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Form 990  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 black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 08-01-2011 and ending 07-31-2012		D Employer identification number 91-1314318	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHWEST CHILDREN'S FUND Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2100 - 24TH AVENUE S NO 320 City or town, state or country, and ZIP + 4 SEATTLE, WA 98144		E Telephone number (206) 682-8447
		G Gross receipts \$ 1,285,178	
F Name and address of principal officer VICTORIA HELM 2100 - 24TH AVENUE S NO 320 SEATTLE, WA 98144		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.NWCF.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1985	M State of legal domicile WA

Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO END THE CYCLE OF CHILD ABUSE AND NEGLECT BY INVESTING IN PROGRAMS FOR AT-RISK CHILDREN AND THEIR FAMILIES, AND BY INSPIRING INFORMED PHILANTHROPY DEVOTED TO IMPROVING CHILD WELFARE			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	4	
	6 Total number of volunteers (estimate if necessary)	6	75	
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0	
b Net unrelated business taxable income from Form 990-T, line 34		7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	866,425	936,573
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,629	16,247
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,705	102,701
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	941,759	1,055,521
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	725,100	810,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	124,573	148,421
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 77,134		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,464	67,708
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	906,137	1,026,129
	19	Revenue less expenses Subtract line 18 from line 12	35,622	29,392
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	934,014	981,626
	21	Total liabilities (Part X, line 26)	3,772	28,599
	22	Net assets or fund balances Subtract line 21 from line 20	930,242	953,027

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2013-06-13 Date	
	C HOFFERBER TREAS V ROBINSON PRES V HELM, EXEC DIR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	HOWARD DONKIN CPA	Date 2013-06-10	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00147726
	Firm's name (or yours if self-employed), address, and ZIP + 4	JACOBSON JARVIS & CO PLLC 600 STEWART STREET SUITE 1900 SEATTLE, WA 981011219			EIN 91-2011386
					Phone no (206) 628-8990

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Check if Schedule O contains a response to any question in this Part III

TO END THE CYCLE OF CHILD ABUSE AND NEGLECT BY INVESTING IN PROGRAMS FOR AT-RISK CHILDREN AND THEIR FAMILIES,
AND BY INSPIRING INFORMED PHILANTHROPY DEVOTED TO IMPROVING CHILD WELFARE

If "Yes," describe these new services on Schedule O

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 and section 4947(a)(1) trusts 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 \$ 810,000 including grants of \$ 810,000) (Revenue \$)
	NWCF AWARDS GRANTS TO AGENCIES THAT FOCUS ON PREVENTION, EARLY INTERVENTION AND TREATMENT PROGRAMS WORKING TO BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT GRANTS WERE GIVEN TO 66 ORGANIZATIONS DURING THIS FISCAL YEAR

4b	(Code) (Expenses \$ 105,702 including grants of \$) (Revenue \$)
	NWCF INSPIRES INFORMED PHILANTHROPY THROUGH EDUCATION, INFORMATION AND OUTREACH PROGRAMS FOR BOARD MEMBERS, DONORS, AND THE GENERAL PUBLIC (A) TO IMPROVE THE QUALITY OF GRANTMAKING AND NON-PROFIT GOVERNANCE IN OUR REGION, (B) TO ENHANCE AWARENESS OF CHILD WELFARE ISSUES AND THEIR SOLUTIONS, AND (C) TO INCREASE COMMUNITY SUPPORT FOR THE FIGHT AGAINST CHILD ABUSE AND NEGLECT IN FYE 12, THESE ACTIVITIES INCLUDED BOARD EDUCATION IN GOVERNANCE, GRANTMAKING, AND PHILANTHROPY, AND COMMUNITY EDUCATION AND ENGAGEMENT THROUGH WRITTEN AND ELECTRONIC COMMUNICATIONS, A PUBLIC FORUM, AND MULTIPLE OUTREACH AND FUNDRAISING EVENTS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 915,702
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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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
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.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
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.		No
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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
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.		No
c	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.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
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.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
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, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Part I.		No
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? If "Yes," complete Schedule F, Part II and IV.		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 and IV.		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? If "Yes," complete Schedule G, Part I.		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? If "Yes," complete Schedule G, Part II.	Yes	
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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	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 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).		
a	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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
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.	7d	
e	Did the organization 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	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	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		
a	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	
12a	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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 review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	VICTORIA HELM EXECUTIVE DIRECTOR 2100 - 24TH AVE S STE 320 SEATTLE, WA 98144 (206) 682-8447

Part VII

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

Check if Schedule O contains a response to any question 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, 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, 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, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHANG NICOLE CO-PRESIDENT	3 00	X		X				0	0	0
(2) DEX YENII CO-PRESIDENT	3 00	X		X				0	0	0
(3) ROBINSON VALERIE PRESIDENT ELECT	3 00	X		X				0	0	0
(4) BRAY KATHY SECRETARY	3 00	X		X				0	0	0
(5) HOFFERBER CATHY TREASURER	3 00	X		X				0	0	0
(6) BEARD LYNLY DIRECTOR	2 00	X						0	0	0
(7) BOWLIN DIANE DIRECTOR	2 00	X						0	0	0
(8) COCANOUR SANDY DIRECTOR	2 00	X						0	0	0
(9) DAHLEN DEBRA DIRECTOR	2 00	X						0	0	0
(10) DAVIS JANE DIRECTOR	2 00	X						0	0	0
(11) DEBOO JIM DIRECTOR	2 00	X						0	0	0
(12) FIX MONICA DIRECTOR	2 00	X						0	0	0
(13) FRIES ROBERT DIRECTOR	2 00	X						0	0	0
(14) GOLD ALICIA HALL DIRECTOR	2 00	X						0	0	0
(15) HEDIN RANDI DIRECTOR	2 00	X						0	0	0
(16) JELIC LISA DIRECTOR	2 00	X						0	0	0
(17) MAGUIRE ROB DIRECTOR	2 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEDVED ERIN DIRECTOR	2 00	X						0	0	0
(19) MUELLER LORI LEFF DIRECTOR	2 00	X						0	0	0
(20) NELSON MARY FELLOWS DIRECTOR	2 00	X						0	0	0
(21) PFEIFFER SHELLY KAY DIRECTOR	2 00	X						0	0	0
(22) RAYMOND MICHELLE DIRECTOR	2 00	X						0	0	0
(23) RENERIS KIM DIRECTOR	2 00	X						0	0	0
(24) ROGERS SCOT DIRECTOR	2 00	X						0	0	0
(25) SAMUEL KAREN DIRECTOR	2 00	X						0	0	0
(26) SCHATZMAN JK DIRECTOR	2 00	X						0	0	0
(27) SMITH PATRICIA LEE DIRECTOR	2 00	X						0	0	0
(28) STRAFFORD WENONA DIRECTOR	2 00	X						0	0	0
(29) VANDERLAAN HEIDI DIRECTOR	2 00	X						0	0	0
(30) HELM VICTORIA EXECUTIVE DIRECTOR	32 00			X				75,000	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								75,000	0	0

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶0

Part VIII

Statement of 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	360,121			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	576,452			
	g	Noncash contributions included in lines 1a-1f \$ 98,905					
	h	Total. Add lines 1a-1f		936,573			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		16,247		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ 360,121 of contributions reported on line 1c) See Part IV, line 18					
			a	332,358			
b		Less direct expenses	b	229,657			
c		Net income or (loss) from fundraising events . .		102,701			102,701
9a		Gross income from gaming activities See Part IV, line 19					
			a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances .					
		a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		1,055,521	0	0	118,948	

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	810,000	810,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	75,000	53,219	8,740	13,041
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,668	22,384	8,415	23,869
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	7,200	2,916	1,254	3,030
10	Payroll taxes	11,553	6,678	1,528	3,347
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	9,303		9,303	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	12,224	1,592	541	10,091
12	Advertising and promotion				
13	Office expenses	13,979	6,225	707	7,047
14	Information technology				
15	Royalties				
16	Occupancy	11,447	5,838	1,717	3,892
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,557	794	234	529
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EVENT EXPENSES	10,439			10,439
b	MEMBERSHIP DUES AND SUB	4,529	3,869	419	241
c	LICENSES AND FEES	1,514	288	79	1,147
d					
e					
f	All other expenses	2,716	1,899	356	461
25	Total functional expenses. Add lines 1 through 24f	1,026,129	915,702	33,293	77,134
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			89,700	1	150,871
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			40,743	3	21,013
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,796	9	2,988
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,599			
	b	Less accumulated depreciation	10b	2,599	0	10c	0
	11	Investments—publicly traded securities			800,775	11	806,754
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			934,014	16	981,626
Liabilities	17	Accounts payable and accrued expenses			1,272	17	599
	18	Grants payable				18	
	19	Deferred revenue			2,500	19	28,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,772	26	28,599
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			103,917	27	122,962
	28	Temporarily restricted net assets			192,225	28	195,965
	29	Permanently restricted net assets			634,100	29	634,100
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			930,242	33	953,027
	34	Total liabilities and net assets/fund balances			934,014	34	981,626

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,055,521
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,026,129
3	Revenue less expenses Subtract line 2 from line 1	3	29,392
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	930,242
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,607
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	953,027

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?		No
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		
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization NORTHWEST CHILDREN'S FUND	Employer identification number 91-1314318
---	--

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

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
- 5

☐

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)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

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)
- 9

☐

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)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,094,719	752,314	1,074,114	866,425	936,573	4,724,145
2 Tax revenues levied for the organization'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	1,094,719	752,314	1,074,114	866,425	936,573	4,724,145
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)						209,943
6 Public Support. Subtract line 5 from line 4						4,514,202

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,094,719	752,314	1,074,114	866,425	936,573	4,724,145
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,760	15,728	13,134	15,629	16,247	84,498
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						
11 Total support (Add lines 7 through 10)						4,808,643

12 Gross receipts from related activities, etc (See instructions)

121,182,284

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	93 880 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92 670 %

16a 33 1/3% support test—2011. 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 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 performed, 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 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTHWEST CHILDREN'S FUND

Employer identification number
91-1314318

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- ☐ Public exhibition
- ☐ Loan or exchange programs
- ☐ Scholarly research
- ☐ Other
- ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	800,975	716,522	574,013	605,472	
b Contributions	11,350	6,200	82,916	25,000	
c Investment earnings or losses	9,429	93,253	59,593	-56,459	
d Grants or scholarships					
e Other expenditures for facilities and programs	15,000	15,000			
f Administrative expenses					
g End of year balance	806,754	800,975	716,522	574,013	

2 Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment
- Permanent endowment 76 000 %
- Term endowment 24 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,599	2,599	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				0

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE MARY KETCHAM KERR ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE LONG-TERM STABILITY BY GENERATING REVENUES TO SUPPORT THE OPERATIONS OF NW CHILDREN'S FUND

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		AUCTION (event type)	GOLF TOURNAMENT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	591,679	100,800	692,479
	2	Less Charitable contributions	278,044	82,077	360,121
	3	Gross income (line 1 minus line 2)	313,635	18,723	332,358
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	12,973		12,973
	6	Rent/facility costs	31,234	16,617	47,851
	7	Food and beverages	47,466		47,466
	8	Entertainment			
	9	Other direct expenses	120,186	1,181	121,367
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(229,657)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			102,701

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
NORTHWEST CHILDREN'S FUND

Employer identification number
91-1314318

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?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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 Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

66

3

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

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)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Software ID:
Software Version:
EIN: 91-1314318
Name: NORTHWEST CHILDREN'S FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARA3300 E UNION ST SEATTLE, WA 98122	91-0577487	501(C)(3)	30,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
ABUSED DEAF WOMEN'S ADVOCACY SERVICES8623 ROOSEVELT WAY NE SEATTLE, WA 98115	91-1339173	501(C)(3)	14,400				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTIC STREET CENTER 2103 S ATLANTIC STREET SEATTLE, WA 98144	91-0568710	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
BIG BROSIS OF ISLAND COUNTY 913 EAST WHIDBEY AVENUE OAK HARBOR, WA 98277	94-3095273	501(C)(3)	5,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF WHATCOM COUNTY1715 KENTUCKY ST BELLINGHAM, WA 98229	91-0836427	501(C)(3)	3,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
BRIGID COLLINS FAMILY SUPPORT CENTER1231 N GARDEN ST 200 BELLINGHAM, WA 98225	94-3121951	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDHAVEN650 S ORCAS ST SEATTLE, WA 98109	91-0402430	501(C)(3)	20,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
COCOON HOUSE 2929 PINE STREET EVERETT, WA 98201	91-1497667	501(C)(3)	20,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF LAKEWOOD (GR) 6402 100TH ST SW LAKEWOOD, WA 98499	91-1732922	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
COMMUNITY YOUTH SERVICES 711 STATE AVE NE OLYMPIA, WA 98506	91-0859922	501(C)(3)	7,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAWSON PLACE CHILD ADVOCACY CENTER1509 CALIFORNIA ST EVERETT, WA 98201	27- 0627714	501(C)(3)	9,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
DOMESTIC ABUSE WOMEN'S NETWORKPO BOX 88007 TUKWILA, WA 98138	91- 1176122	501(C)(3)	14,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC VIOLENCE & SEXUAL ASSAULT SVCS1407 COMMERCIAL ST BELLINGHAM, WA 98225	91-1066325	501(C)(3)	15,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
EL CENTRO DE LA RAZA2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	5,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENCOMPASS1407 BOLACH AVENUE NW NORTH BEND, WA 98045	91- 0825232	501(C)(3)	15,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
EXODUS HOUSING PO BOX 1006 SUMNER, WA 98390	91- 1660137	501(C)(3)	15,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES LIKE OURS603 STEWART ST SUITE 902 SEATTLE, WA 98101	91-2080572	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
FARESTART700 VIRGINIA STREET SEATTLE, WA 98101	91-1546757	501(C)(3)	5,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PLACEBOX 22536 SEATTLE, WA 98122	94- 3092447	501(C)(3)	15,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
FRIENDS OF THE CHILDRENPO BOX 22801 SEATTLE, WA 98122	91- 2047030	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF YOUTH16225 NE 87TH ST SUITE A-6 REDMOND, WA 98052	91-0672501	501(C)(3)	15,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
GIRL SCOUTS OF WESTERN WAPO BOX 900961 SEATTLE, WA 98109	91-6060940	501(C)(3)	16,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY START 16225 NE 87TH STE A6 REDMOND, WA 98052	91- 0672501	501(C)(3)	20,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
HELPING HAND HOUSE11701 101ST AVE E PUYALLUP, WA 98373	91- 1275046	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMESTEP8757 15TH AVE NW SEATTLE, WA 98117	91- 0578229	501(C)(3)	15,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
HOPES PARKS6424 N 9TH ST TACOMA, WA 98403	91- 0598103	501(C)(3)	15,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING HOPE 5830 EVERGREEN WAY EVERETT, WA 98203	94-3060709	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
THE INTERFAITH ASSOCIATION OF NW WASHINGTON PO BOX 12824 EVERETT, WA 98206	91-1340220	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUMPING MOUSE 1809 SHERIDAN ST PORT TOWNSEND, WA 98368	94-3096216	501(C)(3)	20,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
KING COUNTY SEXUAL ASSAULT RESOURCE CTRPO BOX 300 RENTON, WA 98057	91-0967255	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYDIA PLACEPO BOX 28487 BELLINGHAM, WA 98228	94- 3111948	501(C)(3)	7,036				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
LUTHERAN COMMUNITY SERVICES NW115 NE 100TH ST SUITE 200 SEATTLE, WA 98125	93- 0386860	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY BRIDGE CHILDREN'S HEALTH FOUNDATIONPO BOX 5296 TACOMA, WA 98415	94-3030039	501(C)(3)	12,800				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
MOCKINGBIRD SOCIETY2100 24TH AVENUE SOUTH SUITE 350 SEATTLE, WA 98144	91-2051340	501(C)(3)	30,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVOS2600 SW HOLDEN ST SEATTLE, WA 98126	91-0848698	501(C)(3)	14,400				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
NEW HORIZONS MINISTRIESPO BOX 2801 SEATTLE, WA 98111	91-1250114	501(C)(3)	6,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST YOUTH SERVICES 1020 N STATE ST BELLINGHAM, WA 98225	91-0970561	501(C)(3)	11,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
OLIVE CREST515 116TH AVE NE STE 174 BELLEVUE, WA 98004	95-2877102	501(C)(3)	7,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR SISTERS' HOUSE2714 N 21ST STREET 3 TACOMA, WA 98406	91-1650772	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
PARENT TRUST FOR WASHINGTON CHILDREN2200 RAINIER AVE S SEATTLE, WA 98144	91-1036940	501(C)(3)	30,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PEACE FOR THE STREETS BY KIDS FROM THE STREETS1814 SUMMIT AVE SEATTLE, WA 98122	91-1921191	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
PEDIATRIC INTERIM CARE CENTER233 S 2ND AVE KENT, WA 98032	91-1485176	501(C)(3)	20,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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READINESS TO LEARN FOUNDATIONPO BOX 346 LANGLEY, WA 98260	91-1864751	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
RENTON AREA YOUTH & FAMILY 1025 S 3RD ST RENTON,WA 98057	51-0152621	501(C)(3)	7,800				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ROOTS1415 NE 43RD STREET SEATTLE, WA 98105	91-2110379	501(C)(3)	5,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
RYTHER CHILD CENTER2400 NE 95TH ST SEATTLE, WA 98115	91-0564983	501(C)(3)	20,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SAFEFUTURES YOUTH CENTER 6337 35TH AVENUE SW SEATTLE, WA 98126	91- 1949779	501(C)(3)	30,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
SAFEPLACEPO BOX 2002 OLYMPIA, WA 98207	91- 1153988	501(C)(3)	14,400				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SEATTLE CHILDREN'S HOME 2142 TENTH AVE W SEATTLE, WA 98119	91-0565572	501(C)(3)	5,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
SEATTLE EDUCATION ACCESS 6920 ROOSEVELT WAY NE 355 SEATTLE, WA 98155	04-3602577	501(C)(3)	9,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOLID GROUND 1501 N 45TH ST SEATTLE, WA 98103	23- 7421892	501(C)(3)	16,200				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
SOLID MENTAL HEALTH1600 E OLIVE ST SEATTLE, WA 98122	91- 0818971	501(C)(3)	12,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THRIVE BY FIVE 1218 3RD AVE 8TH FLOOR SEATTLE, WA 98101	20-4829769	501(C)(3)	7,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
TODDLER LEARNING CENTER PO BOX 633 OAK HARBOR, WA 98277	91-1303628	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 98144	91- 1425676	501(C)(3)	15,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
UNIVERSITY DISTRICT YOUTH CENTER - CCS100 23RD AVE S SEATTLE, WA 98144	91- 1585652	501(C)(3)	5,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY CITIES COUNCELING & CONSULTATION325 W GOWE ST KENT,WA 98032	91-6063183	501(C)(3)	7,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
VASHON YOUTH & FAMILY SERVICESPO BOX 237 VASHON,WA 98070	91-1025994	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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VISION HOUSEPO BOX 2951 RENTON, WA 98056	91-1493474	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
WELLSPRING FAMILY SERVICES 615 2ND AVE 150 SEATTLE, WA 98104	91-0567261	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORLD ASSOCIATION FOR CHILDREN AND PARENTSPO BOX 88948 SEATTLE, WA 98138	91-0962079	501(C)(3)	2,964				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
YMCA OF GREATER SEATTLE2100 24TH AVE S STE 260 SEATTLE, WA 98144	91-0482710	501(C)(3)	14,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YWCA PIERCE COUNTY405 BROADWAY TACOMA, WA 98402	91-0565026	501(C)(3)	10,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
YOUTHCARE2500 NE 54TH STREET STE 100 SEATTLE, WA 99105	91-0917079	501(C)(3)	11,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YOUTH EASTSIDE SERVICES999 164TH AVENUE NE BELLEVUE, WA 98008	91-0849093	501(C)(3)	5,000				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT
YOUTH TUTORING PROGRAM- CCS ATT BOB FORTNER PROG DIR SEATTLE, WA 98144	91-1585652	501(C)(3)	7,500				BREAK THE CYCLE OF CHILD ABUSE AND NEGLECT

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
NORTHWEST CHILDREN'S FUND

Employer identification number
91-1314318

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (AUCTION ITEMS)	X	273	98,905	DONOR STATED
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

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.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
NORTHWEST CHILDREN'S FUND

Employer identification number
91-1314318

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ROBERT FRIES AND DEBRA DAHLEN ARE MARRIED TO EACH OTHER
	FORM 990, PART VI, SECTION A, LINE 4	THE BOARD APPROVED MINOR REVISIONS TO THE BYLAWS AT ITS JUNE 5, 2012, MEETING THE CHANGES INCORPORATED ADJUSTMENTS TO THE COMMITTEE STRUCTURE (ADDING ONE COMMITTEE AND RENAMING ANOTHER), AND ARTICULATING A 10-DAY NOTICE REQUIREMENT FOR VOTES ON BYLAW REVISIONS
	FORM 990, PART VI, SECTION B, LINE 11	THE PRESIDENT OF THE BOARD, THE TREASURER AND THE EXECUTIVE DIRECTOR REVIEW AND SIGN THE FORM 990 BEFORE IT IS FILED ON THE BOARD'S BEHALF AND ENSURE THAT IT IS ACCURATE, COMPLETE AND TIMELY FILED, THE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990 EACH YEAR
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ANNUALLY SIGN AN ACKNOWLEDGEMENT THAT THEY HAVE READ, UNDERSTOOD, AND WILL ABIDE BY THE CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS PROVIDED AS PART OF EACH DIRECTOR'S BOARD NOTEBOOK, AND DISCUSSED AS APPROPRIATE
	FORM 990, PART VI, SECTION B, LINE 15A	BOARD APPOINTS EXEC COMPENSATION TASK FORCE, WHICH REVIEWS NONPROFIT EXECUTIVE COMPENSATION TRENDS, CPI DATA, AND COMPARABLE SALARY INFORMATION FROM LOCAL PEER ORGANIZATIONS, ALONG WITH PERFORMANCE AND VALUE INFORMATION RELEVANT TO NWCFC TASK FORCE'S RESEARCH AND RECOMMENDATION IS FULLY DOCUMENTED AND PRESENTED FOR REVIEW AND DISCUSSION, AND APPROVED BY FULL BOARD
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST SUMMARIZED FINANCIAL STATEMENTS ARE AVAILABLE EACH YEAR THROUGH OUR ANNUAL REPORT PUBLICATION
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -6,607
OTHER DIRECT EXPENSES	SCHEDULE G, LINE 9	THE OTHER DIRECT EXPENSES OF THE FUNDRAISING EVENTS INCLUDE \$98,905 OF DONATED AUCTION ITEMS

Additional Data

Software ID:

Software Version:

EIN: 91-1314318

Name: NORTHWEST CHILDREN'S FUND

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHANG NICOLE CO-PRESIDENT	3 00	X		X				0	0	0
DEX YENII CO-PRESIDENT	3 00	X		X				0	0	0
ROBINSON VALERIE PRESIDENT ELECT	3 00	X		X				0	0	0
BRAY KATHY SECRETARY	3 00	X		X				0	0	0
HOFFERBER CATHY TREASURER	3 00	X		X				0	0	0
BEARD LYNLY DIRECTOR	2 00	X						0	0	0
BOWLIN DIANE DIRECTOR	2 00	X						0	0	0
COCANOUR SANDY DIRECTOR	2 00	X						0	0	0
DAHLEN DEBRA DIRECTOR	2 00	X						0	0	0
DAVIS JANE DIRECTOR	2 00	X						0	0	0
DEBOO JIM DIRECTOR	2 00	X						0	0	0
FIX MONICA DIRECTOR	2 00	X						0	0	0
FRIES ROBERT DIRECTOR	2 00	X						0	0	0
GOLD ALICIA HALL DIRECTOR	2 00	X						0	0	0
HEDIN RANDI DIRECTOR	2 00	X						0	0	0
JELIC LISA DIRECTOR	2 00	X						0	0	0
MAGUIRE ROB DIRECTOR	2 00	X						0	0	0
MEDVED ERIN DIRECTOR	2 00	X						0	0	0
MUELLER LORI LEFF DIRECTOR	2 00	X						0	0	0
NELSON MARY FELLOWS DIRECTOR	2 00	X						0	0	0
PFEIFFER SHELLY KAY DIRECTOR	2 00	X						0	0	0
RAYMOND MICHELLE DIRECTOR	2 00	X						0	0	0
RENERIS KIM DIRECTOR	2 00	X						0	0	0
ROGERS SCOT DIRECTOR	2 00	X						0	0	0
SAMUEL KAREN DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCHATZMAN JK DIRECTOR	2 00	X						0	0	0
SMITH PATRICIA LEE DIRECTOR	2 00	X						0	0	0
STRAFFORD WENONA DIRECTOR	2 00	X						0	0	0
VANDERLAAN HEIDI DIRECTOR	2 00	X						0	0	0
HELM VICTORIA EXECUTIVE DIRECTOR	32 00			X				75,000	0	0