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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010

B Check if applicable: X Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: FINANCE & ADMINISTRATION ROUNDTABLE. D Employer identification number: 52-1472418. E Telephone number: (703) 971-1116. F Group Exemption Number.

G Accounting method: X Accrual. H Check X if the organization is not required to attach Schedule B.

I Website: HTTP://WWW.FAR-ROUNDTABLE.ORG

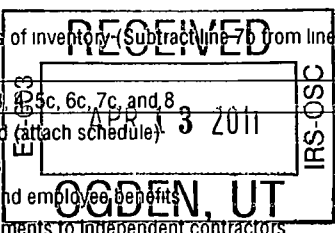
J Tax-exempt status (check only one) - X 501(c)(6) (Insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 177,437.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 177,437. Expenses total: 134,407. Net assets at end of year: 144,754.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

Table with 27 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 236,221. Total liabilities: 91,467. Net assets: 144,754.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED APR 23 2011

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)</small>
What is the organization's primary exempt purpose? <u>SEE STATEMENT 4</u>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 <u>MONTHLY LUNCHEON PROGRAMS FEATURE TOPICS OF INTEREST TO EDUCATE AND PROVIDE AN OPPORTUNITY TO EXCHANGE IDEAS.</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <u>PUBLICATION OF BI MONTHLY NEWSLETTER KEEPS MEMBERS INFORMED OF NEWS AFFECTING THE NONPROFIT FINANCE AND ADMINISTRATION COMMUNITY.</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule)	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JACK PITZER, 1325 G STREET, NW #500, WASHINGTON, DC 20005	EXECUTIVE DIRECTOR 10.00	0.	0.	0.
THOMAS NORDBY, 1325 G STREET, NW #500, WASHINGTON, DC 20005	CHAIR 1.00	0.	0.	0.
CRAIG SILVERIO, 1325 G STREET, NW #500, WASHINGTON, DC 20005	PAST CHAIR 1.00	0.	0.	0.
WES TOMER, 1325 G STREET, NW #500, WASHINGTON, DC 20005	VICE CHAIR 1.00	0.	0.	0.
PATRICIA ADKINS, 1325 G STREET, NW #500, WASHINGTON, DC 20005	SECRETARY 1.00	0.	0.	0.
SUSAN STATON, 1325 G STREET, NW #500, WASHINGTON, DC 20005	TREASURER 1.00	0.	0.	0.
DAVID AKRIDGE, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
YASAMIN AL-ASKARI, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
MARY S. BOWIE, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
KRISTEN L. CONTE, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
JAMES N. MAY, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
ROBYN L. MORRISS, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
MICHAEL TRYON, 1325 G STREET, NW #500, WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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: Susan Stator Date: 11 April 2011

Type of print name and title: Susan Stator Treasurer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's identifying number (See instr.): _____

EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
AUDIO VISUAL		4,251.	
BANK SERVICE CHARGES		6,145.	
FOOD AND ENTERTAINMENT		37,924.	
LICENSES & FEES		880.	
INSURANCE		2,236.	
MANAGEMENT FEE		54,050.	
SUPPLIES		2,669.	
TELEPHONE & FAX		636.	
TRAVEL		555.	
WEBSITE EXPENSES		8,786.	
INCOME TAXES		5,175.	
PROFESSIONAL FEES		2,500.	
TOTAL TO FORM 990-EZ, LINE 16		125,807.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	580.	740.	
DEFERRED REVENUE	98,347.	90,727.	
TOTAL TO FORM 990-EZ, LINE 26	98,927.	91,467.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

TO PROVIDE LEARNING AND NETWORKING OPPORTUNITIES IN ADMINISTRATION AND FINANCIAL MANAGEMENT OF NONPROFIT ORGANIZATIONS.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization FINANCE & ADMINISTRATION ROUNDTABLE	Employer identification number 52-1472418
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 1325 G STREET, NW, NO. 500	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20005	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

COLLIE GORG GROUP

- The books are in the care of ▶ **PO BOX 3363 - WARRENTON, VA 20188**
Telephone No. ▶ **(703) 971-1116** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **SEP 1, 2009**, and ending **AUG 31, 2010**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions