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DLN: 93493224022410

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public

A E	r the	2000 65	landar vas	ur artay yaar baginning 01	-01-2000 and onding 12-21-2000			Inspecti	J11
		pplicable		r, or tax year beginning 01 C Name of organization	-01-2009 and ending 12-31-2009		D Employer	identification numb	ber
_	dress cl		Please use IRS	Washington Women's Founda	ation		91-1754	933	
	me cha	-	label or print or	Doing Business As			E Telephone		
	tıal retu		type. See Specific				(206) 34	0-1710	
	minate		Instruc-	Number and street (or P O be 2100 - 24th Ave S No 330	ox if mail is not delivered to street address	s) Room/suite	<b>G</b> Gross receip	ots \$ 1,744,586	
_			tions.		1770				
	nended			City or town, state or country Seattle, WA 98144	, and ZIP + 4				
<b>J</b> Ap	plication	n pending							
			<b>F</b> Nar Carla L	me and address of principa	lofficer		ıs a group ret		<del>.</del>
				- 24th Ave S No 330		affilia	ites?	ΓYes Γ	/ No
			Seattle	e, WA 98144		H(b) Are al	l affiliates incl	uded?	⊢ No
		ant status	T 5047	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,			st (see instructio	ns)
I 14	ix-exem	iipt status	<b> ♥</b> 501(c	) ( 3 ) ◀ (insert no )	(a)(1) or   527	H(c) Grou	ıp exemption	number 🟲	
J W	ebsite	e:► wav	vomensfou	ndation org					
<b>K</b> For	m of or	ganızatıon	Corporat	tion Trust Association C	Other 🏲	<b>L</b> Year of fo	rmation 1995	M State of legal dor	mıcıle
Da	rt I	l 6						WA	
Pa	1			ne organization's mission o	most significant activities				
	-			-	HILANTHROPY THROUGH THE P	OWEROFC	OLLECTIVE	GIVING	
Governance									
₫									
<u>ş</u>	,	Chackt	hic hov <b>b</b> r		ntinued its operations or disposed o	of more than	25% of its no	at assets	
ŝ	2		,						1
	3				oody (Part VI, line 1a)			3	
Activities &	4			_	e governing body (Part VI, line 1b)		•	4	
톧	5			nployees (Part V, line 2a)				5	
Ş	6			olunteers (estimate if nece	• •			6	10
•					Part VIII, column (C), line 12	•		7a	
	ь	Net unr	elated bus	iness taxable income from	Form 990-T, line 34	1 -		<b>7</b> Ь	
					Prio	r Year	Current Yea		
a)	8						1,506,061	· ·	27,451
Ravenue	9	_			3)		7,241	4,595	
Š	10			, , , , , , , , , , , , , , , , , , , ,	lines 3, 4, and 7d)		65,224	<u> </u>	-9,373
_	11				5, 6d, 8c, 9c, 10c, and 11e)		4,444		2,765
	12				st equal Part VIII, column (A), line		1,582,970	1,4	25,438
	13				olumn (A), lines 1-3)		840,450	+	20,750
	14				lumn (A), line 4)		<u> </u>		0
	15				nefits (Part IX, column (A), lines 5	_			
8		10)	,	, , ,			286,440	2	85,179
Expenses	16a	Profes	sional fund	Iraısıng fees (Part IX, colu	mn (A), line 11e)				0
ਡੌ	ь	Total fu	ndraising exp	enses (Part IX, column (D), line	25) <b>-</b> 31,338				
	17	Other	expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		196,216	2	10,764
	18	Total	expenses	Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		1,323,106	1,3	16,693
	19	Reven	ue less exp	penses Subtract line 18 fr	om line 12		259,864	1	08,745
\$ ₩ ₩							g of Current	End of Yea	ar
e de		_				Y	'ear		
Ass   Ba	20			rt X, line 16)			3,418,966	<u> </u>	17,524
Not Assets or Fund Balances	21			Part X, line 26)			356,541		85,755
	22	_		nd balances Subtract line 2	21 from line 20		3,062,425	3,5	31,769
Pa	rt II		ature Bl		d de la constanta de la consta			ha bha h ash af may luna	
					nined this return, including accompanying s on of preparer (other than officer) is based				
		l <del></del>							
Sigr		****					08-12		
Her	е	Signa	ature of office	er		Date			
			Lewis Presid						
		F Type	or print nam	ie and tide					
		Preparer		rd Donkin CPA		heck if elf-	Preparer's ide	ntıfyıng number	
Paid		signature	e F Howar	IU DONKIN CPA		npolyed •	(see instruction	ліэ)	
•	arer's		ame (or your	s 🛓 Jacobson Jarvis & Co PLLC		•	CTN &		
Use	Only		nployed), and ZIP + 4	600 Stewart Street Suite 19	900		EIN Þ		
		1					Phone no 🕨	(206) 628-8990	
—— Mav	the IP	S discus	s this retu	Seattle, WA 981011219	above? (see instructions)			✓ Yes 「No	
7	2 IIV	4.5043		propurer 3110 WII	(_Coombalactions/			, , , , , , , , , , , , ,	-

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Washington Women's Foundation educates, inspires and increases the number of women committed to philanthropy in order to strengthen community and demonstrate the impact that can result from informed, focused grant-making

2	Did the organization undertake air the prior Form 990 or 990-EZ?			g the year which wer		es ✓ No
	If "Yes," describe these new serv	ıces on Schedule O				
3	Did the organization cease conduservices?		icant changes in	how it conducts, an		es 🔽 No
4	Describe the exempt purpose acl Section 501(c)(3) and 501(c)(4) allocations to others, the total ex	nievements for each organizations and se	ection 4947(a)(:	l) trusts are required	d to report the amount of	
4a	(Code ) (Expen	ses \$ 475,0	000 including grai	nts of \$ 47	5,000 ) (Revenue \$	)
	WWF researches and makes major gra grants in 2009, totaling \$475,000, one					al services WWF made 5
4b	(Code ) (Expen	ses \$ 345,	750 including grai	nts of \$ 34.	5,750 ) (Revenue \$	)
	WWF members recommend individual vetted to ensure that they are 501(c)3					ant designations are
4c	(Code ) (Expen	ses \$ 326,0	639 including grai	nts of \$	) (Revenue \$	4,595 )
	WWF members produce and participate 2009, 40 educational events were atte					
	Other program services (Descr	ribe in Schedule O)				
	(Expenses \$	including gran	ts of\$	) (Reve	nue \$	)
4e	Total program service expenses	<b>▶</b> -\$ 1,147	7,389			
						Form <b>990</b> (2009)

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T V A	CHECKII	SL UI KE	:uuii eu	<b>Scileuule:</b>

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

orm	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
J	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕒			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No.
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
8	required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7h		
0	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			'''
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

12b

2100 - 24th Ave S 330 Seattle, WA 98144 (206) 340-1710

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

Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	16			
b	Enter the number of voting members that are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its organizational documents s filed?		•	4		No
5	Did the organization become aware during the year of a material diversion of the orga	nızət	ion's assots?	5		No
6	Does the organization have members or stockholders?			6	Yes	NO
_	-			•	162	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockhold			7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schede			9		No
Se	ction B. Policies (This Section B requests information about policies not					
	venue Code.)	•	, 			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaptiliates, and branches to ensure their operations are consistent with those of the or		• • •	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governir	ng boo	ly before filing the form?			
				11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere •	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done			12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th	ewan	d approval by			
	The organization's CEO, Executive Director, or top management official			15a	Yes	
	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )	•		155	163	
	11 Tes to line a of b, describe the process in schedule o (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization	anızat	ion to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure			_		I
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 Form 1023 (or 1024 if applicable	:), 99	O, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request	neck a	ll that apply			
19	Describe in Schedule O whether (and if so, how), the organization makes its governir	na doc	uments, conflict of			
	interest policy, and financial statements available to the public See Additional Data	Tabl	e			. •
20	State the name, physical address, and telephone number of the person who possesse Carla Lewis	es the	: DOOKS and records of tr	ie orga	mizatior	•

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

#### 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 Use Schedule J-2 if additional space is needed

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- ◆ List all of the organization's current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did n	ot compens	ate any	curr	ent d	r fo	mer o	ffice	r, director, trustee o	or key employee	,
<b>(A)</b> Name and Title	(B) Average hours	Posi <sup>†</sup>	(( tion ( hat a	che (	)			(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Rhoda Altom Chair	14 00	х		Х				0	0	0
Judi Beck Vice Chair	8 00	Х		Х				0	0	0
MaryAnn Ekman Treasurer	10 00	х		Х				0	0	0
Anne Farrell Director	10 00	х						0	0	0
Katherine Janeway Director	8 00	х						0	0	0
Carol Lewis Director	8 00	Х						0	0	0
Donna Lou Secretary	8 00	х		х				0	0	0
Pamela McCabe Director	8 00	Х						0	0	0
Jeannie Nordstrom Director	8 00	Х						0	0	0
Gail Ransom Director	10 00	Х						0	0	0
Mary Stevens Cabinet Chair/Director	8 00	Х						0	0	0
Margaret Walker Director	8 00	Х						0	0	0
Colleen Willoughby Former Pres,Director	8 00	Х						0	0	0
Alison Wilson Director	16 00	Х						0	0	0
Carla Lewis President	40 00			х				88,045	0	4,800
Cynthia Chirot interim CFO	10 00			х				21,875	0	0

### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) A verage Posit hours t					II		(D) Reportable compensation	(E) Reportable compensation	(F) Estima amount o	ated fother
	week	per week    Officer   Individual trustee   Indiv	Highest compensated employee Key employee Officer Institutional Trustee or director			compens from t organizati relat organiza	the on and ed				
1b Total			<u> </u>	<u> </u>	<u>.                                    </u>		<u> </u>	109,920	0		4,800
Total number of individuals (includ \$100,000 in reportable compensa	ing but not	lımıted t	o tho	se li	stec		e) wh	no received more tha	an		
										Yes	No

			165	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			
	on time 1a' 11 res, complete schedule 1101 such matvidual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_		
	refluered to the organization? If Test, complete schedule Froi such person	5		No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►0

	Page 9 Page 9 Part VIII Statement of Revenue							
Part	<b>/</b>	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated cam	paigns 1a					
g ja	ь	Membership du	es <b>1b</b>					
Contributions, gifts, grants and other similar amounts	С	Fundraising eve	ents 1c					
<u>≅</u> ,⊒	d		ations 1d					
ans, Si⊞	e	Government grants						
5 E	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	1,427,451				
き	g	Noncash contri lines 1a-1f \$ _	butions included in 33,692					
SE SE	h	Total. Add lines	s 1a-1f	▶	1,427,451			
				Business Code				
Program Serwce Revenue	2a	Education Event Fe	ees	611,600	4,595	4,595		
Be v≪	ь							
<u>- 6</u>	С							
že.	d							
Ē	е							
200	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		4,595			
	3		ome (including dividend	. +	70 501			70 501
	4		ar amounts) stment of tax-exempt bond ;	F	70,581			70,581
	5			· · · · · · · · · · · · · · · · · · ·				
		,,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities 239,194	(II) O ther				
	/a	from sales of assets other	233,134					
	١.	than inventory Less cost or	319,148					
	Ь	other basis and sales expenses	313,140					
	c	Gain or (loss)	-79,954					
	d		s)		-79,954			-79,954
ψ.	8a	Gross income f events (not inc						
Other Revenue		\$	reported on line 1c)					
ě		See Part IV, lin						
<u>-</u>			a					
ŧ	b   с		penses <b>b</b> [loss) from fundraising 6	events				
_	9a		rom gaming activities	svenies I I				
		See Part IV, lin	e 19					
	Ь	less directey	a penses b					
	c		loss) from gaming activ	/ities►				
	10a	Gross sales of returns and allo	inventory, less					
	Ь	Less cost of a	oods sold <b>b</b>					
	с		loss) from sales of inve	entory 🛌				
		Miscellaneous	Revenue	Business Code				
	11a	Other Fees		900,099	2,765			2,765
	b							
	d	All other raves	ue					
	a   e	Total. Add lines	l					
			- · ·	· · · •	2,765			
	12	Total revenue.	See Instructions	▶	1,425,438	4,595	0	-6,608

	990 (2009)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	820,750		general enpenees	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
6	key employees Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	114,720	51,065	45,086	18,569
7	Other salaries and wages	140,370	121,483	14,887	4,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		·		· · ·
9	Other employee benefits	9,140	6,823	2,073	244
10	Payroll taxes	20,949	14,221	4,919	1,809
11	Fees for services (non-employees)				_
а	Management				
b	Legal				
c	Accounting	26,224		26,224	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	26,032		26,032	
g	Other	35,913	34,556	992	365
12	Advertising and promotion				
13	Office expenses	39,687	32,927	4,975	1,785
14	Information technology	1,134	770	266	98
15	Royalties	·			
16	Occupancy	27,383	18,649	6,386	2,348
17	Travel	2,423	2,143	<del> </del>	81
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,663	2,529	836	298
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,579	8,539	2,954	1,086
23	Insurance	2,524	1,713	593	218
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	Venues and refreshments	25,844	24,738	773	333
b	Dues and subscriptions	4,049	3,911	101	37
С	Member/Community suppor	2,856	2,570	219	67
d					
е					
f	All other expenses	453	2	451	
25	Total functional expenses. Add lines 1 through 24f	1,316,693	1,147,389	137,966	31,338
26	Joint costs. Check here ► ✓ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,,,,,,	,,		-,
	campaign and landraising solicitation	1	I	<u> </u>	

Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	Pa	rt X	Balance Sheet			
2 Savings and temporary cash investments						
A		1	Cash—non-interest-bearing	79,160	1	150,026
4 Accounts receivable, net		2	Savings and temporary cash investments	1,302,676	2	1,405,905
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.   S		3	Pledges and grants receivable, net	80,280	3	67,219
highest compensated employees Complete Part II of Schedule L   5   5		4	Accounts receivable, net		4	
Receivables from other disqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (c)(3)(B). Complete Part II of Schedule L		5				
Persons described in section 4958(c)(3)(8) Complete Part II of Schedule L			Schedule L		5	
7   Notes and loans receivable, net   7		6				
10a			Schedule L		6	
100	ets	7	Notes and loans receivable, net		7	
10a	8	8	Inventories for sale or use		8	
VI of Schedule D   Less accumulated depreciation   10b   18,869   31,448   10c   18,869   11   17,824,202   11   2,273,265   12   Investments—publicly traded securities   1,924,202   11   2,273,265   12   Investments—program-related See Part IV, line 11   13   13   14   Intangible assets   14   15   15   15   15   16   Total assets See Part IV, line 11   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   3,418,966   16   3,917,524   17   14,755   18   Grants payable and accrued expenses   16,541   17   14,755   18   Grants payable   318,000   18   351,000   19   20,000   19   20,000   19   20,000   19   20,000   19   20,000   19   20,000   19   20,000   19   20,000   19   20,000   20   21   22   22   23   24   24   24   24   25   25   25   25	⋖	9	Prepaid expenses and deferred charges	1,200	9	2,240
11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—other securities See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 30 3,331,769		10a				
12   Investments—other securities See Part IV, line 11   13   13   14   14   15   15   15   15   15   15		ь	Less accumulated depreciation 10b 18,869	31,448	10c	18,869
13   Investments—program-related See Part IV, line 11		11	Investments—publicly traded securities	1,924,202	11	2,273,265
14   Intangible assets   14   15   15   15   15   15   16   Total assets   See Part IV, line 11   16   Total assets   Add lines 1 through 15 (must equal line 34)   3,418,966   16   3,917,524   17   14,755   18   Grants payable and accrued expenses   18,541   17   14,755   18   Grants payable		12	Investments—other securities See Part IV, line 11		12	
15		13			13	
Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets		14	
Total assets. Add lines 1 through 15 (must equal line 34)		15	Other assets See Part IV, line 11		15	
18		16		3,418,966	16	3,917,524
19 Deferred revenue		17	Accounts payable and accrued expenses .	18,541	17	14,755
Tax-exempt bond liabilities		18	Grants payable	318,000	18	351,000
Escrow or custodial account liability   Complete Part IV of Schedule D		19	Deferred revenue	20,000	19	20,000
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities		20	
23 Secured mortgages and notes payable to unrelated third parties	<u>8</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties	Diliti	22	·			
24 Unsecured notes and loans payable to unrelated third parties	===		persons Complete Part II of Schedule L		22	
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties		24	
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D		25	
through 29, and lines 33 and 34.  27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	356,541	26	385,755
29 Permanently restricted net assets	-sa		·			
29 Permanently restricted net assets	Ĕ	27	- '	123,767	27	523,173
29 Permanently restricted net assets	<u> </u>					
30 Capital stock or trust principal, or current funds					$\rightarrow$	2,394,658
30 Capital stock or trust principal, or current funds	5		·			
30 Capital stock or trust principal, or current funds	<u> </u>		· ·			
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds		30	
33 Total net assets or fund balances	ξ	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances	Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>34</b> Total liabilities and net assets/fund balances		33	Total net assets or fund balances	3,062,425	33	3,531,769
	_	34	Total liabilities and net assets/fund balances	3,418,966	34	3,917,524

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	<b>b</b> Were the organization's financial statements audited by an independent accountant? <b>2b</b>			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	<u>-</u>			

Form **990** (2009)

# OMB No 1545-0047

### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Washington Women's Foundation

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

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number** 

Par	+ T	Peac	on for Pul	blic Charity Stat	us (All org	ıanızatıone	must comp	lete this nai	91-1/5493 rt \ See ins		
				e foundation because						ti uctions	
1				on of churches, or as					,		
2	_			ın <b>section 170(b)(1</b> )				/( = /(/(-/-			
3	Ė			perative hospital ser				170(b)(1)(A	v)(iii).		
4	F	A medi	cal research	organization operate ty, and state						)( <b>A)(iii).</b> Er	ter the
5	Γ	_	•	erated for the benefit A)(iv). (Complete Pa	-	or universit	y owned or op	perated by a g	jovernmenta	l unit descr	ıbed ın
6	$\Gamma$	A feder	al, state, or	local government or	government	al unıt desci	ribed in <b>sectio</b>	on 170(b)(1)(	A)(v).		
7	<u>~</u>	describ	ed in	t normally receives a  A)(vi) (Complete Pa		part of its s	support from a	a government	al unit or fro	m the gene	ral public
8	Γ	A comn	nunity trust	described in <b>section</b>	170(b)(1)(A	<b>A)(vi)</b> (Com	plete Part II	)			
9	Γ	Anorga	nızatıon tha	t normally receives	(1) more tha	an 331/3% d	fits support	from contribu	tions, memb	ershıp fees,	and gross
		receipt	s from activi	ities related to its ex	empt functio	ons—subject	to certain ex	ceptions, and	d (2) no more	than 331/3	3% of
		ıts supp	oort from gro	ss investment incom	ne and unrel	ated busines	ss taxable inc	ome (less se	ction 511 ta	x) from bus	ınesses
		acquire	d by the org	anızatıon after June 3	30,1975 S	ee <b>section 5</b>	<b>09(a)(2).</b> (Co	mplete Part :	III )		
10	Γ	A n orga	nızatıon org	anızed and operated	exclusively	to test for p	ublic safety	See <b>section 5</b> 0	09(a)(4).		
11 e	, Г	one or i the box a By chec other th	more publicly that describ Type I cking this both	anized and operated y supported organiza bes the type of suppo b Type II ox, I certify that the con managers and oth	tions descri orting organi <b>c</b> organization	bed in secti zation and c Type III is not contr	on 509(a)(1) omplete lines - Functionall olled directly	or section 50 11e through y integrated or indirectly	9(a)(2) See 11h <b>d</b> by one or mo	Type re disqualif	9(a)(3). Check III - Other ied persons
f g		If the o check t	his box	received a written de 006, has the organiz						I supportine	g organization,
h		followin (i) a pe and (iii) (ii) a fa (iii) a 3	g persons? rson who dir below, the q mily membe 5% controll	rectly or indirectly co governing body of the r of a person describ led entity of a person ig information about t	ontrols, either the supported in (i) abo	er alone or to ted organiza ve? n (i) or (ii) a	ogether with p tion? bove?	·		11g( 11g(i 11g(i	i)
(i) Name suppo organiz		e of rted	(iii) Type of organization (iii) (described on EIN lines 1- 9 above or IRC section  (iv) Is the organization in col (i) listed in your governing document?		e tion in ted in erning	I COLUITOR VOLLE		(vi) Is th organizat col (i) org in the U	e :ion in anized	(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No	
								1			
								1			
Total											

# Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I.	.)			
	ection A. Public Support	T	T		Т		<del></del>	
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,698,90	7 2,927,102	2 1,373,430	1,506,061	1	1,427,451	8,932,951
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	1,698,90	7 2,927,102	1,373,430	1,506,061	1	1,427,451	8,932,951
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)							9,842
6	Public Support. Subtract line 5 from line 4							8,923,109
S	ection B. Total Support	•	•		•			
Cale	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 20	009	(f) Total
_	beginning in) A mounts from line 4	1,698,907	164,416	1,373,430	1,506,061		,427,451	8,932,951
7 8	Gross income from interest,	1,050,507	101,110	1,373,130	1,300,001		, 127, 131	
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	80,490	164,416	248,331	76,724		70,581	640,542
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets			302	4,444		2,765	7,511
11	Total support (Add lines 7 through 10)							9,581,004
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12		26,000
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub		·	, thırd, fourth, or fı	fth tax year as a 5	501(c)(3	) organız	ation,
 14	Public Support Percentage for 2009			11 column (f))		14		93 130 %
15	Public Support Percentage for 2008	•				15		93 540 %
	33 1/3% support test—2009. If the	•	,	von line 13 and li	ne 14 is 33 1/20/		check +I	
b	33 1/3% support test—2008. If the box and stop here. The organization qua 10%-facts-and-circumstances test is 10% or more, and if the organization need organization meed organization	alifies as a public organization did n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ly supported orga not check the bo ublicly supported anization did not o acts and circums	nization x on line 13 or 16; organization check a box on line tances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and <b>st</b> e	3 1/3% and line	or more, o e 14 Explain	check this
ь	10%-facts-and-circumstances test	<b>—2008.</b> If the org	anızatıon dıd not	check a box on line	e 13, 16a, 16b, o	r 17a an	d line	- 1
18	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization <b>Private Foundation</b> If the organizat	nization meets th tion meets the "f	e "facts and circu acts and circums	mstances" test, c tances" test The	heck this box and organization quali	l <b>stop he</b> fies as a	e <b>re.</b> a publicly	<b>▶</b> ┌
	instructions	ion and not check	. a box on fille 13,	. 100, 100, 1700	I/D, CHECK HIIS L	on allu :	,	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493224022410

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

Was	shington Women's Foundation			•		
				1754933		
Рa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99		ınds	or Account	<b>s.</b> Complet	te if the
	organización answered Tes to Form 95	(a) Donor advised funds		(b) Funds and	other accou	ınts
	Total number at end of year	103				
	Aggregate contributions to (during year)	445,400				
	Aggregate grants from (during year)	422,900				
	Aggregate value at end of year	103,217				
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	isors in writing that the assets held in done	or advi	sed	<b>▽</b> Yes	Гио
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	donor advisors in writing that grant funds			√ Yes	┌ No
1	rt II Conservation Easements. Complete	if the organization answered "Yes" to	Forn	n 990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e g , recreat  Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a c	ertifie	d historic stru	•	a
	easement on the last day of the tax year	_				
				Held at the	e End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	2c				
Number of conservation easements included in (c) acquired after 8/17/06						
	Number of conservation easements modified, transfe the taxable year -	erred, released, extinguished, or terminate	d by th	ne organization	ı durıng	
	Number of states where property subject to conserv	ation easement is located 🟲				
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ling of	violations, an	d <b>F Yes</b>	┌ No
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents d	uring the year	<b>-</b>	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year ► \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tıon		☐ Yes	┌ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial nents	stater	ments that des	cribes	
Ti	Complete if the organization answered		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	h ın fu			e,
•	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir			•	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA		r fınan	cıal gaın, prov	ıde the	
	Revenues included in Form 990, Part VIII, line 1			<b>&gt;</b> \$		
	, : -::, ::: <del>-</del>					

**b** Assets included in Form 990, Part X

Part	<b>TITE</b> Organizations Maintaining Co	llections of Art	, His	toric	cal Tre	asur	<u>es, or O</u>	the	<u>r Similai</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	at are	a sıgnıfıca	nt u	se of its co	llection	ו	
а	Public exhibition		d	Γ	Loan or	excha	ange progr	ams				
ь	Scholarly research		e	Г	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	Mostions and ovala	ın hov	w thay	furthor	the or	aanization	′c	omnt nurn	oco in		
4	Part XIV	·		·			-			ose III		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	□No
Par	t IV Escrow and Custodial Arrang								es" to For			
	Part IV, line 9, or reported an an						41.01.01			, , ,	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for co	ontributi	ons or	other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ble		_					
										A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							<b>1</b> f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV	,										
Pa	rt V Endowment Funds. Complete		n ans	were	d "Yes'	" to Fo	orm 990,	Par	t IV, line	10.		
		(a)Current Year	(b	)Prior		(c)Two	o Years Back	(d)	Three Years	Back (e	)Four Y	ears Back
1a	Beginning of year balance	1,966,131		2	,510,352							
b	Contributions	79,668			175,371							
c	Investment earnings or losses	337,153			-602,144							
d	Grants or scholarships	63,776			91,442							
e	Other expenditures for facilities and programs											
f	Administrative expenses	25,212			26,006							
g	End of year balance	2,293,964		1	,966,131							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment ► 100 000 % %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	and ad	mınıstered	for	the			
	organization by	J									Yes	No
	(i) unrelated organizations			•						3a(i)	Yes	
	(ii) related organizations									3a(ii)	Yes	
	If "Yes" to 3a(II), are the related organizatio							•		3b		
4	Describe in Part XIV the intended uses of th					0 Da.	at V I land	1.0				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. 5						T			
	Description of investment				i) Cost or sis (investi		(b)Cost or basis (oth		(c) Accum deprecia		( <b>d</b> ) Bo	ook value
1a	Land											
b	Buildings		•									
c	Leasehold improvements											
d	Equipment											
e	Other		•				37	7,738		18,869		18,869
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	), line	10(c).)							18,869
									Sched	ule D (F	orm 9	90) 2009

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,425,438
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,316,693
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	108,745
4	Net unrealized gains (losses) on investments	4	360,599
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	360,599
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	469,344
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	1,762,005
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	362,599
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,399,406
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 26,032		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	26,032
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	1,425,438
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements		1,292,661
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>                                     </del>	
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	2,000
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,290,661
4	A mounts 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 26,032		
ь	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	26,032
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,316,693
Par	t XIV Supplemental Information		· · ·

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Endowment Funds	The Colleen S Willoughby Endowment was established to support the operations of the Washington Women's Foundation in carrying out its mission to educate and expand the pool of women in philanthropy, to build and strengthen community through individual and pooled investments, and to demonstrate the impact that can result from informed, focused grant-making The intent is to ensure the long-term viability and sustainability of the Foundation

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Schedule I (Form 990)

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

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

OMB No 1545-0047

DLN: 93493224022410

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Washington Women's Foundation

Seattle Children's Hospital

FoundationPO Box 50020

Seattle, WA 98145

Suite 200

Attach to Form 990

Inspection

Employer identification number

Part I General Information on Grants and Assistance

#### Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use ▶ □ (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal or government assistance other) The Mockingbird Society 912051340 501(c)(3) 103,500 General Support 2100 24th Ave S 240 Seattle, WA 98144 College Access NowPO Box 680624494 501(c)(3) 101,500 General support 22999

Seattle, WA 98122 King County Sexual Assault 910967255 501(c)(3) 100,000 General support Resource CenterPO Box 300 Renton, WA 98057 Northwest African American 760835379 89,500 501(c)(3) General support Museum2300 S Massachusetts St Seattle, WA 98144 943112461 Cascade Land Conservancy 501(c)(3) 89,000 General support 615 Second Ave 625 Seattle, WA 98104 YWCA of Seattle - King 911754933 501(c)(3) 7,650 General support County - Snohomish County 1118 Fifth Avenue Rm 222 Seattle, WA 98101 University of Washington 943079432 501(c)(3) 7,300 General support FoundationGift Processing PO Box 358240 Seattle, WA 98195 Planned Parenthood of the 910686012 501(c)(3) 7,200 General support Great Northwest2001 E Madison St Seattle, WA 98122 501(c)(3) Seattle Shakespeare 911512717 5,650 General support CompanyPO Box 19595 Seattle, WA 98109 Family & Adult Service 910817979 5,000 501(c)(3) General support CenterPO Box 12937 Seattle, WA 98111

2	Enter total number of section 501(c)(3) and government organizations	. •	10
3	Enter total number of other organizations		

5,000

501(c)(3)

911156519

General support

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Washington Women's Foundation has an Impact Assessment Committee that monitors the progress of each recipient of Pooled Grants Annual written reports are made by each grantee during the life of the grant and a sub committee follows the progress of each grantee, conducts site visits and makes presentations to the Impact Assessment Committee
•		
•		
	•	

# OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization Washington Women's Foundation **Employer identification number** 

01-1754033

Pa	rt I Types of Property				91-1/54933			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of do reven	etermı	nıng	
1	Art—Works of art	аррисавис		19				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	29	133,692	Market price			
	Securities—Closely held stock $oldsymbol{.}$							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	Other ▶()							
	O ther ►()							
28	Other ► ()				I			
29	Number of Forms 8283 received for which the organization compl				29		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I lines	1-28 that it		162	110
<b>50</b> 4	must hold for at least three year							
	for exempt purposes for the enti			· · · · · · · · ·		30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	tacceptand	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell r	non-cash			
	contributions?					32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Method for Determining Number of	Part I, Column (b)	The number of contributors is the number of individuals who
Contributors		made stock donations during 2009,

Schedule M (Form 990) 2009

# **SCHEDULE 0**

Name of the organization

Washington Women's Foundation

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

► Attach to Form 990.

2009

Open to Public

Inspection

Employer identification number
91-1754933

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Any woman may be a member of WWF subject to a \$2300 donation per year. The members may vote for the pooled grantees and 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 11		The board adopted a policy that requires that the finance committee review the form 990 in advance of the 990 filling. Once the finance committee review is complete the draft is circulated to the board for review. Once the finance committee and board review is complete the president signs. A signed copy of the 990 is provided to the full board at the first board meeting following the filing.
Form 990, Part VI, Section B, line 12c		Annually, each board member is asked to complete a conflict of interest questionnaire disclosing any potential conflicts. Then at each board meeting, 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 the board minutes.
Form 990, Part VI, Section B, line 15		Details The Planning committee of the board is responsible for the review of the President They conduct a review of the president's performance, collect and review comparative data on the president's peers using Council of Foundation data and present their results to the full board in executive session. This is done annually in first quarter and the deliberation and decision are recorded in contemporaneous minutes.
Form 990, Part VI, Section C, line 19		All governing documents are posted on WWF's website
Part XI, line 2c	Audit review	The Finance committee reviewed the audited Financial statements before they were issued