91-1754933

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | . \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization WASHINGTON WOMEN'S FOUNDATION 91-1754933 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 Part III 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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WASHINGTON WOMEN'S FOUNDATION

Employer identification number 91-1754933

| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Acco | unts.Complete if the | | | |
|----------|--|--|----------------|---------------------------------|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, line | | | | | | |
| | - | (a) Donor advised funds | (b) Fur | nds and other accounts | | | |
| 1 | Total number at end of year | 118 | | | | | |
| 2 | Aggregate value of contributions to (during year) | 16,636. | | | | | |
| 3 | Aggregate value of grants from (during year) | 117,636. | | | | | |
| 4 | Aggregate value at end of year | 0. | | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advise | ed funds | | | | |
| | are the organization's property, subject to the organization's | exclusive legal control? | | 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 o | | | | | | |
| | impermissible private benefit? | | | X Yes No | | | |
| Pai | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, P | art IV, line 7 | · . | | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | | | | |
| | Preservation of land for public use (for example, recrea | tion or education) Preservation of a | a historically | important land area | | | |
| | Protection of natural habitat | Preservation of a | a certified h | istoric structure | | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form of | of a conserv | ation easement on the last | | | |
| | day of the tax year. | | | Held at the End of the Tax Year | | | |
| а | Total number of conservation easements | | 2a | | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | | |
| С | Number of conservation easements on a certified historic stru | | | | | | |
| d | Number of conservation easements included in (c) acquired a | | | | | | |
| | listed in the National Register | | 2d | | | | |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by the | organizatio | n during the tax | | | |
| | year ▶ | | | | | | |
| 4 | Number of states where property subject to conservation eas | | | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | | |
| | violations, and enforcement of the conservation easements it | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing cons | ervation eas | sements during the year | | | |
| | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservat | ion easeme | nts during the year | | | |
| | \$ | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) abov | | | П., П., | | | |
| _ | and section 170(h)(4)(B)(ii)? | | | Yes No | | | |
| 9 | In Part XIII, describe how the organization reports conservation | • | | | | | |
| | balance sheet, and include, if applicable, the text of the footn | note to the organization's financial statement | ents that de | scribes the | | | |
| Dai | organization's accounting for conservation easements. † III Organizations Maintaining Collections of | f Art Historical Treasures or Ot | har Simi | lar Accote | | | |
| Га | Complete if the organization answered "Yes" on Form | | | iai Assets. | | | |
| 10 | | | nd balanca | ahaat warka | | | |
| ıa | If the organization elected, as permitted under FASB ASC 95 | | | | | | |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public | | | | | | |
| h | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of | | | | | | |
| D | art, historical treasures, or other similar assets held for public | | | | | | |
| | , | exhibition, education, or research in furth | erance or p | ublic service, | | | |
| | provide the following amounts relating to these items: | | | Φ. | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ \$ | | | |
| 0 | (ii) Assets included in Form 990, Part X | | | · | | | |
| 2 | If the organization received or held works of art, historical treation following amounts required to be reported under EASP A | | gairi, provid | 1 <u>C</u> | | | |
| _ | the following amounts required to be reported under FASB A | _ | _ | ¢ | | | |
| d h | Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X | | | \$ \$ | | | |
| U | CONTRACTOR DE L'UTILITATION DE LA CONTRACTOR DE L'ACCORDANCE D | | | N/A | | | |

| Pai | t III Organizations Maintaining C | ollections of Ar | t, Historical Tr | easures, or Oth | er Simil | ar Asse | ts (contin | ued) | |
|-------|---|----------------------------------|--------------------------------|-----------------------|-------------|-----------------|-------------------|------------|----------|
| 3 | 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition d Loan or exchange program | | | | | | | | |
| b | Scholarly research | е | 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 purpo | ose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit o | | • | • | | | 7 | | |
| D = 1 | to be sold to raise funds rather than to be ma | | | | | | Yes | No | <u>_</u> |
| Pai | reported an amount on Form 990, Par | - | te if the organizatio | n answered "Yes" o | n Form 990 |), Part IV, | line 9, or | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for contribution | s or other assets no | t included | _ | _ | | |
| | on Form 990, Part X? | | | | | L | Yes | L No |) |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing 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 Fo | orm 990, Part X, line | 21, for escrow or cu | ustodial account liab | ility? | L | Yes | L No |) |
| b | If "Yes," explain the arrangement in Part XIII. | | | | | | | | _ |
| Pai | t V Endowment Funds. Complete in | f the organization and | swered "Yes" on Fo | | | | | | _ |
| | | (a) Current year | (b) Prior year | (c) Two years back | | | (e) Four | years back | _ |
| | Beginning of year balance | 4,132,588. | 4,470,580. | 3,588,311. | 3,4 | 68,036. | 3, | 573,658 | · |
| b | Contributions | 27,375. | 32,602. | 511,144. | | 25,350. | | 123,096 | · |
| С | Net investment earnings, gains, and losses | 777,625. | -222,698. | 526,014. | 2 | 71,754. | | -10,711 | • |
| d | Grants or scholarships | 159,293. | 147,896. | 140,586. | 1 | 20,264. | | 166,007 | • |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | 15,299. | | 14,303. | | 56,565. | | 52,000 | • |
| g | End of year balance | 4,762,996. | 4,132,588. | 4,470,580. | 3,5 | 88,311. | 3, | 468,036 | • |
| 2 | Provide the estimated percentage of the curr | | e (line 1g, column (a | a)) held as: | | | | | |
| а | Board designated or quasi-endowment | 26.48 | _% | | | | | | |
| b | Permanent endowment ► 57.06 | % | | | | | | | |
| С | Term endowment ▶ 16.46 g | <u>~</u> % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | ation that are held a | nd administered for | the organiz | zation | | | |
| | by: | | | | | | Γ | Yes No | _ |
| | (i) Unrelated organizations | | | | | | 3a(i) | Х | |
| | (ii) Related organizations | | | | | | | X | |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on Schedule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | · | |
| Pai | rt VI Land, Buildings, and Equipm | ent. | | | | | | | _ |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11a. S | See Form 990, Part X | (, line 10. | | | | |
| | Description of property | (a) Cost or ot basis (investm | | , , , | Accumulate | | (d) Book | value | |
| 12 | Land | <u> </u> | , , , , , , , | , | | | | | - |
| | Buildings | | | | | | | | - |
| | Leasehold improvements | | | | | | | | _ |
| | Equipment | | | | | - - | | | - |
| | Other | | - 5 | 7,327. | 31,7 | 68. | 2.5 | 5,559 | _ |
| | I. Add lines 1a through 1e. (Column (d) must e | | | | ,, | | | 5,559 | |
| iota | i Add iiiles Ta tiliough Te. (Ooluniii (u) Must e | quair oiiii 330, i all | λ, σοιαιτιτ (<i>D),</i> ππε τ | 00./ | | | | ,,,,,, | Ť |

| Schedule D (Form 990) 2019 WASHINGTO | N WOMEN'S FOUND | ATION | 91-1754933 Page 3 |
|---|--------------------------------|---------------------------------------|----------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Ye | | 11b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security | ty) (b) Book value | (c) Method of valuation: Cost o | r end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| • | | | |
| (G) (H) | | | |
| | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related | | | |
| | | | |
| Complete if the organization answered "Yo | | | r and of year market value |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost o | r end-or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| <u>(7)</u> | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | > | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Ye | | 11d. See Form 990, Part X, line 15. | |
| | (a) Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) |) line 15.) | | . ▶ |
| Part X Other Liabilities. | , | | |
| Complete if the organization answered "Ye | es" on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, lir | ne 25. |
| 1. (a) Description of liability | , , | , , | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

| | | | | 0.4 | 4 = = 4000 |
|--------------------|---|---------|---------------|-----------|---------------------|
| Sche Par | dule D (Form 990) 2019 WASHINGTON WOMEN'S FOUNDA | | | | 1754933 Page 4 |
| Pai | TXI Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | nevenue per n | eturi | l. |
| 1 | | | | 1 | 2,121,711 |
| 2 | Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | ' | 2,121,711 | |
| | Net unrealized gains (losses) on investments | 2a | 638,279. | | |
| a b | Donated services and use of facilities | | 167,170. | | |
| | | | 107,170. | | |
| | Recoveries of prior year grants Other (Describe in Part XIII.) | | | | |
| | | · | | 2e | 805,449 |
| 3 | Add lines 2a through 2d Subtract line 2e from line 1 | | | 3 | 1,316,262 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| - | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 15,299. | | |
| b | Other (Describe in Part XIII.) | ···· | | | |
| | Add lines 4a and 4b | | | 4c | 15,299 |
| _ | Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>) | | | 5 | 1,331,561 |
| | t XII Reconciliation of Expenses per Audited Financial State | | | _ | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | | • | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,548,744 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 167,170. | | |
| b | Prior year adjustments | | | | |
| С | Other losses | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| | Add lines 2a through 2d | | | 2e | 167,170 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,381,574 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 15,299. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | Add lines 4a and 4b | • | | 4c | 15,299 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 1,396,873 |
| Par | t XIII Supplemental Information. | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a | | | 4; Part | X, line 2; Part XI, |
| PAF | RT V, LINE 4: | | | | |
| THE | COLLEEN S. WILLOUGHBY ENDOWMENT WAS EST | ABLISHE | D TO SUPPO | RT ' | гне |
| OPE | ERATIONS OF THE WASHINGTON WOMEN'S FOUNDA | TION IN | CARRYING | OUT | ITS |
| MIS | SSION TO EDUCATE AND EXPAND THE POOL OF W | OMEN IN | PHILANTHR | OPY | , TO BUILD |
| ANI | STRENGTHEN COMMUNITY THROUGH INDIVIDUAL | AND PO | OLED INVES | TME | NTS, 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 D (Form 990) 2019 932054 10-02-19

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number Name of the organization 91-1754933 WASHINGTON WOMEN'S FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) PPGNWHI 2001 E MADISON ST SEATTLE, WA 98122 91-0686012 501(C)(3) 7,000 GENERAL SUPPORT 0 DELRIDGE NEIGHBORHOODS DEVELOPMENT ASSOCIATION - 4408 DELRIDGE WAY SW - SEATTLE, WA 98106 INFASTRUCTURE IMPROVEMENT 91-1741016 501(C)(3) 100,000 UNLOOP 900 E PINE ST #202 SEATTLE, WA 98122 47-5302622 501(C)(3) 100,000 0 SUPPORT INTERNSHIPS

100,000

100,000

100 000

29

0

0

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ______

91-0852503 501(C)(3)

20-4629856

91-2160317

501(C)(3)

501(C)(3)

10.

DUWAMISH RIVER CLEANUP COALITION

6206 CARLETON AVE S

SEATTLE WA 98108

CIERRA SISTERS PO BOX 1634

RENTON, WA 98057

CHIEF SEATTLE CLUB

SEATTLE, WA 98104

Schedule I (Form 990) (2019)

CAPACITY BUILDING

CAPACITY BUILDING

BUTIDING DESIGN AND

CONSTRUCTION

³ Enter total number of other organizations listed in the line 1 table

91-1754933 WASHINGTON WOMEN'S FOUNDATION Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (f) Method of (h) Purpose of grant (d) Amount of (e) Amount of valuation non-cash assistance organization or government if applicable cash grant non-cash or assistance assistance (book, FMV, appraisal, other) CASA LATINA 317 17TH AVE S SEATTLE, WA 98144 91-1689251 501(C)(3) 5,500 0 GENERAL SUPPORT INCHELIUM LANGUAGE AND CULTURE ASSOCIATION - PO BOX 343 -INCHELIUM, WA 99138 27-4488056 501(C)(3) 10,185 0 GENERAL SUPPORT SALISH SCHOOL OF SPOKANE PO BOX 10271 SPOKANE, WA 99029 27-1126478 501(C)(3) 10,185 0 GENERAL SUPPORT WASHINGTON CENTER FOR THE PERFORMING ARTS - 512 WASHINGTON ST SE - OLYMPIA, WA 98501 91-1182866 501(C)(3) 12,500 0 GENERAL SUPPORT

| Schedule I (Form 990) (2019) WASHINGTON WOME | EN'S FOUN | DATION | | | 91-1754933 | Page 2 |
|---|--------------------------|--------------------------|---------------------------------------|---|----------------------------|------------|
| Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed. | s. Complete if the | organization answ | ered "Yes" on Form 9 | 990, Part IV, line 22. | | <u> </u> |
| (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 red | quired in Part I, lin | ie 2; Part III, columr | n (b); and any other a | dditional information. | | |
| PART I, LINE 2: | | | | | | |
| EACH GRANTEE RECEIVING \$100,000 OF | R MORE IS | REQUIRED | TO SIGN A | MEMORANDUM OF | | |
| UNDERSTANDING, THAT CERTIFIES ITS | EXISTING | NONPROFIT | T CORPORATI | ON STATUS AND | | |
| REQUIRES THE GRANTEE TO NOTIFY WAY | VF OF ANY | SIGNIFICA | ANT CHANGES | IN | | |
| LEADERSHIP, KEY PERSONNEL, OR FINA | ANCIAL SI | TUATION. 1 | THE MEMORAN | DUM ALSO | | |
| PROVIDES THAT ANY MODIFICATIONS TO | GRANT G | OALS, STRU | JCTURE OR T | IMING MUST BE | | |
| FIRST COMMUNICATED TO AND APPROVE | BY WAWF | BEFORE GF | RANT FUNDS | ARE EXPENDED. | | |
| FOR MULTIPLE YEAR GRANTS, PAYMENTS | S AFTER T | HE FIRST Y | YEAR ARE CO | NTINGENT UPON | | |
| RECEIPT AND SATISFACTORY REVIEW OF | A REQUI | RED WRITTE | EN PROGRESS | REPORT. | | |

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

WASHINGTON WOMEN'S FOUNDATION

Employer identification number 91-1754933

| | | | Yes | No |
|------------|--|----|-----|-----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee X Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | X Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | 37 |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | _ | | 37 |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | _X_ |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | 37 |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | _ | | v |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | _ | | |
| | Regulations section 53.4958-6(c)? | 9 | l | L |

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|------------------------|-------------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Derients | (6)(1)-(0) | reported as deferred on prior Form 990 | |
| (1) N. ELIZABETH MCCAW | (i) | 152,167. | 0. | 0. | 4,565. | 0. | 156,732. | 0. | |
| PRESIDENT AND CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

19

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization WASHINGTON WOMEN'S FOUNDATION **Employer identification number** 91-1754933

| _ | WASHINGTON W | OMEN 2 | FOUNDALL | ON | 9. | L-1/54 | 333 | |
|----------|--|-------------------------------|---|---|-----------------|------------------------------------|-------|----|
| a | rt I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | noncash cor | (d) of determir ntribution a | • | is |
| | Art - Works of art | | | | | | | |
| | Art - Historical treasures | | | | | | | |
| | Art - Fractional interests | | | | | | | |
| | Books and publications | | | | | | | |
| | Clothing and household goods | | | | | | | |
| | Cars and other vehicles | | | | | | | |
| | Boats and planes | | | | | | | |
| | Intellectual property | | | | | | | |
| | Securities - Publicly traded | X | 16 | 52,280 | • FMV | | | |
| | Securities - Closely held stock | | | | | | | |
| | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| | Securities - Miscellaneous | | | | | | | |
| | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| | Qualified conservation contribution - Other $_{\dots}$ | | | | | | | |
| | Real estate - Residential | | | | | | | |
| | Real estate - Commercial | | | | | | | |
| | Real estate - Other | | | | | | | |
| | Collectibles | | | | | | | |
| | Food inventory | | | | | | | |
| | Drugs and medical supplies | | | | | | | |
| | Taxidermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | |
| | Archeological artifacts | | | | | | | |
| | Other (LAPTOP) | X | 1 | 1,200 | • FMV | | | |
| | Other • () | | | | | | | |
| | Other • () | | | | | | | |
| | Other () | | | | | | | |
| | Number of Forms 8283 received by the organi | ization durin | g the tax year for c | contributions | | | | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknowled | gement 29 | | | | |
| | | | | | | | Yes | N |
| а | During the year, did the organization receive b | y contribution | on any property rep | ported in Part I, lines 1 thro | ugh 28, that it | | | |
| | must hold for at least three years from the dat | e of the initia | al contribution, and | d which isn't required to be | used for | | | |
| | exempt purposes for the entire holding period | ? | | | | 30a | | 2 |
| 0 | If "Yes," describe the arrangement in Part II. | | | | | | | |
| | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandard contrib | outions? | 31 | Х | |
| а | Does the organization hire or use third parties | | | | | | | Г |
| | contributions? | | • | | | 32a | | : |
| b | If "Yes," describe in Part II. | | | | | | | |
| | If the organization didn't report an amount in | column (c) fo | r a type of propert | y for which column (a) is ch | ecked, | | | |
| | describe in Part II. | . (-, 10 |), | , (2, 10 01) | , | | | |
| Α | | the Instruc | tions for Form 00 | 0 | Cahad | ule M (For | ~ 000 | |

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

Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WASHINGTON WOMEN'S FOUNDATION

Employer identification number 91-1754933

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.

EXPENSES \$ 77,771. INCLUDING GRANTS OF \$ 32,870. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

ANY WOMAN MAY BE A MEMBER OF WAWF 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.

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

ANNUALLY, EACH COVERED PERSON (OFFICERS AND MEMBERS OF THE BOARD AND

Name of the organization WASHINGTON WOMEN'S FOUNDATION

Employer identification number 91-1754933

MEMBERS OF ANY COMMITTEE OF WAWF WITH BOARD DELEGATED POWERS) IS ASKED TO SIGN AND SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE DISCLOSING ANY POTENTIAL CONFLICTS TO THE PRESIDENT AND CEO OF THE FOUNDATION. THEN, AS APPROPRIATE, DIRECTORS ARE ASKED IF THERE ARE ANY CHANGES TO THEIR CONFLICT OF INTERESTS THAT WOULD AFFECT THE BUSINESS OF THE FOUNDATION. ANY CHANGES ARE DOCUMENTED IN MEETING MINUTES. ANY COVERED INDIVIDUAL WITH A CONFLICT OF INTEREST IS REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND DECISION MAKING RELATED TO THE MATTER IN WHICH THEY HAVE A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL REVIEW OF THE
PRESIDENT'S PERFORMANCE. IT COLLECTS AND REVIEWS REGIONAL AND NATIONAL

COMPARATIVE COMPENSATION DATA, TAKES INTO ACCOUNT THE PRESIDENT AND CEO'S

PERFORMANCE AGAINST GOALS, AND ALSO MAY CONSIDER ADJUSTMENTS BASED ON

GENERAL COST OF LIVING INCREASES, CHANGES IN THE FOUNDATION'S FINANCES OR

OTHER ECONOMIC DECISIONS. THE MOST RECENT REVIEW OF THE SALARY FOR THE

PRESIDENT AND CEO WAS 1/18/2018. THE PRESIDENT AND CEO USES THE SAME

CRITERIA WITH REGARD TO DETERMINING THE COMPENSATION OF THE PART-TIME CFO.

FORM 990, PART VI, SECTION C, LINE 18:

FORMS 990 ARE AVAILABLE ON THE WAWF WEBSITE AND THE FORM 1023 IS AVAILABLE ON REQUEST.

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

WAWF AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE, OTHER GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART XII, LINE 2C:

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line 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 | | 16 | 57,327. | | | | 57,327. | 14,258. | | 17,510. | 31,768. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | | 57,327. | | | | 57,327. | 14,258. | | 17,510. | 31,768. |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |