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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form **990-EZ**

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

# 2010

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

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Inspection

**A** For the 2010 calendar year, or tax year beginning **and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**THE MADISON OF WASHINGTON D.C. INC.**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**P O BOX 658**  
 City or town, state or country, and ZIP + 4  
**ARLINGTON, VA 22216**

**D** Employer identification number  
**43-2045916**

**E** Telephone number  
**804-310-1123**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ **WWW.MADISONDC.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( 7 ) ◀(insert no)  4947(a)(1) or  527

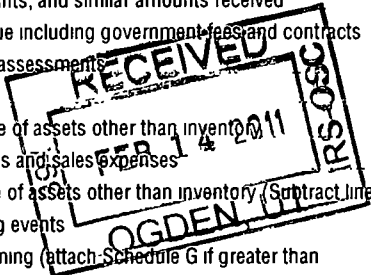
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **45,145.**

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

Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount	Code
<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received		1
	2	Program service revenue including government fees and contracts		2
	3	Membership dues and assessments	17,366.	3
	4	Investment income		4
	5a	Gross amount from sale of assets other than inventory		5a
	5b	Less cost or other basis and sales expenses		5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	7,598.	6b
6c	Less direct expenses from gaming and fundraising events	24,435.	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	-16,837.	6d	
7a	Gross sales of inventory, less returns and allowances		7a	
7b	Less cost of goods sold		7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8	Other revenue (describe in Schedule O) <b>SEE SCHEDULE O</b>		8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	20,710.	9	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O) <b>SEE SCHEDULE O</b>	14,617.	10
	11	Benefits paid to or for members		11
	12	Salaries, other compensation, and employee benefits		12
	13	Professional fees and other payments to independent contractors	450.	13
	14	Occupancy, rent, utilities, and maintenance		14
	15	Printing, publications, postage, and shipping	173.	15
	16	Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>	7,377.	16
	17	<b>Total expenses.</b> Add lines 10 through 16	22,617.	17
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-1,907.	18
	<b>Net Assets</b>	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	13,942.
20		Other changes in net assets or fund balances (explain in Schedule O)	0.	20
21		<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	12,035.	21



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**Part V Other Information** (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

**33** Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
<b>33</b>		X

**34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

<b>34</b>		X
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**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

**a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

<b>35a</b>		X
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**b** If "Yes," has it filed a tax return on Form 990-T for this year?

<b>35b</b>	N/A	
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**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

<b>36</b>		X
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**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.

**b** Did the organization file Form 1120-POL for this year?

<b>37b</b>		X
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**38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

<b>38a</b>		X
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**b** If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** N/A

**39** Section 501(c)(7) organizations Enter

**a** Initiation fees and capital contributions included on line 9 **39a** 0.

**b** Gross receipts, included on line 9, for public use of club facilities **39b** 0.

**40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **39a** 0. section 4912 **39b** 0. section 4955 **40a** N/A, section 4912 N/A, section 4955 N/A

**b** Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b** N/A

**c** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40c** N/A

**d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization **40d** N/A

**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** X

**41** List the states with which a copy of this return is filed **41** VA

**42a** The organization's books are in care of **42a** MEREDITH ALLIN Telephone no **42a** 804-310-1123 Located at **42a** 1523C COLONIAL TERRACE, ARLINGTON, VA ZIP + 4 **42a** 22209

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b** X

	Yes	No
<b>42b</b>		X

If "Yes," enter the name of the foreign country **42b**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c** X

<b>42c</b>		X
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If "Yes," enter the name of the foreign country **42c**

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

<b>43</b>	N/A	
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**44a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a** X

	Yes	No
<b>44a</b>		X

**b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b** X

<b>44b</b>		X
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**c** Did the organization receive any payments for indoor tanning services during the year? **44c** X

<b>44c</b>		X
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**d** If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **44d**

<b>44d</b>		
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Form 990-EZ (2010)

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

**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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

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" N/A

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

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

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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** 11/3/11  
 Signature of officer: Meredith Allin  
 Date: 11/3/11  
 Type or print name and title: MEREDITH ALLIN, TREASURER

**Paid Preparer Use Only**

Print/Type preparer's name ROBERT G. DELORIMIER	Preparer's signature <u>Robert Delorimier</u>	Date 01/25/11	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ SWART, LANDE & ASSOCIATES P.C.			Firm's EIN ▶	
Firm's address ▶ 11166 FAIRFAX BOULEVARD, SUITE 300 FAIRFAX, VA 22030-5017			Phone no (703) 591-7900	

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

**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.

OMB No 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

THE MADISON OF WASHINGTON D.C. INC.

Employer identification number

43-2045916

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

TICKET SALES

20,173.

INTEREST INCOME

8.

TOTAL TO FORM 990-EZ, LINE 8

20,181.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SUSAN G. KOMEN FOR THE CURE

GRANTEE ADDRESS: 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

1,100.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: COMMUNITY LODGINGS

GRANTEE ADDRESS: 3912 ELBERT AVENUE, SUITE 108 ALEXANDRIA, VA 22305

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

5,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: STREETWISE PARTNERS

GRANTEE ADDRESS: 594 BROADWAY, STE 510 NEW YORK, NY 10012

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

8,000.

**SCHEDULE O**  
(Form 990 or 990-EZ)

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THE MADISON OF WASHINGTON D.C. INC.

Employer identification number

43-2045916

**ACTIVITY CLASSIFICATION:**

**GRANTEE NAME:** STREETWISE PARTNERS

**GRANTEE ADDRESS:** 594 BROADWAY, STE 510 NEW YORK, NY 10012

**PROPERTY DESCRIPTION:** PROPERTY

**AMOUNT GIVEN:**

417.

**ACTIVITY CLASSIFICATION:**

**GRANTEE NAME:** HOLY CROSS HOSPITAL

**GRANTEE ADDRESS:** 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910-3305

**PROPERTY DESCRIPTION:** CASH

**AMOUNT GIVEN:**

100.

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10**

14,617.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

**MEMBERSHIP**

1,540.

**INTERNAL EVENTS**

4,753.

**WEBSITE FEE**

781.

**SUPPLIES**

179.

**MISCELLANEOUS**

99.

**STATE CORPORATE LICENSE**

25.

**TOTAL TO FORM 990-EZ, LINE 16**

7,377.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MADISON IS ORGANIZED**

**TO; - ESTABLISH A PERPETUAL BOND OF FRIENDSHIP AMONG ITS MEMBERS;**

**EDUCATE ITS MEMBERS TOWARD AND DEVELOP A STRONGER AND MORE WOMANLY**

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
10-23-10

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**  
**Open to Public**  
**Inspection**

Name of the organization

THE MADISON OF WASHINGTON D.C. INC.

Employer identification number

43-2045916

CHARACTER; FOSTER, PROMOTE, AND HOST EVENTS FOR THE GOOD OF THE  
COMMUNITY AT LARGE; AND SPONSOR AND SUPPORT PHILANTHROPIC ENDEAVORS  
CONSISTENT WITH THE CORPORATION'S PURPOSE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.