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DLN: 93493321000146

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Form **990**

foundations)

▶ Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u> Open to Public Inspection

	or the	2013 Ca	rendar year, or tax year beginning of-of-2015 , and ending 12-31-201	,				
B Che	eck ıf ap	plicable	C Name of organization Washington Progress Alliance		D Employ	er ide	ntification number	
_ Ad	ddress c	hange	wasnington Progress Alliance		20-42	58530	n	
∏ Na	ame cha	ange	Doing business as			,,,,,	·	
☐ In	ıtıal retu	urn	Doing Business us					
Fi	nal /termina	ated	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telephor	ne num	ber	
_ `	nended		1402 Third Ave Room 201		(206) 3	324-2	741	
		pending	City or town, state or province, country, and ZIP or foreign postal code					
			Seattle, WA 98101		G Gross re	ceipts s	\$ 452,948	
			F Name and address of principal officer	H(a) ⊺	s this a group i	eturn	for	
			Sarah Jaynes		ubordinates?	ccarn	Yes ✓	
			1402 Third Ave Ste 201 Seattle, WA 98101		No		·	
r Ta	x-exem	pt status	501(c)(3)		re all subordin ncluded?	ates	□Yes □ No	
						alıst	(see instructions)	
J W	ebsit e	: Nw	w washingtonprogress org	H(c)	Group exemption	on nur	nber ▶	
K Form	m of ord	anization	✓ Corporation Trust Association Other ►		of formation 200		State of legal domicile	
1 011	11 01 019	garnzacion	Guide P	\dashv		w.	A	
Pa	rt I	Sum	mary	•		•		
			scribe the organization's mission or most significant activities					
	<u>B</u> ı	uld a pe	rmanent and powerful social change movement in Washington State sup	ported by	y a network of o	omm	itted donors	
če								
Ē								
Ę.	2 C	heck th	us box ▶ ┌ If the organization discontinued its operations or disposed o	of more th	nan 25% of its	net as	ssets	
Governance						_		
	3 N	lumber	of voting members of the governing body (Part VI, line 1a)		[3	9	
Activities &	4 N	lumber	of independent voting members of the governing body (Part VI, line 1b)		[4	9	
₹	5 T	otal nur	mber of individuals employed in calendar year 2015 (Part V, line 2a) .		[5	6	
Ş	6 T	otal nur	mber of volunteers (estimate if necessary)		[6	6	
•	7 a T	otal unr	related business revenue from Part VIII, column (C), line 12		[7a	0	
	b Ne	et unrela	ated business taxable income from Form 990-T, line 34		[7 b		
					Prior Year	Π'	Current Year	
	8	Contri	butions and grants (Part VIII, line 1h)		465,2	79	446,562	
₫:	9		am service revenue (Part VIII, line 2g)	20,0	00	0		
Ravenue	10						229	
ã	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0		
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	, —	105.4	0.7	116 701	
		12)			485,4	0/	446,791	
	13	Grants	s and similar amounts paid (Part IX, column (A), lines $1-3$)		250,0	00	256,000	
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)				0	
	15		es, other compensation, employee benefits (Part IX, column (A), lines		105,1	15	103,639	
Expenses		5-10	•				·	
<u>&</u>	16a		ssional fundraising fees (Part IX, column (A), line 11e)	•		+	0	
Ä	b	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶32,124					
	17	Other	expenses (Part IX, column (A), lines $11a-11d$, $11f-24e$)		63,5	31	45,450	
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		418,6	46	405,089	
	19	Reven	ue less expenses Subtract line 18 from line 12		66,7	61	41,702	
€ α				Beginni	ing of Current Y	ear	End of Year	
Net Assets or Fund Balances							255.000	
Ass Ba	20		assets (Part X, line 16)		215,2	3/	256,939	
<u> </u>	21		liabilities (Part X, line 26)	•			0	
	22		ssets or fund balances Subtract line 21 from line 20		215,2	37	256,939	
	rt II		ature Block					
my kı	nowled	lge and	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete Declaration of preparer (other th nowledge					
		****	**		2016-11-15			
Sign		Signa	ature of officer		Date			
Here	е		h Jaynes Executive Director					
		<u> </u>	or print name and title			D.T.		
	_			ate 016-11-15	Check If	PTIN		
Paid	d	_			self-employed			
Pre	pare	Г ⊢	Firm's name Advocate Accounting LLC Firm's address 1916 Pike Pl Ste 12 323		Firm's EIN	216 4	520	
Use	Onl	y ˈ			Phone no (206)	Z10-40	J Z J	
			Seattle, WA 98101					
M	the TD	C 4					TV TN-	

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	6		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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	11b		No
С	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	11 c		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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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ΙV	Checklist of Required Schedules	(continued	ī

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

16.1	Checklist of Required Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000			

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

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Yes

Yes

Form 990 (2015)

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t IV Checklist of Required Schedules (continued)			
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	22		

	Page
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	Part V	Statements	Regarding	Other	IRS Filinas	and Tax	Compli	ian
--	--------	------------	-----------	-------	-------------	---------	--------	-----

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check is Schedule o contains a response of note to any line in this rate v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	0		
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	6		
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" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a	Yes	
b	organization solicit any contributions that were not tax deductible as charitable contributions?	ts 6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	100	103	
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to 7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			Ī
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	r 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
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		

orm 990 i	2015)					Ρā
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N describe the circumstances, processes, or changes in Schedule O.			or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					
Section	A. Governing Body and Management					
					Yes	1
1a Ente year	the number of voting members of the governing body at the end of the tax	1a	g			

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	sıness • •	relationship with a	ny -	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			. L	3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rıor Form 990 was		4		No
5	Did the organization become aware during the year of a significant diversion of the o	organız	ation's assets? .	L	5		No
6	Did the organization have members or stockholders?			. L	6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one	or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		nembers, stockhold	lers,	7 b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ions ur	idertaken during the	е			
а	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			[8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			t the	9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Intern	nal Re	venu	ie Cod	e.)
				_		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			Ŀ	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the ac	tivities				$\overline{}$	
1a	affiliates, and branches to ensure their operations are consistent with the organizati			L	10 b		
	affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form?	ion's e	xempt purposes?	filing	10b 11a	Yes	
b	Has the organization provided a complete copy of this Form 990 to all members of it	ion's e ts gove	xempt purposes? erning body before f	filing		Yes	
	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ion's e ts gove Form 9	xempt purposes? erning body before f	filing		Yes	
2a	Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this form.	ion's e ts gove · · Form 9	xempt purposes? erning body before f 90	filing • •	11a		
2a b	Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual	ion's e ts gove Form 9 Ily inte	xempt purposes? erning body before f	filing	11a 12a	Yes	
2a b	Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this found the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	ion's e ts gove Form 9 Ily inte	xempt purposes? erning body before f	filing	11a 12a 12b	Yes	
2a b c	Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this found the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with an Schedule O how this was done.	ion's e ts gove Form 9 Ily inte	xempt purposes? erning body before f	filing	11a 12a 12b 12c	Yes Yes Yes	
2a b c 3	Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this found the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	Form 9 Illy Inte the po	xempt purposes? erning body before for the second s	filing 	11a 12a 12b 12c 13	Yes Yes Yes	
2a b c 3	Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a rev	Form 9 Illy Inte the po	xempt purposes? erning body before for the second s	filing ve cribe on?	11a 12a 12b 12c 13	Yes Yes Yes	
2a b c 3 4 5	Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FDId the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	Form 9 Illy Inte the po	xempt purposes? erning body before for the second s	filing ve cribe on?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No
2a b c 3 4 5	Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official	Form 9 Illy Inte the po	xempt purposes? erning body before for the second s	filing ve cribe on?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ \

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

□ Own website □ A nother's website □ Upon request □ Other (explain in Schedule O)

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 during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

State the name, address, and telephone number of the person who possesses the organization's books and records

Sarah Jaynes 1402 Third Ave Suite 201 Seattle, WA 98101 (206) 324-2741

Νo

16a

16b

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

(A) Name and Title	(B) Average hours per week (list any hours	r more than one box, unless t person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Jean Johnson	1 00									
President	2.00	×		X				0	0	O
	2 00									
(2) Ed Zuckerman		×		X				0	0	0
Vice President Treasurer	2 00									
(3) Ruth Lipscomb	1 00									
Secretary	2 00	×		×				0	0	0
(4) Brian Arbogast	1 00									
Director		×						0	0	0
	2 00									
(5) Terry Gardiner		×						0	0	O
Director	2 00									
(6) Peter Hussey	1 00									
Director	2 00	×						0	0	0
(7) Cary Moon	1 00									
		×						0	0	O
Director	2 00									
(8) Elise Lufkin	1 00	l x						0	0	O
Director	2 00	''						_		
(9) Jabe Blumenthal	1 00									
Director	2 00	×						0	0	O
(10) Paul Abrams	1 00									
		×						0	О	o
Director	2 00									
(11) Sarah Jaynes	13 80				×	×		35,196	66,804	0
Executive Director	26 20				^	^		33,190	00,004	O
				-						
				L	L					
						l				

art VII	Section A. Officers, Di	irectors, Trustees, Ke	y Employees,	and Highest	Compensated Employees (continued)

(A) Name and Title	week (list any hours	Average hours per week (list any hours	more t	re than one box, unless erson is both an officer				Position (do not chore than one box, u erson is both an of			(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations							
1b Sub-Total						. ▶											
c Total from continuation sheet	s to Part VII, S	ection A	٠.			. ▶[
d Total (add lines 1b and 1c) .						▶		35,196	66,804								

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1
- 3

 - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual .
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
 - ındıvıdual .
 - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Section B. Independent Contractors

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

	<u> </u>	
(A) Name and business address	(B) Description of services	(C) Compensation

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

Yes

3

4

5

No

Νo

Νo

Νo

Form 99								Page 9
Part \	/III	Statement o						_
		Check IT Schedi	ule O contains a respo	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- S	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1 b					
G. Gr	С	Fundraising eve	ents 1 0					
iffs. ar A	d	Related organiz	zations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants	s (contributions) 1e					
ion	f	All other contribution	ons, gifts, grants, and 1f	446,562				
ibut	g	similar amounts no	ons included above	8,102			 	
on tr	•	1a-1f \$	- 4 - 46		446,562			
<u>2</u> <u>#</u>	h	Total. Add lines	s la-lr		440,362			
	2a			Business Code				
Program Service Revenue	b	-						
± 2.	c							
er vi	d							
S	e							
ogra	f	All other progra	am service revenue					
Ĕ	g	Total. Add lines	s 2a-2f	>				
	3		ome (including divider ar amounts)	ids, interest,	109			109
	4		stment of tax-exempt bond					
	5	Royalties	<u></u>	🔸				
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss) (i) Securities	▶ (II) O ther				
	7a	Gross amount from sales of assets other than inventory	6,277	(ii) Other				
	b	Less cost or other basis and	6,157					
	c	sales expenses Gain or (loss)	120					
	d	Net gain or (los			120			120
enne	8a	Gross income f events (not inc						
Other Revenue		of contributions See Part IV, lir	s reported on line 1c) ne 18 a					
O t	b		penses b					
	9a	Gross income f	(loss) from fundraising from gaming activities ne 19 a					
	b c		penses b (loss) from gaming act					
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С		(loss) from sales of inv	1				
	11a	Miscellaneous	s Revenue	Business Code				
	b							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	•				
	12	Total revenue.	See Instructions .		446,791			229
					,			Form 000 (201E)

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(6)$	4) organizations must complete	all columns. All other organizations	: must complete column (Δ)

	ot include amounts reported on lines 6b, b, 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 domestic organizations and				
	domestic governments See Part IV, line 21	256,000	256,000		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign				
	governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and				
•	key employees	35,196	20,573	8,951	5,672
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons				
7	described in section 4958(c)(3)(B)	0	20.216	12.756	0.003
7	Other salaries and wages	50,155	29,316	12,756	8,083
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,828	904	654	270
9	Other employee benefits	8,762	4,331	3,134	1,297
10	Payroll taxes				
		7,698	3,805	2,753	1,140
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	0	2.5.0	2.544	
C	Accounting	7,119	3,519	2,546	1,054
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17				
f -	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,027			
12	Advertising and promotion	0			
13	Office expenses	3,824	1,519	1,849	456
14	Information technology	0			
15	Royalties	0			
16	Occupancy	7,834	3,872	2,801	1,160
17	Travel	1,892	944	670	278
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	699		699	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Fundraising Event	7,000			7,000
b	Supplies	2,819	42	2,777	
c	Meetings Events / Member Culitvation	6,381	387	280	5,714
d	Printing Reproduction	1,580		1,580	
е	All other expenses	2,275		2,275	
25	Total functional expenses. Add lines 1 through 24e	405,089	325,212	43,725	32,124
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet						
		Check if Schedule O contains a response or note to any line	ın thıs P	art X .				
						(A)		(B)
	1	Cash-non-interest-bearing				Beginning of year 72.347	1	End of year 205,396
	2	Savings and temporary cash investments				141,007	2	50,269
	3	Pledges and grants receivable, net		• •		111,007	3	30,230
	4	Accounts receivable, net					4	
	5	Loans and other receivables from current and former office	stees.		•			
		key employees, and highest compensated employees Com	nplete P	art II of	,			
		Schedule L		_				
	_		- /	. .	J		5	
	6	Loans and other receivables from other disqualified person section $4958(f)(1)$), persons described in section $4958(c)$						
		contributing employers and sponsoring organizations of se			- Dt			
S		voluntary employees' beneficiary organizations (see instru II of Schedule L	ctions)	Complet	e Part			
Assets							6	
AS	7	Notes and loans receivable, net					7	
-	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				84	9	
	10a	Land, buildings, and equipment cost or other basis			4,256			
		Complete Part VI of Schedule D	10a		3,098	1,799		4.450
	b	Less accumulated depreciation	10 b			1,799	10c	1,158
	11	Investments—publicly traded securities			•		12	
	13	Investments—program-related See Part IV, line 11			13			
	14	Intangible assets		•			14	
	15	Other assets See Part IV, line 11		• •			15	116
	16	Total assets.Add lines 1 through 15 (must equal line 34)				215,237	16	256,939
	17	Accounts payable and accrued expenses					17	,
	18	Grants payable					18	
	19	Deferred revenue					19	,
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of 9	Schedul	eD.			21	
es	22	Loans and other payables to current and former officers, di			ί,			
abilities		key employees, highest compensated employees, and disq						
ge		persons Complete Part II of Schedule L			•		22	
	23	Secured mortgages and notes payable to unrelated third pa					23	
	24	Unsecured notes and loans payable to unrelated third parti			•		24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24)	related	tnira par	ties,			
		Complete Part X of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				0	25 26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here			nlet e			
Sè		lines 27 through 29, and lines 33 and 34.		ana com	лесе			
Š								
gala	27	Unrestricted net assets				215,237	27	256,939
or Fund Balances	28	Temporarily restricted net assets					28	
Ē	29	Permanently restricted net assets					29	
J.		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	ck here	> ar	na			
ts (30	Capital stock or trust principal, or current funds					30	
,se	31	Paid-in or capital surplus, or land, building or equipment ful	nd .				31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other					32	
Net	33	Total net assets or fund balances				215,237	33	256,939
_	34	Total liabilities and net assets/fund balances				215.237	34	256,939

other changes in nec assets of fund balances (explain in schedule o)	9			
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	ιο		2	256,939
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				. Г
			Yes	No
Accounting method used to prepare the Form 990		2a		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	ed on			
Separate basis Consolidated basis Both consolidated and separate basis				i
b Were the organization's financial statements audited by an independent accountant?		2b	Yes	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	ite			

c If "Yes," to line 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 O

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

3b

Νo

2c

3a

Yes

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D (Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

DLN: 93493321000146

Open to Public Inspection

Na	nal Revenue Service nme of the organization	<u> </u>	Empl	oyer identification number
Wa	ashington Progress Alliance		20-4	1258530
Pa		Advised Funds or Other Similar	Funds	
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.		
	Tabel assert on about of some	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to		onor advi	sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	3 3		
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes'	' on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e g , recr		5 h +	rically important land area
	education) Protection of natural habitat	·		d historic structure
	Preservation of open space	Freservation of	a cerune	a mistoric structure
2	Complete lines 2a through 2d if the organization	hold a gualified concervation contribution i	n tha farm	of a conservation
_	easement on the last day of the tax year	mela a qualified conservation contribution i	ii tile lolli	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termina	ated by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation of	ding the periodic monitoring, inspection, ha easements it holds?	andling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfo	rcing cons	servation easements during the
	>			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conserva	ation easements during the year
	▶ \$			
8	Does each conservation easement reported on Ii (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of s	ection 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financ		·
Pa	rt III Organizations Maintaining Collec	tions of Art, Historical Treasures	, or Oth	ner Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.		
1 a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, educatio	n, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, educatio		
	(i) Revenue included on Form 990, Part VIII, line :		b ¢	
	ii) Assets included in Form 990, Part X	•		
` `	"Assets included in Form 990, Part X If the organization received or held works of art. I	nistorical treasures or other similar assets		cial dain provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

e Other	Par	t III	Organizations Maintaining (continued)	Collections of Art,	Hist	oric	al Tr	eas	ures, or (Oth	er Simil	ar Ass	ets	. 490
b Scholarly research e Other C Preservation for future generations e Other C Preservation for future generations e Other Port XII They do a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII D D D D D D D D D D D	3			ession, and other record	s,che	ck ar	ny of th	he fol	lowing that	are	a sıgnıfıca	ant use o	fits	
Scholarly research Forewas a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Duming the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII Duming the year, did the organization a solicit or receive donations of act, institute a treatment of the organization's collection? Part XIII Duming the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and the arrangement in Part XIII and complete the following table Part XIII and complete the following table Additions during the year It did If "Yes," explain the arrangement in Part XIII chack here if the explanation has been provided in Part XIII. If Ending balance Did the organization include an amount on Form 990, Part X, line 21, for excrow or custodial account liability? "Yes Vino If "Yes," explain the arrangement in Part XIII. Chack here if the explanation has been provided in Part XIII. Beginning of year balance. Organization includes an amount on Form 990, Part X, line 21, for excrow or custodial account liability? "Yes Vino If "Yes," explain the arrangement in Part XIII. Chack here if the explanation has been provided in Part XIII. Administrative expenses. Not investment earnings, gains, and looks. Not investment earnings, gains, and looks. Contributions If Administrative expenses. If Administrative expenses. Permanent endowment ▶ Permanent endowment ▶ Permanent endowment Form year and balance (line 1g, column (a)) held as Board designations. Organizations. (I) practice organizatio	а		Public exhibition		d	Г	Loan	orex	change pro	gran	ns			
Description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization and letter than to the maintained as part of the organization's collection?	b		Scholarly research		e	Г	Other	r						
Part XIII Solution to the view of the organization solic to 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? Part XVI Excrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. Is it she organization an agent, trustee, custodian an other intermediary for contributions or other assets not included on Form 990, Part XV. Beginning balance Additions during the year Additions during the year Additions during the year Part XVIII Chack here if the explanation has been provided in Part XIII and to other intermediary for cost of the organization include an amount on Form 990, Part XV, line 21, for excrew or custodial account liability? yes No If Yes,' explain the arrangement in Part XIII Chack here if the explanation has been provided in Part XIII. Part XVIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. If Yes,' explain the arrangement in Part XIII Chack here if the explanation has been provided in Part XIII. Beginning of year balance. Additions of the organization answered "Yes" to Form 990, Part IV, line 10. If Yes,' explain the arrangement in Part XIII Chack here if the explanation has been provided in Part XIII. Beginning of year balance. Additions of the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance. Additions of the organization answered for the organization that are held and administered for the organization by rother decomment Port organization by rother than the possess on of the organization that are held and administered for the organization by rother than the possess on of the organization in that are held and administered for the organization by rother by a part XV line 11a.See Form 990, Part XV, line 11a.See Form 990, Part XV, line 11a.See Form 990, Part XV, line 11a.See Form 990,	c	Γ	Preservation for future generations											
Reserve to be sold to raise funds rather than to be maintained as part of the organization's collection? Part V Service and Custodial Arrangements	4			s collections and explai	n how	they	furthe	r the	organizatio	n's e	xempt pu	rpose in		
Part V Escrow and Custodial Arrangements.	5										mılar	□ Yes	□ No	
b If if Yes, " explain the arrangement in Part XIII and complete the following table Le Le Le Le Le Le Le	Pa	rt IV	Complete if the organization a		rm 9	90, F	Part I	V, lır	ne 9, or re	port	ted an a			
d Additions during the year ### Additions during the year ### Additions during the year ### Distributions during the year ### Distribution of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	1a			todian or other intermed	diary f	or co	ntrıbut	tions	or other as	sets		Yes	┌ No	•
A distinct during the year Id	b	If'	'Yes," explain the arrangement in P	art XIII and complete th	e follo	wing	table					A mour	it	
Ending balance 1	C	Be	ginning balance						10	:				
Description of property Ending balance 11 1 1 1 1 1 1 1 1 1	d	A d	ditions during the year						10	1				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes \(\text{V No} \) b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII		Dis	tributions during the year							_				
b fr*yes,* explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	f		=											
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions	2 a	Did th	ne organization include an amount o	n Form 990, Part X, line	21, fc	resc	row or	rcus	todial accoi	unt li	ability?	Yes	✓ No	•
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions	h													
Ca)Current year Ca)Current	<u>.</u>												• • •	
1a Beginning of year balance	- 0	II C V	Endowment i dilds. Comple	· · · · · · · · · · · · · · · · · · ·)Four ve	ars back
c Net investment earnings, gains, and losses d Grants or scholarships	1a	Begir	nning of year balance	(-)	<u> </u>	,		\ -,	,	\	,		, , .	
d Grants or scholarships	b	Cont	ributions											
e Other expenditures for facilities and programs f Administrative expenses	c													
and programs f Administrative expenses	d	Gran	ts or scholarships											
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) (investment) Cost or other basis (c) deprecation (c) deprecation (d) Book value (d) Equipment	е		·											
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	A dmi	nistrative expenses											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations 3a(i) 3a(i	g		of year balance											
Temporarily restricted endowment ► Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organiza	2	Provi		current year end balanc	e (line	19,0	columr	n (a))	held as					
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Board	l designated or quasi-endowment 🕨											
The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? If "Yes" on 3a(ii), are	b	Perm	anent endowment ▶											
Yes No	С		·	should equal 100%										
(ii) related organizations If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds A	3 a		·	ssession of the organiza	tion th	nat ar	e held	and	admınıstere	ed fo	r the		Yes	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Cost or other basis (a) (investment) Cost or other basis (other) Land		(i) un	related organizations			•		•	•					
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) Cost or other basis (other) Land	h		3			· ·	Jo Do	•						
Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property Cost or other basis (a) (investment) Buildings Leasehold improvements Cost or other basis (other) Accumulated (c) depreciation Cost or other basis (other) Accumulated (c) depreciation Accumulated (c	_		• • • •	·				•				. 30		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) Cost or other basis (other) (c) depreciation (d) Book value (d) Book value (e) depreciation (b) Cost or other basis (other) (other) (other) (d) Book value (e) depreciation (f) Book value (f) Book value (other) (o	Pa	_												
1a Land Cost or other basis (other) (c) depreciation b Buildings Suildings Suildings Suildings c Leasehold improvements Suildings Suildings d Equipment 4,256 3,098 1,158 e Other Other Suildings			Complete if the organization a							For				
b Buildings			Description of property						Cost or other I	basis			(d) Bo	ok value
c Leasehold improvements	1a	Land												
d Equipment 4,256 3,098 1,158 e Other	b	Buildin	gs											
e Other	c	Leasel	nold improvements					\Box						
	d	Equipn	nent					\downarrow	4,	,256		3,098		1,158
				at agual Form 000 Part V	·	n /D\	line	0(2)	1					1 150

Part VII	Investments—Other Securities. (See Form 990, Part X, line 12.	Complete if the org	anızatıon answered 'Y	es' on Form 990, Part IV, line 11b.
	(a) Description of security or categor (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
	al derivatives			,
(3)Other	v-held equity interests			
	ial derivatives and other financial products			
(B) Closel	y-held equity interests			
Total (Colu	mn (b) must equal Form 990, Part X, col (B) line 12)	· •		
	Investments—Program Related.		00. Da 1.7% a a 44 a	
	Complete if the organization answer (a) Description of investment	red 'Yes' on Form 9	90, Part IV, line 11c. _S (b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
	. , ,		. ,	Cost or end-of-year market value
Tatal (Calu	mn (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organiza	ation answered 'Yes' o	n Form 990, Part IV, line	
	(a) De	scription		(b) Book value
Total. (Col	umn (b) must equal Form 990, Part X, col (B) lir	ne 15)		•
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25.	rganization answer	ed 'Yes' on Form 990,	Part IV, line 11e or 11f.
1.	(a) Description of liability	(b) Book valu	ıe	
Federal inc	come taxes			
Federal inc	come taxes			
			_	
Total (Calc	mn (b) must equal Form 990, Part X, col (B) line 25)	•		
2. Liability	for uncertain tax positions In Part XIII, pro			
XIII	on's liability for uncertain tax positions unde	1 FIN 48 (ASC 740)	Uneck here if the text of t	ne loothote has been provided in Part

1 2

b

d

information

Return Reference

Schedule D (Form 990) 2015

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

446,791

2e

3	Subtract line 2e from line 1	3	446,791
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	446,791
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	Return.
1	Total expenses and losses per audited financial statements	1	405,089
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	405,089
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	405,089
Par	t XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2; V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t	b,	

Explanation

2a

2b

2c

2d

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information		
Return Reference	Explanation	
		_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493321000146 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Washington Progress Alliance 20-4258530 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Cat No 50055P

Schedule I (Form 990) 2015

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

on objectives outlined in the original proposal

Additional Data

Software ID: 15000290 **Software Version:** 15.3.0.0

EIN: 20-4258530

Name: Washington Progress Alliance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
O neA merica Votes 1225 S Weller St 430 Seattle, WA 98144	27-2671115	501c4	15,000									
Fuse Washington 1402 Third Ave Suite 406 Seattle, WA 98101	26-3921408	501c4	55,000									
Progressive Majority Washington 1402 Third Ave Suite 201 Seattle, WA 98101	26-3921408	501c4	56,000									

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 501c4 15,000 The Washington Bus 26-0832933 DO Dou 20100

Seattle, WA 98102				
Step Forward Washington 603 Stewart St Suite 819		25,000		
Seattle, WA 98101				

90,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c4

Win Win Action

1402 Third Ave Suite 201 Seattle, WA 98101

26-3921408

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

DLN: 93493321000146

Noncash Contributions

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

2015

Inspection

OMB No 1545-0047

Open to Public

Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Department of the

Name of the organization

Employer identification number

	hington Progress Alliance				Emplo	yer identification	on numbe	: F
					20-42	258530		
P	art I Types of Property			_				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of de oncash contribu	termınıng	
2 3 4 5 6 7 8	Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property							
	Securities—Publicly traded . Securities—Closely held stock . Securities—Partnership, LLC,							
12	or trust interests	X	2	8 102	Fair N	1arket Value		
13	Qualified conservation contribution—Historic structures			,,,,,,,				
	contribution—Other				┷			
15					₩			
16	Real estate—Commercial				—			
17					-			
18					₩			
	Food inventory				+			
20	J				+-			
21	Taxıdermy				+-			
	Scientific specimens				+-			
	Archeological artifacts				+			
	Other ► ()				+			
	Other ► ()				+			
	Other ► ()				† 			
	Other ▶ ()							
	Number of Forms 8283 received	by the orga	inization during the tax vea	r for contributions				
	for which the organization comple	etéd Form 8	283, Part IV, Donee Ackn	owledgement	29			
30	a During the year, did the organize	atıon receıv	e by contribution any prope	erty reported in Part I, lines	1 thro	ough 28, that	Ye	s No
	it must hold for at least three ye	ears from th	e date of the initial contribu	ition, and which is not requ	ired to	be used		
	for exempt purposes for the ent	ire holding p	period?				30a	No
ı	b If "Yes," describe the arrangem	ent in Part 1	II					\Box

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990.

contributions? . . .

b If "Yes," describe in Part II

Schedule M (Form 990) (2015)

32a

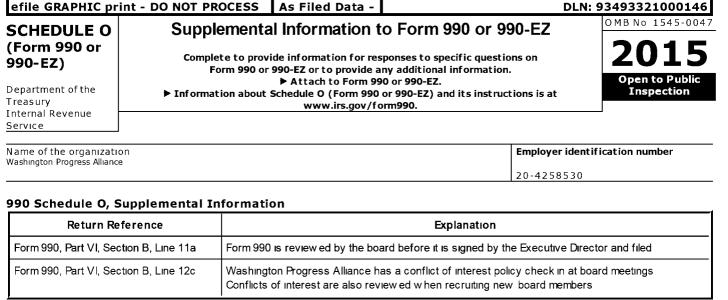
Νo

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



990 Schedule O, Supplemental Information

request

Poturn Poforonce

Return Reference	Explanation
Form 990, Part VI,	Process is led by the executive committee to the board and includes a collection of detailed performance feedback by
Section B, Line 15a	board and staff as well as information from outside stakeholders on Executive Director compensation at similar

Evalanation

ogranizations in King county Form 990, Part VI, Governing documents, conflict of interest policy and financial statements are made available to the public upon Section C. Line 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493321000146 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Internal Revenue Service

(Form 990)

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. Department of the Treasury Inspection Name of the organization **Employer identification number** Washington Progress Alliance

Part I Identification of Disregarded Entities Com					1	/C\		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct c	(f) ontrolling ntity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		 the organization an	 swered "Yes"	on Form 990, Pa	l irt IV, line 3	34 because it	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction Public charity (if section 501)		(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolled tity?
1)Washington Progress Fund 402 Third Ave Suite 201	Chanty	WA	501c3	Line 7			Yes	No No
Seattle, WA 98101 26-2868934					N/A			
or Paperwork Reduction Act Notice, see the Instructions for Form		Cat No 501				chedule R (Forn		<u> </u>

Part III	Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Pa	rt IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or aging	(k) Percentage ownership
]			Yes	No]	Yes	No	
											,	
Day IV Identification of Polated Organizations Tayable s		!	T	ط د ک ر محمامت				111/001		00 5) 1	TV luna

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
·									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

No

No

Yes

1a

1b

Part V	Transactions With Related Organizations Co	mplete if the organization answered "Ye	s" on Form 990.	Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s).				1m	ľ	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
f s Other transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must compl	lete this line, including co	vered relationships	and transaction threshold	ıs		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount in	volvec	± t
(1)Washington Progress Fund	n	15,298	Staff Time Allocation			
(2)Washington Progress Fund	0	180,610	Staff Time Allocation			
(3)Washingto Progress Fund	р	27,962	Direct Expenses			
			1			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(d) edominant income (related, nrelated, organizations? (d) (e) (f) Share total (state) (related, organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												l I	
						_							

