

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

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		D Employer identification number	
	WASHBURN CENTER FOR CHILDREN		41-0711618	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
2430 NICOLLET AVENUE SOUTH		612-871-1454		
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		
MINNEAPOLIS, MN 55404		24,828,756.		
F Name and address of principal officer: STEVE LEPINSKI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
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		H(c) Group exemption number ▶		
J Website: WWW.WASHBURN.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: 1883 M State of legal domicile: MN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO HELP CHILDREN WITH SOCIAL, EMOTIONAL AND BEHAVIORAL PROBLEMS TO LEAD SUCCESSFUL LIVES.</u>		
	2 Check this box <input 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	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	157
	6 Total number of volunteers (estimate if necessary)	6	425
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	726.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,582,858.	14,261,781.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,028,084.	7,573,351.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	191,673.	1,452,994.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,835.	22,610.
		10,804,450.	23,310,736.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	6,677.
	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)	7,466,168.	8,159,629.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	50,000.	64,800.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 905,080.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,807,603.	1,788,155.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,323,771.	10,019,261.	
19 Revenue less expenses. Subtract line 18 from line 12	1,480,679.	13,291,475.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,514,105.	37,420,811.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,586,575.	11,802,219.
	11,927,530.	25,618,592.	

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		Date		
	STEVE LEPINSKI, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KIM HUNWARDSEN, CPA	KIM HUNWARDSEN, CPA	06/24/14	<input type="checkbox"/>	P00484560
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958			
Firm's address ▶ 800 NICOLLET MALL, STE. 1300 MINNEAPOLIS, MN 55402-7033			Phone no. 612-253-6500		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WASHBURN CENTER FOR CHILDREN HELPS CHILDREN WITH SOCIAL, EMOTIONAL OR BEHAVIORAL PROBLEMS LEAD SUCCESSFUL LIVES BY PROVIDING DIAGNOSTIC, THERAPEUTIC AND EDUCATIONAL SERVICES TO CHILDREN AND THEIR FAMILIES WHO ARE EXPERIENCING, OR MAY EXPERIENCE, SUCH PROBLEMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,612,370. including grants of \$) (Revenue \$ 2,886,317.)

HOME FRONT PROGRAM

THE HOME FRONT PROGRAM PROVIDES INTENSIVE IN-HOME THERAPY, CASE MANAGEMENT AND CRISIS STABILIZATION FOR FAMILIES WHO HAVE SCHOOL-AGE CHILDREN AT RISK OF HOSPITALIZATION OR OUT-OF-HOME PLACEMENT DUE TO SEVERE EMOTIONAL AND BEHAVIORAL DIFFICULTIES. COMPREHENSIVE SERVICES ARE PROVIDED IN THE HOME, SCHOOL AND/OR COMMUNITY SETTINGS AND MAY INCLUDE DIAGNOSTIC ASSESSMENT, INDIVIDUAL AND FAMILY THERAPY/SKILLS TRAINING, CARE COORDINATION, CASE MANAGEMENT AND CRISIS STABILIZATION. THESE SERVICES ARE PROVIDED TO IMPROVE FAMILY FUNCTIONING AND HELP CHILDREN DEVELOP LIFE SKILLS THAT WILL ENABLE THEM TO LIVE SUCCESSFULLY AT HOME AND IN THE COMMUNITY. THE HOME FRONT PROGRAM SERVED APPROXIMATELY 713 CHILDREN IN 2013 AND APPROXIMATELY 680 CHILDREN IN

4b (Code:) (Expenses \$ 1,857,127. including grants of \$ 6,677.) (Revenue \$ 1,260,881.)

OUTPATIENT PROGRAM

THE OUTPATIENT PROGRAM, A CLINIC-BASED PROGRAM, PROVIDES COUNSELING AND SUPPORT FOR CHILDREN AND FAMILIES THROUGH MENTAL HEALTH ASSESSMENT AND TREATMENT. SERVICES ARE INDIVIDUALIZED SO TREATMENT CAN FOCUS ON RESPECTING DIFFERENCES AND BUILDING ON INDIVIDUAL STRENGTHS. THE SERVICES AVAILABLE TO HELP CHILDREN AND FAMILIES MAKE PROGRESS ON TREATMENT GOALS MAY INCLUDE INDIVIDUAL AND FAMILY THERAPY, GROUP THERAPY, PSYCHOLOGICAL EVALUATIONS, PSYCHIATRIC SERVICES AND CARE COORDINATION WITH OTHER PROFESSIONALS THE FAMILY IDENTIFIES. THE OUTPATIENT PROGRAM SERVED APPROXIMATELY 1,191 CHILDREN IN 2013 AND 1,280 CHILDREN IN 2012 AT WASHBURN CLINICS IN SOUTH MINNEAPOLIS, MINNETONKA, AND BROOKLYN PARK.

4c (Code:) (Expenses \$ 1,619,113. including grants of \$) (Revenue \$ 1,162,568.)

SCHOOL BASED

THE SCHOOL-BASED PROGRAM PROVIDES COUNSELING AND SUPPORT FOR CHILDREN AND FAMILIES THROUGH MENTAL HEALTH ASSESSMENT AND TREATMENT. SERVICES ARE PROVIDED ON-SITE IN 17 PUBLIC SCHOOLS IN MINNEAPOLIS, EDEN PRAIRIE AND BLOOMINGTON. THE SERVICES AVAILABLE TO HELP CHILDREN AND FAMILIES MAKE PROGRESS ON TREATMENT GOALS MAY INCLUDE INDIVIDUAL AND FAMILY THERAPY, GROUP THERAPY, PSYCHOLOGICAL EVALUATIONS, PSYCHIATRIC SERVICES AND CARE COORDINATION WITH SCHOOL STAFF AND OTHER PROFESSIONALS THE FAMILY IDENTIFIES. THE SCHOOL-BASED PROGRAM SERVED APPROXIMATELY 477 CHILDREN IN 2013 AND 488 CHILDREN IN 2012 IN MINNEAPOLIS AND EDEN PRAIRIE PUBLIC SCHOOLS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,940,189. including grants of \$) (Revenue \$ 2,263,585.)

4e Total program service expenses 8,028,799.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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 "Yes," complete Schedule F, Parts III and IV</i>		X
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>	X	
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>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or 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>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes rows for Form 1096, Form W-2G, employee counts, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response or note to any line 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 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.		
	27		
b	Enter the number of voting members included in line 1a, above, who are independent		
	27		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization		X
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DOUG WILL - 612-872-3354**
2430 NICOLLET AVE SOUTH, MINNEAPOLIS, MN 55404

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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			
STEVE PINNEY	2.00									
PRESIDENT	0.00	X		X			0.	0.	0.	
LAUREL FEDDEMA	2.00									
VICE PRESIDENT	0.00	X		X			0.	0.	0.	
STACY KRUSE	2.00									
TREASURER	0.00	X		X			0.	0.	0.	
JOHN ATKINSON	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
FRANK BENNETT	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
KEITH BLANKS	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
MICHAEL BRENNAN	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
BOB BUEHLER	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
LESLEY CROSBY	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
LANCE FIRST	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
AMY FITERMAN	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
WENDY FRAME	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
ANN GUGINO	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
KATHY GREMILLION	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
NANCY HAGERTY	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
DAVE INGRAHAM	2.00									
DIRECTOR	0.00	X					0.	0.	0.	
MICHAEL ISRAEL	2.00									
DIRECTOR	0.00	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 (list any hours for related organizations below line)	(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			
BRENT MARMO	2.00									
DIRECTOR	0.00	X						0.	0.	0.
BILL MILLER	2.00									
DIRECTOR	0.00	X						0.	0.	0.
KITSY MORRISON	2.00									
DIRECTOR	0.00	X						0.	0.	0.
TIM NAUMANN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
JOHN PICEK	2.00									
DIRECTOR	0.00	X						0.	0.	0.
LYNNE REDLEAF	2.00									
DIRECTOR	0.00	X						0.	0.	0.
ANN RENCKENS	2.00									
DIRECTOR	0.00	X						0.	0.	0.
STEPHANIE RICH	2.00									
DIRECTOR	0.00	X						0.	0.	0.
ANN RIZZO	2.00									
DIRECTOR	0.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								919,758.	0.	141,658.
d Total (add lines 1b and 1c)								919,758.	0.	141,658.

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 **6**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 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		X

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
DLR GROUP, 520 NICOLLET MALL, STUITE 200, MINNEAPOLIS, MN 55402	ARCHITECTURAL SERVICES	110,582.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	169,596.				
	d Related organizations	1d	786,640.				
	e Government grants (contributions)	1e	680,673.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,624,872.				
	g Noncash contributions included in lines 1a-1f: \$		86,428.				
	h Total. Add lines 1a-1f		14,261,781.				
	Program Service Revenue	2 a FEES FOR SERVICES	Business Code 621420	7,467,675.	7,467,675.		
b							
c							
d							
e							
f All other program service revenue		900099	105,676.	105,676.			
g Total. Add lines 2a-2f			7,573,351.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		343,157.			343,157.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		11,328.			11,328.	
	6 a Gross rents	(i) Real	6,000.				
		(ii) Personal					
		b Less: rental expenses	5,274.				
		c Rental income or (loss)	726.				
	d Net rental income or (loss)		726.		726.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	978,333.				
		(ii) Other	1,583,500.				
		b Less: cost or other basis and sales expenses	0.	1,451,996.			
		c Gain or (loss)	978,333.	131,504.			
	d Net gain or (loss)		1,109,837.			1,109,837.	
	8 a Gross income from fundraising events (not including \$ 169,596. of contributions reported on line 1c). See Part IV, line 18	a	60,750.				
		b Less: direct expenses	60,750.				
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a REFUND OF SALES TAX	900099	10,556.			10,556.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		10,556.					
12 Total revenue. See instructions.		23,310,736.	7,573,351.	726.	1,474,878.		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	6,677.	6,677.		
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	372,342.		160,667.	211,675.
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	6,526,187.	5,797,701.	369,069.	359,417.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	189,962.	169,448.	10,077.	10,437.
9 Other employee benefits	574,125.	493,862.	37,841.	42,422.
10 Payroll taxes	497,013.	419,074.	37,468.	40,471.
11 Fees for services (non-employees):				
a Management				
b Legal	30,009.		30,009.	
c Accounting	39,297.		39,297.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	64,800.			64,800.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	184,831.	134,390.	40,790.	9,651.
12 Advertising and promotion	60,701.	12,628.	652.	47,421.
13 Office expenses	241,407.	162,530.	12,685.	66,192.
14 Information technology				
15 Royalties				
16 Occupancy	305,498.	275,260.	12,719.	17,519.
17 Travel	229,184.	208,585.	9,408.	11,191.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	222,442.		222,442.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	109,385.	97,458.	9,208.	2,719.
23 Insurance	46,760.	40,855.	3,091.	2,814.
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.)				
a REPAIRS AND EQUIPMENT	142,553.	94,268.	38,403.	9,882.
b STAFF DEVELOPMENT	113,714.	78,379.	31,699.	3,636.
c BAD DEBT EXPENSE	32,403.	32,403.		
d _____				
e All other expenses _____	29,971.	5,281.	19,857.	4,833.
25 Total functional expenses. Add lines 1 through 24e	10,019,261.	8,028,799.	1,085,382.	905,080.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	894,626.	2	3,579,205.
	3 Pledges and grants receivable, net	872,465.	3	8,807,322.
	4 Accounts receivable, net	677,060.	4	903,061.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	14,251,720.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	219,549.	9	207,316.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,028,035.		
	b Less: accumulated depreciation	10b 1,661,928.	3,881,349.	10c 1,366,107.
	11 Investments - publicly traded securities	6,250,839.	11	7,189,147.
	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	718,217.	15	1,116,933.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,514,105.	16	37,420,811.	
Liabilities	17 Accounts payable and accrued expenses	1,071,945.	17	2,758,834.
	18 Grants payable		18	
	19 Deferred revenue	5,195.	19	500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	8,832,561.
	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	509,435.	25	210,324.
	26 Total liabilities. Add lines 17 through 25	1,586,575.	26	11,802,219.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,569,334.	27	3,235,102.
	28 Temporarily restricted net assets	4,544,883.	28	16,508,429.
	29 Permanently restricted net assets	5,813,313.	29	5,875,061.
	Organizations that do not follow SFAS 117 (ASC 958), 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	11,927,530.	33	25,618,592.	
34 Total liabilities and net assets/fund balances	13,514,105.	34	37,420,811.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,310,736.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,019,261.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,291,475.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,927,530.
5	Net unrealized gains (losses) on investments	5	-11,483.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	411,070.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,618,592.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
3b	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		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1776052.	2755448.	2851878.	3582858.	14272988.	25239224.
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	1776052.	2755448.	2851878.	3582858.	14272988.	25239224.
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)						7919985.
6 Public support. Subtract line 5 from line 4.						17319239.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1776052.	2755448.	2851878.	3582858.	14272988.	25239224.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	152,505.	147,827.	221,592.	191,769.	360,485.	1074178.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				1,835.	726.	2,561.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	29,337.	34,312.	60,001.		10,556.	134,206.
11 Total support. Add lines 7 through 10						26450169.
12 Gross receipts from related activities, etc. (see instructions)					12	31,379,953.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	65.48	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	79.66	%
16a 33 1/3% support test - 2013. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INSURANCE CLAIM RECOVERY

2009 AMOUNT: \$ 29,337.

2010 AMOUNT: \$ 34,312.

2011 AMOUNT: \$ 19,839.

MISCELLANEOUS REVENUE

2011 AMOUNT: \$ 40,162.

2013 AMOUNT: \$ 10,556.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

WASHBURN CENTER FOR CHILDREN

Employer identification number

41-0711618

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization WASHBURN CENTER FOR CHILDREN	Employer identification number 41-0711618
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>4,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>1,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WASHBURN CENTER FOR CHILDREN	Employer identification number 41-0711618
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization WASHBURN CENTER FOR CHILDREN	Employer identification number 41-0711618
--	--

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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

2013

Open to Public Inspection

Name of the organization

WASHBURN CENTER FOR CHILDREN

Employer identification number

41-0711618

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 XIII. Check here if the explanation has been provided in Part XIII

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	7,133,619.	6,374,399.	6,806,269.	5,913,463.	4,634,259.
b Contributions	5,636.	2,879.	2,670.	35,425.	56,529.
c Net investment earnings, gains, and losses	363,154.	811,274.	-415,097.	874,640.	1,381,883.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,319.	34,000.			145,000.
f Administrative expenses	25,392.	20,933.	19,443.	17,259.	14,208.
g End of year balance	7,471,698.	7,133,619.	6,374,399.	6,806,269.	5,913,463.

2 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 69.70 %
- c Temporarily restricted endowment 30.30 %

The percentages in 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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

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) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		750,276.		750,276.
b Buildings		1,745,759.	1,257,381.	488,378.
c Leasehold improvements				
d Equipment		532,000.	404,547.	127,453.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,366,107.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SUPPLEMENTAL RETIREMENT OBLIGATION	210,324.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	210,324.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	22,729,371.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-11,483.
b	Donated services and use of facilities	2b	11,207.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,274.
e	Add lines 2a through 2d	2e	4,998.
3	Subtract line 2e from line 1	3	22,724,373.
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 XIII.)	4b	586,363.
c	Add lines 4a and 4b	4c	586,363.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,310,736.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,449,379.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	11,207.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,274.
e	Add lines 2a through 2d	2e	16,481.
3	Subtract line 2e from line 1	3	9,432,898.
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 XIII.)	4b	586,363.
c	Add lines 4a and 4b	4c	586,363.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,019,261.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: THE AGENCY MAINTAINS THE ENDOWMENT FUNDS TO SUPPORT THE AGENCY'S MISSION AND OPERATIONS.

PART X, LINE 2:

EXPLANATION: WCC AND WHC ARE ORGANIZED AS MINNESOTA NONPROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND (VIII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER SECTIONS 509(A)(1) AND (3), RESPECTIVELY. EACH ENTITY IS ANNUALLY REQUIRED

Part XIII Supplemental Information (continued)

TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS.

IN ADDITION, THE ENTITIES ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. WCC FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS TO REPORT ITS UNRELATED TAXABLE INCOME.

EACH ENTITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ENTITIES WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UBI RELATED EXPENSES MOVED TO REVENUE FROM EXPENSE.	5,274.
---	--------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAPITAL CAMPAIGN EXPENSES MOVED FROM REVENUE TO EXPENSES.	455,747.
---	----------

BUILDING DEVELOPMENT EXPENSES MOVED FROM REVENUE TO EXPENSES.	130,616.
---	----------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	586,363.
---------------------------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UBI RELATED EXPENSES MOVED TO REVENUE FROM EXPENSE.	5,274.
---	--------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT	WASHBURN GAMES	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	136,101.	94,245.		230,346.
	2 Less: Contributions	100,062.	69,534.		169,596.
	3 Gross income (line 1 minus line 2)	36,039.	24,711.		60,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	35,841.	24,909.		60,750.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				60,750.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash 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. Subtract line 7 from line 1, 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:

13a		%
13b		%
- 14** Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: KATHY SCHAAF

(I) ADDRESS OF FUNDRAISER: 1752 MAGNOLIA LANE NORTH, PLYMOUTH, MN 55441

**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

2013

**Open to Public
Inspection**

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

Name of the organization

WASHBURN CENTER FOR CHILDREN

Employer identification number

41-0711618

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. Part II can be duplicated if additional space is needed.

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

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

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

Schedule I (Form 990) (2013)

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.
Part III can be duplicated 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
CAMP REGISTRATION AND SUPPLIES.	20	6,677.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: THE ORGANIZATION MAKES PAYMENTS DIRECTLY TO THE CAMPS FOR
 REGISTRATION AND SUPPLIES OR WCC EMPLOYEES PURCHASE SUPPLIES DIRECTLY FOR
 THE RECIPIENTS. NO CASH IS EXCHANGED BETWEEN THE ORGANIZATION AND THE
 RECIPIENTS. THIS PROCESS ENSURES THE ASSISTANCE IS USED FOR THE INTENDED
 PURPOSE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

WASHBURN CENTER FOR CHILDREN

Employer identification number

41-0711618

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVE LEPINSKI EXECUTIVE DIRECTOR	(i)	165,975.	60,389.	840.	89,288.	5,793.	322,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ARLENE SCHATZ CLINICAL DIRECTOR	(i)	175,368.	8,000.	840.	7,148.	5,793.	197,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TOM STEINMETZ COO/PROGRAM DIRECTOR	(i)	129,575.	10,000.	840.	5,293.	5,793.	151,501.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

EXPLANATION: THE AGENCY HAS AN AGREEMENT WITH THE EXECUTIVE DIRECTOR FOR A CONTINGENT BONUS ACCOUNT THAT IS GOVERNED BY CODE SECTION 457(F). THE AGREEMENT STATES THE AGENCY WILL ALLOCATE \$15,000 PER YEAR TO HIS CONTINGENT BONUS ACCOUNT, FOR THE PERIOD JANUARY 1, 2009 - DECEMBER 31, 2013. IF HE REMAINS CONTINUOUSLY EMPLOYED BY THE AGENCY UNTIL JANUARY 1, 2014, THE AGENCY WILL PAY THE BALANCE OF THE CONTINGENT BONUS ACCOUNT IN A CASH LUMP SUM.

PART I, LINE 7:

EXPLANATION: THE EXECUTIVE DIRECTOR RECEIVES INCENTIVE PAY BASED ON WHETHER OR NOT SPECIFIC OBJECTIVES HAVE BEEN MET. THE EXECUTIVE DIRECTOR REPORTS ON HIS ACHIEVEMENTS AND INDICATES THE LEVEL OF INCENTIVE PAY HE BELIEVES HE ACHIEVED BASED UPON THE WRITTEN AGREEMENTS. THE EXECUTIVE COMMITTEE REVIEWS THIS ASSESSMENT AND THEN DETERMINES WHAT AMOUNT OF INCENTIVE PAY WILL BE AWARDED. THE EXECUTIVE DIRECTOR RECEIVED \$60,389 IN INCENTIVE COMPENSATION FOR 2013.

THE COO, FINANCE DIRECTOR, CLINICAL DIRECTOR, AND DIRECTOR OF DEVELOPMENT

Part III Supplemental Information

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

RECEIVE INCENTIVE PAY BASED ON WHETHER OR NOT SPECIFIC OBJECTIVES HAVE BEEN
 MET. THE EXECUTIVE DIRECTOR REVIEWS THE ASSESSMENT AND THEN DETERMINES WHAT
 AMOUNT OF INCENTIVE PAY WILL BE AWARDED FOR THE COO AND DEVELOPMENT
 DIRECTOR. THE COO REVIEWS THE ASSESSMENT AND THEN DETERMINES WHAT AMOUNT OF
 INCENTIVE PAY WILL BE AWARDED FOR THE DIRECTOR OF FINANCE AND CLINICAL
 DIRECTOR. THESE INDIVIDUALS RECEIVED THE FOLLOWING AMOUNTS IN 2013:

COO \$10,000

FINANCE DIRECTOR \$10,000

DEVELOPMENT DIRECTOR \$8,000

CLINICAL DIRECTOR \$8,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **WASHBURN CENTER FOR CHILDREN** Employer identification number **41-0711618**

Part 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 determining noncash 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	X	11	86,428.	FMV
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 ()				
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** **0**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 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.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

WASHBURN CENTER FOR CHILDREN

Employer identification number

41-0711618

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2012.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DAY TREATMENT PROGRAM

DAY TREATMENT IS AN INTENSIVE HALF-DAY, CLASSROOM-BASED TREATMENT

PROGRAM DESIGNED TO HELP CHILDREN AGES THREE TO TEN WHO LIVE IN

MINNEAPOLIS DEVELOP THE SOCIAL, EMOTIONAL AND BEHAVIORAL SKILLS

NECESSARY TO BE MORE SUCCESSFUL IN SCHOOL AND AT HOME. COMPREHENSIVE

SERVICES ARE PROVIDED, INCLUDING GROUP AND FAMILY THERAPY/SKILLS

TRAINING, AND CARE COORDINATION WITH COMMUNITY PROVIDERS INVOLVED WITH

THE CHILD. CHILDREN CONTINUE TO ATTEND THEIR COMMUNITY SCHOOL OR

PRESCHOOL FOR HALF OF EACH DAY. THE DAY TREATMENT PROGRAM SERVED

APPROXIMATELY 73 CHILDREN IN 2013 AND 77 CHILDREN AND FAMILIES IN 2012.

FAMILY FOCUSED PRESCHOOL AND INFANT/TODDLER PROGRAMS

THE FAMILY FOCUSED PRESCHOOL AND INFANT/TODDLER PROGRAM SERVES FAMILIES

WITH CHILDREN FROM BIRTH TO AGE FIVE, LIVING IN HENNEPIN COUNTY, WHO

NEED SUPPORT WITH SOCIAL AND EMOTIONAL DEVELOPMENT, PARENT-CHILD

RELATIONSHIP ISSUES AND FAMILY STRESS. IN-HOME THERAPEUTIC SERVICES AND

THERAPEUTIC GROUPS ARE PROVIDED. A THERAPEUTIC PRESCHOOL CLASSROOM IS

AVAILABLE FOR CHILDREN AGES THREE THROUGH FIVE WHO LIVE IN THE

MINNEAPOLIS AREA. THE GOALS OF THE PROGRAM ARE TO STRENGTHEN FAMILIES,

REDUCE STRESS AND RISK FACTORS FOR ABUSE OR NEGLECT, SUPPORT YOUNG

CHILDREN'S DEVELOPMENT AND HELP PARENTS FORM HEALTHY RELATIONSHIPS WITH

THEIR YOUNG CHILDREN THAT WILL FACILITATE GROWTH AND DEVELOPMENT

Name of the organization WASHBURN CENTER FOR CHILDREN	Employer identification number 41-0711618
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THROUGHOUT CHILDHOOD. THE FAMILY FOCUSED PRESCHOOL AND INFANT/TODDLER PROGRAM SERVED APPROXIMATELY 85 CHILDREN IN 2013 AND 85 CHILDREN IN 2012.

OTHER PROGRAMS AND SERVICES

THE OUTREACH PROGRAM PROVIDES FREE TRAINING AND CONSULTATION TO CHILDCARE PROVIDERS AND SCHOOLS THROUGHOUT HENNEPIN COUNTY AS WELL AS SUPPORT WITH QUESTIONS ABOUT CHILD DEVELOPMENT AND INFORMATION ABOUT COMMUNITY RESOURCES TO THE PARENTS OF THESE CHILDREN. THE GOAL OF THE PROGRAM IS TO MAINTAIN THE CHILD IN THEIR CURRENT CHILDCARE OR SCHOOL SETTING WHEN POSSIBLE AND TO INCREASE THE SKILLS OF THE PROVIDERS SO THEY CAN BETTER RESPOND TO EACH CHILD'S INDIVIDUAL NEEDS OR IDENTIFY A MORE APPROPRIATE SETTING WHEN NECESSARY. THE OUTREACH PROGRAM SERVED APPROXIMATELY 103 CHILDREN IN 2013 AND 95 CHILDREN IN 2012. EXPENSES \$ 1,940,189. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,263,585.

FORM 990, PART VI, SECTION A, LINE 1:

EXPLANATION: THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CURRENT OFFICERS, THE CHAIRS OF THE STANDING COMMITTEES, AND ALL IMMEDIATE PAST PRESIDENTS WHO ARE STILL DIRECTORS. THE EXECUTIVE COMMITTEE IS AUTHORIZED TO ACT WITH THE FULL AUTHORITY OF THE BOARD DURING INTERVALS BETWEEN MEETINGS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE FINANCE COMMITTEE OF THE BOARD AS SOON AS IT IS COMPLETED BY AN INDEPENDENT ACCOUNTANT. THE CONTENT WILL ALSO BE DISCUSSED AT A FINANCE COMMITTEE MEETING PRIOR TO FILING AND PRIOR TO PRESENTATION TO THE BOARD.

Name of the organization WASHBURN CENTER FOR CHILDREN	Employer identification number 41-0711618
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THE BOARD OF DIRECTORS WILL RECEIVE A COPY FOR REVIEW AND WILL REVIEW AND DISCUSS IT AT A BOARD MEETING PRIOR TO FILING. AT THE BOARD MEETING, THE BOARD WILL APPROVE THE CONTENT AND FILING OF THE FORM 990.

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

EXPLANATION: IT IS THE RESPONSIBILITY OF EVERY EMPLOYEE, SUPERVISOR, EXECUTIVE AND OTHERS RESPONSIBLE FOR CARRYING OUT THE ORGANIZATION'S ACTIVITIES TO IMMEDIATELY REPORT SUSPECTED MISCONDUCT, DISHONESTY OR CONFLICT OF INTEREST VERBALLY OR IN WRITING TO THE EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE, OR THE BOARD OF TRUSTEES PRESIDENT. IF THE INCIDENT INVOLVES THE EXECUTIVE DIRECTOR, IT SHOULD BE REPORTED TO THE DIRECTOR OF FINANCE OR THE BOARD OF DIRECTORS PRESIDENT. IF THE INCIDENT INVOLVES THE DIRECTOR OF FINANCE, IT SHOULD BE REPORTED TO THE EXECUTIVE DIRECTOR OR THE BOARD OF DIRECTORS PRESIDENT.

TO FACILITATE REPORTING OF SUSPECTED VIOLATIONS, ESPECIALLY IN THOSE SITUATIONS WHERE THE REPORTING INDIVIDUAL WISHES TO REMAIN ANONYMOUS, THE ORGANIZATION HAS ESTABLISHED AN ANONYMOUS VOICEMAIL BOX, WHICH WILL BE MONITORED BY THE DIRECTOR OF FINANCE AND THE BOARD OF DIRECTORS PRESIDENT. EMPLOYEES MAY ALSO REPORT SUSPECTED VIOLATIONS ANONYMOUSLY IN WRITING TO THE EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE, OR THE BOARD OF DIRECTORS PRESIDENT.

IN APPROPRIATE CIRCUMSTANCES, THE EXECUTIVE DIRECTOR (OR DIRECTOR OF FINANCE, IF THE INCIDENT INVOLVES THE EXECUTIVE DIRECTOR) WILL NOTIFY AN OFFICER OF THE WASHBURN BOARD OF SIGNIFICANT REPORTED INCIDENTS ON A TIMELY BASIS.

Name of the organization WASHBURN CENTER FOR CHILDREN	Employer identification number 41-0711618
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WITH SUPPORT FROM THE EXECUTIVE DIRECTOR, THE DIRECTOR OF FINANCE HAS PRIMARY RESPONSIBILITY FOR ALL FOLLOW-UP AND INVESTIGATIONS OF EACH REPORTED INCIDENT, EXCEPT IF THE INCIDENT INVOLVES THE DIRECTOR OF FINANCE. THE BOARD OF DIRECTORS WILL REVIEW ANY ISSUES REPORTED TO THEM. A JOURNAL OF REPORTED INCIDENTS, FOLLOW-UP ACTIONS TAKEN AND RESOLUTIONS WILL BE KEPT AND REVIEWED ANNUALLY BY THE EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE, AND THE FINANCE COMMITTEE CHAIR AS PART OF THE ANNUAL AUDIT PROCESS.

DURING THEIR EMPLOYEE ORIENTATION PROCESS, ALL EMPLOYEES WILL REVIEW AND SIGN AN ACKNOWLEDGMENT THAT THEY HAVE READ AND UNDERSTAND THE CODE OF ETHICS POLICY. AN ORIGINAL SIGNED COPY WILL BE KEPT IN EACH PERSONNEL FILE. ALL SUPERVISORS AND EXECUTIVES ARE REQUIRED TO SIGN THE POLICY AND REPORTING PROCEDURES ANNUALLY.

THE CODE OF ETHICS POLICY WILL BE REVIEWED BY THE FINANCE COMMITTEE ANNUALLY. ANY CHANGES WILL BE APPROVED BY THE BOARD OF DIRECTORS.

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

EXPLANATION: THERE ARE TWO COMPONENTS TO THE EXECUTIVE DIRECTOR'S COMPENSATION, HIS ANNUAL SALARY AND INCENTIVE PAY. THE ANNUAL SALARY IS SET AS A PART OF HIS REVIEW BY THE EXECUTIVE COMMITTEE. IN THIS REVIEW, THE HUMAN RESOURCES DIRECTOR PROVIDES THE EXECUTIVE DIRECTOR AND THE EXECUTIVE COMMITTEE WITH A HISTORY OF HIS COMPENSATION AND THE ANNUAL SALARIES OF ABOUT 10 OTHER NONPROFIT EXECUTIVES AS EXAMPLES (SOME ARE HIGHER AND SOME ARE LOWER THAN HIS SALARY). THE ANNUAL SALARY IS BASED ON YEARS OF EXPERIENCE AS AN EXECUTIVE DIRECTOR, THE SIZE AND KIND OF AGENCY THAT WASHBURN IS, THE COMPENSATION THAT WE NEED TO PROVIDE TO KEY STAFF THAT ARE GENERALLY LICENSED AND OFTEN PHD'S, AND THE PERFORMANCE OF THE INDIVIDUAL

Name of the organization WASHBURN CENTER FOR CHILDREN	Employer identification number 41-0711618
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IN THE POSITION. MORE GENERAL NONPROFIT SALARY SURVEYS ARE SO BROAD THAT THEY DO NOT ADEQUATELY REFLECT THE INFLUENCE OF SOME OF THESE ISSUES. MORE SPECIFIC SALARY SURVEYS SUCH AS THE ONE DONE BY THE MINNESOTA ASSOCIATION OF COMMUNITY MENTAL HEALTH PROVIDERS ARE MOSTLY OUT STATE COMMUNITY MENTAL HEALTH CENTERS WHICH REFLECT MUCH LOWER SALARIES THAN EXECUTIVE DIRECTORS IN METROPOLITAN ORGANIZATIONS. MANY OF THESE HAVE LITTLE OR NO FUND RAISING COMPONENT TO THEM, AND MANY OF THEM ARE LARGELY PUBLIC SECTOR FUNDING. OVER THE PAST 24 YEARS, THE AGENCY'S EXECUTIVE DIRECTOR HAS BEEN STEVE LEPINSKI AND ON AVERAGE, HIS ANNUAL SALARY HAS INCREASED JUST OVER 4% PER YEAR.

THE EXECUTIVE DIRECTOR'S INCENTIVE PAY IS FRAMED BY A BOARD POLICY ON EXECUTIVE COMPENSATION THAT INDICATES THE BOARD PREFERENCE TO HAVE SOME OF THE EXECUTIVE DIRECTOR'S COMPENSATION TIED TO ANNUAL INCENTIVES. THE ANNUAL OBJECTIVES TO BE INCENTIVIZED AND THE AMOUNT OF INCENTIVE TIED TO EACH OBJECTIVE ARE DETERMINED THROUGH CONVERSATION BETWEEN THE EXECUTIVE COMMITTEE AND EXECUTIVE DIRECTOR AS A PART OF THE ANNUAL PERFORMANCE REVIEW. THE EXECUTIVE DIRECTOR REPORTS ON HIS ACHIEVEMENTS OR FAILURES TO ACHIEVE THE PREVIOUS YEAR'S OBJECTIVES AND INDICATES THE LEVEL OF INCENTIVE PAY THAT HE THINKS HE HAS ACHIEVED FOR EACH OBJECTIVE. THE EXECUTIVE COMMITTEE EITHER AGREES WITH HIS ASSESSMENT OR PROVIDES AN ALTERNATIVE ASSESSMENT AND LEVEL OF INCENTIVE PAY. THE OBJECTIVES AND THE LEVEL OF INCENTIVE FOR THE COMING YEAR ARE PROPOSED BY THE EXECUTIVE DIRECTOR AS PART OF HIS REVIEW AND THEN CONSIDERED AND MODIFIED IF NECESSARY BY THE EXECUTIVE COMMITTEE. THE COMMITTEE AND EXECUTIVE DIRECTOR THEN DRAFT AND SIGN A WRITTEN STATEMENT OF WHAT THEY HAVE AGREED UPON FOR THE COMING YEAR.

DIRECTOR OF FINANCE - 2012:

THE COO AND EXECUTIVE DIRECTOR REVIEWS THE SALARY FOR THE DIRECTOR OF

Name of the organization WASHBURN CENTER FOR CHILDREN	Employer identification number 41-0711618
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FINANCE ANNUALLY. THE DIRECTOR OF FINANCE RECEIVES BENEFITS AT THE SAME LEVEL AS OTHER EMPLOYEES OF THE AGENCY.

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

EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL DATA IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.

FORM 990, PART I, LINE 22 AND PART X, LINES 27 - 33:

EXPLANATION: INCREASE IN TOTAL NET ASSETS

WITH ONE IN FIVE CHILDREN ENCOUNTERING A MENTAL HEALTH CHALLENGE, THE NEED FOR THERAPEUTIC SERVICES HAS EXPANDED DRAMATICALLY, AND WASHBURN HAS RESPONDED BY DOUBLING THE NUMBER OF CHILDREN IT HAS SERVED IN THE PAST SIX YEARS. BECAUSE ITS EXISTING BUILDING CANNOT ACCOMMODATE THE COMMUNITY'S GROWING NEEDS WASHBURN IS BUILDING A NEW 55,000 SQUARE FOOT FACILITY. THE NEW FACILITY RESPONDS TO THE COMMUNITY'S GROWING NEED, PROVIDES AN EXPANDED AND MORE EFFECTIVE THERAPEUTIC ENVIRONMENT TO SUPPORT HEALING, AND WILL TRAIN CHILDREN'S MENTAL HEALTH CLINICIANS IN BEST PRACTICES THAT WILL BENEFIT THE COMMUNITY AND OTHERS ACROSS THE NATION. CONSTRUCTION OF THE NEW FACILITY BEGAN IN 2013, AND WILL BE COMPLETED IN LATE 2014.

WASHBURN'S TOTAL NET ASSETS INCREASED BY APPROXIMATELY \$13,700,000 BETWEEN 2012 AND 2013. OF THAT INCREASE, APPROXIMATELY \$12,000,000 HAS BEEN RESTRICTED FOR SPECIFIC NEEDS RELATED TO THE NEW FACILITY. THE FACILITY PROJECT IS EXPECTED TO COST \$24,500,000 AND FUNDING IS BEING PROVIDED THROUGH A CAPITAL CAMPAIGN AND PROCEEDS FROM A NEW MARKETS TAX

Name of the organization WASHBURN CENTER FOR CHILDREN	Employer identification number 41-0711618
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CREDIT PROGRAM. AS OF DECEMBER 31, 2013, 87% OF TOTAL NET ASSETS ARE
 TEMPORARILY OR PERMANENTLY RESTRICTED, LEAVING 13% OF NET ASSETS AS
 GENERAL OPERATING FUNDS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

WASHBURN CENTER FOR CHILDREN

Employer identification number

41-0711618

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WASHBURN CENTER FOR CHILDREN HOLDING COMPANY - 46-3375322, 2430 NICOLLET AVENUE SOUTH, MINNEAPOLIS, MN 55404	CONSTRUCT AND OWN FACILITY FOR OPERATIONS OF WASHBURN CENTER FOR CHILDREN	MINNESOTA	501(C)(3)	LINE 11A, I	WASHBURN CENTER FOR CHILDREN	X	

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

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)	X	
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WASHBURN HOLDING COMPANY	C	786,640.	FMV
(2) WASHBURN HOLDING COMPANY	G	1,583,500.	FMV
(3) WASHBURN HOLDING COMPANY	L	99,050.	FMV
(4) WASHBURN HOLDING COMPANY	Q	814,647.	FMV
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

WASHBURN CENTER FOR CHILDREN TRUST

EIN: 41-6014916

C/O US BANK, BC-MN-H16A, 101 EAST FIFTH ST, 14TH FLOOR

ST. PAUL, MN 55101-1860

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2013

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2013 or other tax year beginning _____, and ending _____

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) WASHBURN CENTER FOR CHILDREN Number, street, and room or suite no. If a P.O. box, see instructions. 2430 NICOLLET AVENUE SOUTH City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55404	D Employer identification number (Employees' trust, see instructions.) 41-0711618 E Unrelated business activity codes (See instructions.) 531190
--	---------------------	--	---

C Book value of all assets at end of year 37,420,811.	F Group exemption number (See instructions.) G Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	--

H Describe the organization's primary unrelated business activity. ▶ **LEASE OF PARKING LOT**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DOUG WILL** Telephone number ▶ **612-872-3354**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Form 8949 and Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6 6,000.	5,274.	726.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13 6,000.	5,274.	726.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	726.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	726.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40b Other credits (see instructions)
40c General business credit. Attach Form 3800
40d Credit for prior year minimum tax (attach Form 8801 or 8827)
40e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44a Payments: A 2012 overpayment credited to 2013
44b 2013 estimated tax payments
44c Tax deposited with Form 8868
44d Foreign organizations: Tax paid or withheld at source (see instructions)
44e Backup withholding (see instructions)
44f Credit for small employer health insurance premiums (Attach Form 8941)
44g Other credits and payments: Form 2439 Form 4136 Other
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs (att. schedule)
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date EXECUTIVE DIRECTOR Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
KIM HUNWARDSSEN, CPA CPA 06/24/14 P00484560
Firm's name EIDE BAILLY LLP Firm's EIN 45-0250958
800 NICOLLET MALL, STE. 1300
Firm's address MINNEAPOLIS, MN 55402-7033 Phone no. 612-253-6500

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1) PARKING LOT		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 1
(1)	6,000.	5,274.
(2)		
(3)		
(4)		
Total	0.	6,000.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
		6,000.
		5,274.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
		%	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		0.	0.
Total dividends-received deductions included in column 8		0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 1

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SNOW REMOVAL		2,831.	
SALARY EXPENSE		1,293.	
PROFESSIONAL FEES		300.	
PROPERTY TAX		850.	
- SUBTOTAL -	1		5,274.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			5,274.