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DLN: 93493235003282

# Form **990**

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Internal	Revenue	Service	► The organization may have to use a copy of	this return to satisfy	state reporting	, requirements	Inspection
A Fo	r the 2		endar year, or tax year beginning 01-01-2011	and ending 12-31-20	11		
_	•	pplicable	C Name of organization ASSOCIATION OF BALTIMORE AREA GRANTMAKERS				dentification number
_	dress cha	1	Doing Business As			52-13268 E Telephone	
_	me char					(410)727	
	ial retur		Number and street (or P O box if mail is not delivered 2 EAST READ STREET 2ND FLOOR	to street address) Room/	suite	<b>G</b> Gross receipt	
_	mınated		2 EAST READ STREET ZIND FLOOR				
	ended r		City or town, state or country, and ZIP + 4 BALTIMORE, MD 21202				
<b> </b> Ap <sub> </sub>	olication	pending			_		
			<b>F</b> Name and address of principal officer BETSY S NELSON		<b>H(a)</b> Is th	is a group retu	rn for ┌─Yes ┌─ No
			2 EAST READ STREET 2ND FLOOR		aiiiiid	ites	) 165 J* NO
			BALTIMORE,MD 21202		1 ' '	ll affiliates inclu	·
Ta	x-exem	pt status	▼ 501(c)(3)	17(a)(1) or		o," attach a lis ip exemption n	t (see instructions) number <b>&gt;</b>
	ebsite	e:⊫ www	abagrantmaker org				
			✓ Corporation Trust Association Other ►		I Voor of fo	rmation 1983	<b>M</b> State of legal domicile
K FOII	ii oi oig	gariization	Corporation   Trust   Association   Other		L teal of to	illiation 1963	MD
Pa	rt I	Sumr	nary				
			scribe the organization's mission or most signif		A NIETWO DIC		KEDC THE
			XIMIZES THE IMPACT OF PHILANTHROPIC TION OF BALTIMORE AREA GRANTMAKER!				
<u>9</u>	<u></u>	COMMUN	ITY LIFE THROUGH A GROWING NETWORK	OF DIVERSE, INFO	RMED AND EFF	ECTIVE GRA	NTMAKERS
	-						
Governance	-						
3	2 0	Check thi	s box দ if the organization discontinued its o	perations or disposed	l of more than 2	5% of its net	assets
2 <b>6</b>	3 1	Numbero	f voting members of the governing body (Part V	I, line 1a)		3	19
Activities &	4 1	Number o	f independent voting members of the governing	body (Part VI, line 1	b)	. 4	19
톭	5 T	Total num	ber of individuals employed in calendar year 20	)11 (Part V , line 2a)		5	11
ă	<b>6</b> T	Total num	ber of volunteers (estimate if necessary) .			6	0
	7a ⊺	Total unre	lated business revenue from Part VIII, columr	ı (C), lıne 12		7a	0
	b≀	Net unrel	ated business taxable income from Form 990-T	, line 34		7b	0
						r Year	Current Year
	8	Contrib	utions and grants (Part VIII, line 1h)		_	2,135,243	4,886,441
G)	1						.,,
anue	9	_	n service revenue (Part VIII, line 2g)			35,470	0
łayenue	10	Investr	nent income (Part VIII, column (A), lines 3, 4,	and 7d )		35,470 37,576	0 22,434
Revenue	10 11	Investr Other r	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c,	and 7d ) 9c, 10c, and 11e)		35,470	0 22,434
Revenue	10	Investr Other r Total re	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Pai	and 7d) . . . 9c, 10c, and 11e) t VIII, column (A), li		35,470 37,576	0
Reyente	10 11	Investr Other r Total re 12) .	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c,	and 7d ) 9c, 10c, and 11e) t VIII, column (A), lı	ne	35,470 37,576 3,433	0 22,434 10,209 4,919,084
Revenue	10 11 12	Investr Other r Total re 12) . Grants	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Par	and 7d ) 9c, 10c, and 11e) t VIII, column (A), li  lines 1–3 )	ne	35,470 37,576 3,433 2,211,722	0 22,434 10,209 4,919,084
	10 11 12	Investr Other r Total re 12) . Grants Benefits	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Pai	and 7d )	ne	35,470 37,576 3,433 2,211,722 894,730 0	0 22,434 10,209 4,919,084 2,668,584
	10 11 12 13 14 15	Investr Other r Total re 12) . Grants Benefit: Salarie: 5-10)	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Paid of the column (A), lines amounts paid (Part IX, column (A), lines are compensation, employee benefits (Part IX, column (A), lines are compensation, employee benefits (Part IX, column (A), lines are compensation, employee benefits (Part IX, column (A), lines 3, 4, evenue (Part IX, column (A), lines 3, other compensation, employee benefits (Part IX, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, evenue (Part VIII, column (A), lines 5, 6d, 8c, evenue—add lines 8 through 11 (must equal Paid (Part IX, column (A), lines 5, 6d, 8c, evenue—add lines 8 through 11 (must equal Paid (Part IX, column (A), lines 5, 6d, 8c, evenue—add lines 8 through 11 (must equal Paid (Part IX, column (A), lines 6, evenue—add lines 8 through 11 (must equal Paid (Part IX, column (A), lines 6, evenue—add lines 8 through 11 (must equal Paid (Part IX, column (A), lines 6, evenue—add lines 8 through 11 (must equal Paid (Part IX, column (A), lines 6, evenue—add lines 8 through 12 (lines 6, evenue—add (Part IX, column (A), lines 6, evenue—add (Part IX, colum	and 7d)	ne	35,470 37,576 3,433 2,211,722 894,730 0 787,764	0 22,434 10,209 4,919,084 2,668,584 0
	10 11 12 13 14 15	Investr Other r Total re 12) . Grants Benefit: Salarie: 5-10) Profess	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Paid of the second	and 7d )	ne	35,470 37,576 3,433 2,211,722 894,730 0	0 22,434 10,209 4,919,084 2,668,584
Expenses Revenue	10 11 12 13 14 15 16a b	Investr Other r Total re 12) . Grants Benefit: Salarie: 5-10) Profess Total fun	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Pail and similar amounts paid (Part IX, column (A), lines, other compensation, employee benefits (Part IX, column (A), lines, other compensation, employee benefits (Part IX), column (A), lines, other compensation, employee benefits (Part IX), column (B), lines, other compensation, employee benefits (Part IX), column (B), lines, other compensation, employee benefits (Part IX), column (B), lines, because of the compensation (B), lines, column (B), lines 25).	and 7d )	ne	35,470 37,576 3,433 2,211,722 894,730 0 787,764	0 22,434 10,209 4,919,084 2,668,584 0 837,398
	10 11 12 13 14 15 16a b	Investr Other r Total re 12) . Grants Benefit: Salarie: 5-10) Profess Total fun Other e	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Paid and similar amounts paid (Part IX, column (A), is paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part ional fundraising fees (Part IX, column (A), lines draising expenses (Part IX, column (D), line 25) \(\bigsim \frac{53,547}{53,547}\)  Expenses (Part IX, column (A), lines 11a-11d,	and 7d)	ne	35,470 37,576 3,433 2,211,722 894,730 0 787,764 0	0 22,434 10,209 4,919,084 2,668,584 0 837,398 0
	10 11 12 13 14 15 16a b	Investr Other r Total re 12) . Grants Benefit: Salarie: 5-10) Profess Total fun Other e	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Pail and similar amounts paid (Part IX, column (A), lines, other compensation, employee benefits (Part IX, column (A), lines, other compensation, employee benefits (Part IX), column (A), lines, other compensation, employee benefits (Part IX), column (B), lines, other compensation, employee benefits (Part IX), column (B), lines, other compensation, employee benefits (Part IX), column (B), lines, because of the compensation (B), lines, column (B), lines 25).	and 7d)	ne	35,470 37,576 3,433 2,211,722 894,730 0 787,764	0 22,434 10,209 4,919,084 2,668,584 0 837,398 0
Expenses	10 11 12 13 14 15 16a b 17 18	Investr Other r Total re 12) . Grants Benefit: Salarie: 5-10) Profess Total fun Other e	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Paid and similar amounts paid (Part IX, column (A), is paid to or for members (Part IX, column (A), list, other compensation, employee benefits (Part ional fundraising fees (Part IX, column (A), lined draising expenses (Part IX, column (D), line 25) \$\inc\$ 53,547 xpenses (Part IX, column (A), lines 11a-11d, xpenses Add lines 13-17 (must equal Part IX)	and 7d)	ne Beginnine	35,470 37,576 3,433 2,211,722 894,730 0 787,764 0 504,098 2,186,592 25,130 g of Current	0 22,434 10,209 4,919,084 2,668,584 0 837,398 0 661,050 4,167,032 752,052
Expenses	10 11 12 13 14 15 16a b 17 18 19	Investr Other r Total re 12) . Grants Benefit: 5-10) Profess Total fun Other e Total e: Revenu	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Paid and similar amounts paid (Part IX, column (A), 8 paid to or for members (Part IX, column (A), 16 paid to or for members (Part IX, column (A), 16 paid to or for members (Part IX, column (A), lines 10 paid fines (Part IX, column (A), lines draising expenses (Part IX, column (D), line 25)    **Says **Sa	and 7d )	ne Beginnine	35,470 37,576 3,433 2,211,722 894,730 0 787,764 0 504,098 2,186,592 25,130 g of Current	0 22,434 10,209 4,919,084 2,668,584 0 837,398 0 661,050 4,167,032 752,052 End of Year
Expenses	10 11 12 13 14 15 16a b 17 18 19	Investro Other rotal re 12) . Grants Benefit: Salarie: 5-10) Profess Total fun Other e Revenu	nent income (Part VIII, column (A), lines 3, 4, evenue (Part VIII, column (A), lines 5, 6d, 8c, venue—add lines 8 through 11 (must equal Part IX, column (A), spaid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part IX) in the draising expenses (Part IX, column (A), lines draising expenses (Part IX, column (D), line 25) 53,547 expenses (Part IX, column (A), lines 11a–11d, expenses Add lines 13–17 (must equal Part IX, eless expenses Subtract line 18 from line 12 essets (Part X, line 16)	and 7d)	ne Beginnine	35,470 37,576 3,433 2,211,722 894,730 0 787,764 0 504,098 2,186,592 25,130 g of Current Year 2,929,587	0 22,434 10,209 4,919,084 2,668,584 0 837,398 0 661,050 4,167,032 752,052 End of Year 4,880,983
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Hunt Valley, MD 21030

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . .

Phone no 🕨 (410) 584-0060

Form	1990 (2011)				Page Z
Par	Statement of Prog Check if Schedule O co		ccomplishments to any question in this Part I	II	· · · · · · · · · · · · · · · · · · ·
1			, , <u> </u>		
_			AKERS MAXIMIZES THE IN	APACT OF PHILANTHROPIC	GIVING ON COMMUNITY
	Briefly describe the organization's mission  SSOCIATION OF BALTIMORE AREA GRANTMAKERS MAXIMIZES THE IMPACT OF PHILANTHROPIC GIVING ON COMPROUGH A GROWING NETWORK OF DIVERSE, INFORMED AND EFFECTIVE GRANTMAKERS  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?				
	Did the organization undertake	any significant pro	ogram services during the ve	ear which were not listed on	
2					┌ Yes ┌ No
	If "Yes," describe these new se	ervices on Schedul	e O		
3	Did the organization cease cor	nducting, or make s		conducts, any program	┌ Yes ┌ No
	If "Yes," describe these chang	es on Schedule O			
4	expenses Section 501(c)(3) a	ind 501(c)(4) orga	nizations and section 4947(	a)(1) trusts are required to re	s, as measured by port the amount of
	(Code ) (Ev	nenses \$ 3	980 432 including grants of \$	2 668 584 ) (Revenue \$	0)
-ra				, , , , , ,	· ·
	ORGANIZATION ASSISTS AND EDUCA	ATES ITS MEMBERS TO	PROMOTE AND FACILITATE EFFEC	TIVE GRANT MAKING	The state of the s
4b	(Code ) (Ex	penses \$	including grants of \$	) (Revenue \$	)
					_
<b>4</b> c	(Code ) (Ex	penses \$	including grants of \$	) (Revenue \$	)
					_
	Other program services (Des	scribe in Schedule (	0)		
	(Expenses \$		grants of \$	) (Revenue \$	)
 4е	Total program service expens		,980,432	· · · · · · · · · · · · · · · · · · ·	·
70	Total program service expens		10001702		

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•		
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	11 1a			
<b>L</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
D	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ī	gaming (gambling) winnings to prize winners?	1c		
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> L		NI a
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		N o
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
		- 00		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	YERRY II I I I GIL 6			
	If "Yes," enter the name of the foreign country ►			
	See instructions for ining requirements for Form FB F 70 22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
a	organization solicit any contributions that were not tax deductible?	oa		NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		<u> No</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Dut the consequence of the description of the descr			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
:	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
-	sources against amounts due or received from them )			
2-	Section 4047(a)(1) non-evenut charitable trusts. In the aurentest films forms 000 or less 40442	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
а	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	12-		
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13b			
_	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
<b>4</b> a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Ves " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schodule O	146		

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

Se	ection A. Governing Body and Management			
			Yes	No
4.	Enterphysical Control of Control			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17				
			_	_

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BETSY S NELSON
  2 EAST READ STREET 2ND FLOOR

BALTIMORE, MD 21202 (410)727-1205

## <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)  Name and Title	(B) A verage hours per week (describe	(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
	Former Highest compensated employee Key employee Institutional Trustee Individual trustee or director Schedule Schedule			MISC)	organizations					
(1) Robert L Waldman Chaır	1 00	Х		Х				0	0	0
(2) Beth Harber Vice Chair	1 00	Х		Х				0	0	0
(3) Vernon HC Wright Treasurer	1 00	Х		Х				0	0	0
(4) Diane Bell-McKoy Secretary	1 00	Х		Х				0	0	0
(5) M Gregory Cantori Director	1 00	Х						0	0	0
(6) Kelly Cartales Director	1 00	Х						0	0	0
(7) Monique Dixon Director	1 00	Х						0	0	0
(8) Michael I Friedman Director	1 00	Х						0	0	0
(9) Lara A Hall Director	1 00	Х						0	0	0
(10) Tom kelly Director	1 00	Х						0	0	0
(11) Laurie Latuda Director	1 00	Х						0	0	0
(12) Sally Scott Marietta Director	1 00	Х						0	0	0
(13) Timothy M O'Neill Director	1 00	Х						0	0	0
(14) Mary Louise Preis Director	1 00	Х						0	0	0
(15) Lynn Homeier Rauch Director	1 00	Х						0	0	0
(16) Barry I Schloss Director	1 00	Х						0	0	0
(17) Stacey Van Horn Director	1 00	Х						0	0	0

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

	<b>(A)</b> Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n one son er ai	e bo is bo nd a tee	x, oth )		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	c	(F) Estima mount of ompens from t ganizati relate	ted other ation he on and
		for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Miscy	c	organiza	
(18) : Direct	Jack Wilen or	1 00	х						0		0		0
(19) Direct	Meg Woodside or	1 00	х						0		0		0
	Betsy S Nelson	32 00			х				91,640		0		3,202
											-		
											_		
1b c	Sub-Total	to Dart VII Soc	tion A	• •	•	•		<b>*</b>					
	Total (add lines 1b and 1c) .			•		•		<b> </b>	91,640	0			3,202
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above	) who	received more tha	n			
3	Did the organization list any <b>for</b>	<b>mer</b> officer, dired	torort	ruste	e, k	ey e	mploy	ee, c	or highest compens	ated employee		Yes	No
	on line 1a? If "Yes," complete Sch					•	•	•			3		No
4	For any individual listed on line corganization and related organization and related organization.					f "Y	es," co						
5	Did any person listed on line 1a		· · ıe comp	• oensa	• atıon		n any	• unre	lated organization o	or individual for	4		No_
	services rendered to the organiz	ation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or sucl	h per	son		5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio											
	Nar	( <b>A)</b> ne and business ad	dress						Desci	(B) ription of services		(C) Compen	
_	Total number of independent cont	wa atawa (waliidir	a but n			1 4 - 1	<b>.</b>		d a baya ) wha wasay	and make them	_		

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Pait v	<u> </u>	Statement of Revenue					
	Τ -			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
¥¥	1a	Federated campaigns 1a					
きき	ь	Membership dues 1b	380,225				
ರ್≝	l c	Fundraising events 1c					
ज्ञा स							
ಕ್ಷಾ	d	Related organizations 1d					
ર્જે.≣	e	Government grants (contributions) 1e					
_≧ ઽ	f	All other contributions, gifts, grants, and <b>1f</b>	4,506,216				
돌음	_ ا	similar amounts not included above  Noncash contributions included in					
<u>=</u> =	g						
Contributions, gifts, grants and other similar amounts	h	Innes 1a-1f \$ <b>Total.</b> Add lines 1a-1f	▶	4,886,441			
O u		Total. Add filles 1a-11	•	.,000,112			
<u> 9</u>			Business Code				
E E	2a						
جد وي	ь						
a T	l c						
2							
<u>)</u>	d						
Ē	e						
Program Serwce Revenue	f	All other program service revenue					
ξ	g	Total. Add lines 2a-2f	<u> </u>				
	3	Investment income (including dividend					
		and other similar amounts)		12,804			12,804
	١.	Income from investment of tax-exempt bond p	· · ·	12,00			12,001
	4						
	5	Royalties					
		(ı) Real	(11) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	c	Rental income					
	d	or (loss)  Net rental income or (loss)	▶				
	"	(i) Securities	(II) Other				
	7a	Gross amount 332,699	(II) Other				
	<b>'</b> a	from sales of					
		assets other than inventory					
	ь	Less cost or 323,069					
		other basis and sales expenses					
	c	Gain or (loss) 9,630					
	d	Net gain or (loss)		9,630			9,630
	8a	Gross income from fundraising					
<u>•</u>		events (not including					
듄		\$					
ě		of contributions reported on line 1c) See Part IV, line 18					
Œ		a					
Other Revenue	ь	Less direct expenses b					
₹	c	Net income or (loss) from fundraising e	vents .				
_	9a	Gross income from gaming activities	-				
		See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activ	ities				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	a Less cost of goods sold b					
	c	Net income or (loss) from sales of inve	ntory 🕨				
	<u> </u>	Miscellaneous Revenue	Business Code				
	11-		900099	10,209	10,209		
	11a	Miscellaneous income	500059	10,209	10,209		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		10,209			
	12	Total revenue. See Instructions	•	,			
		. Juli revenue. Jee Instructions	•	4,919,084	10,209	0	22,434

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

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

Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,668,584	2,668,584		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	, ,	, ,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	94,842	80,616	9,484	4,742
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	634,365	539,210	63,437	31,718
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,549	17,467	2,055	1,027
9	Other employee benefits	34,537	29,356	3,454	1,727
10	Payroll taxes	53,105	45,139	5,311	2,655
11	Fees for services (non-employees)				_
а	Management				_
ь	Legal				_
С	Accounting	18,551		18,551	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	392,866	392,866		
12	Advertising and promotion	332,000	332,000		
13	Office expenses	59,457	46,727	10,561	2,169
14	Information technology	25,833	21,958	2,583	
15		25,633	21,936	2,363	1,292
	Royalties	72.660	61.760	7.267	2.622
16	Occupancy	72,669	61,769	7,267	3,633
17	Travel	60,142	51,121	6,014	3,007
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,605	4,764	561	280
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Professional Developmen	24,536	20,855	2,454	1,227
b	Miscellaneous Expenses	1,391		1,321	70
c					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,167,032	3,980,432	133,053	53,547
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	7,-17,-32	-,,-3		

Part X **Balance Sheet** (A) (B) Beginning of year End of year 202,005 75,819 1 1 1.485.028 1.779.355 2 2 3 354,550 2,225,792 3 4 0 4 218 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 4.840 9 3.751 Prepaid expenses and deferred charges . . . . . . 133.833 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 72,534 b Less accumulated depreciation . . . . . 66,904 10c 61,299 816,042 733,023 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 0 1,944 15 15 2,929,587 4,880,983 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 37,464 523,331 17 17 Accounts payable and accrued expenses . 18 292,500 18 1.002.500 19 41,200 19 44,600 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 371,164 26 1,570,431 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 1,010,899 1,058,421 1,547,524 28 2,252,131 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 2.558.423 33 3.310.552 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 2.929.587 34 4.880.983

	Check if Schedule O contains a response to any question in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4 0	919,084
2	Total expenses (must equal Part IX, column (A), line 25)	2			167,032
3	Revenue less expenses Subtract line 2 from line 1	3		7	752,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,5	558,423
5	Other changes in net assets or fund balances (explain in Schedule O)	5			7:
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,3	310,552
Pai	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		ı	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis         Consolidated basis         Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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DLN: 93493235003282

OMB No 1545-0047

2011

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support

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

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

**Employer identification number** Name of the organization ASSOCIATION OF BALTIMORE AREA GRANTMAKERS Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (v) (vi) Type of Is the

(i) Name of supported organization	(ii) EIN	organization (described on lines 1- 9 above or IRC section (see	idescribed on col (i) listed in your governing document?		Did you notify the organization in col (i) of your support?		Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 2,813,254 2,586,557 1,648,646 2,135,243 4,506,216 13,689,916 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,813,254 2,586,557 1,648,646 2,135,243 4,506,216 13,689,916 Total. Add lines 1 through 3 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 Public Support. Subtract line 5 13,689,916 from line 4 (or fiscal year (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in)

Section B. Total Support Calendar year

- 2,813,254 2,586,557 1,648,646 2,135,243 4,506,216 13,689,916 Amounts from line 4 Gross income from interest. dividends, payments received on 72,366 27,746 81,865 30,156 345,503 securities loans, rents, royalties 557,636 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income (Explain in Part 49,573 48,910 44,730 3,433 10,209 IV ) Do not include gain or loss 156,855 from the sale of capital assets 11 Total support (Add lines 7
- 14,404,407 through 10) Gross receipts from related activities, etc (See instructions ) 12 12 35,470
- First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 13 check this box and stop here

Section C. Computation of Public Support Percentage

- Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14
- Public Support Percentage for 2010 Schedule A, Part II, line 14 15
- 16a 33 1/3% support test 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization
  - b 33 1/3% support test 2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test 2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization
  - b 10%-facts-and-circumstances test 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization
- Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

95 040 %

95 790 %

14

**15** 

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 52-1326863

Name: ASSOCIATION OF BALTIMORE AREA GRANTMAKERS

#### Form 990, Special Condition Description:

**Special Condition Description** 

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As Filed Data -

DLN: 93493235003282

OMB No 1545-0047

Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization Employer identification number ASSOCIATION OF BALTIMORE AREA GRANTMAKERS 52-1326863 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 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Processation of land for public use (e.g. recreation or pleasure)

			d historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form easement on the last day of the tax year	of a co	onservation
			Held at the End of the Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	

- Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
- the taxable year ▶\_ Number of states where property subject to conservation easement is located -
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

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

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1
  - Assets included in Form 990, Part X

- Cat No 52283D Schedule D (Form 990) 2011

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or Ot	:her	<u>Similar</u>	Asse <sup>-</sup>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing t	hat are	a significa	nt us	e of its col	lection		
а	Public exhibition		d	Γ	Loan	or exch	ange progra	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	r the or	ganızatıon'	s ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ,	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	<b>ements.</b> Compl	ete ıf	the	organı	zatıon			es" to For	n 990	,	·
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interm	edıary	for c	ontrıbu	tions or	rother asse	ets n	ot	Γ,	<b>Yes</b>	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	/ıng ta	able					Amou		
_	Dammung balanca						-	10		Amou	nt	
c d	Beginning balance						H-	1c 1d				
u e	Additions during the year						<b>—</b>	1a 1e				
_	Distributions during the year						<u> </u>	ıe 1f				
f 2-	Ending balance		- 242				<u></u>	-1			w/	
2a	Did the organization include an amount on Fo		ie 21 /							Γ,	res	│ No
	If "Yes," explain the arrangement in Part XIV				- 1 111/-	-U to F		D=l	TV			
Pa	rt V Endowment Funds. Complete	(a)Current Year		Prior \			Years Back		Three Years B		Four Y	ears Back
1a	Beginning of year balance	325,278	(5)		288,894	(4):110	236,981	(4)	320,		, our r	cars back
 b	Contributions	300,000										
c	Investment earnings or losses	1,148			36,384		51,913		-83,	227		
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	626,426			325,278		288,894		236,	981		
2	Provide the estimated percentage of the yea	r end balance held	as							<u> </u>		
а	Board designated or quasi-endowment											
b	Permanent endowment ►											
c	Term endowment ▶											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are held	l and ad	lmınıstered	for t	:he			
	organization by	J							_		Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations								· . [	3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•	[	3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	irt X	, line 1	.0.						
	Description of property				a) Cost o		(b)Cost or o basis (other		(c) Accumi deprecia		( <b>d</b> ) Bo	ook value
1a	Land											
b	Buildings		•									
C	Leasehold improvements		•				65	,913		16,590		49,323
d	Equipment		•				67	,920		55,944		11,976
	Other											
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,	), line	10(c).)				•			61,299
									Schedu	le D (F	orm 9	90) 2011

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

	l otal revenue (Form 990, Part VIII, column (A), line 12)		4,919,004
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,167,03
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	752,057
4	Net unrealized gains (losses) on investments	4	7.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	7.7
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	752,129
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	4,919,16
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	7.
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,919,084
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	(
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	4,919,084
Par	<b>EXITI</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	
1	Total expenses and losses per audited financial statements	1 1	4,167,03
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	(
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,167,032
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	4,167,03
Pai	rt XIV Supplemental Information	•	

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	THE QUASI-ENDOWMENT IS A FUND OF INVESTMENTS ESTABLISHED BY THE BOARD OF DIRECTORS TO ENSURE THE FUTURE STABILITY AND CAPACITY OF ABAG TO PROVIDE SERVICES TO ITS MEMBERS AND THE NONPROFIT COMMUNITY
Description of Uncertain Tax Positions Under FIN 48	Part X	ABAG is a not-for-profit organization exempt from Federal income tax other than net unrelated business income tax under Section 501(c)(3) of the Internal Revenue Code and is recognized as such by the Internal Revenue Service Effective June 1, 2009, ABAG adopted the authoritative guidance relating to accounting for uncertainty in income taxes included in FASB ASC Topic 740, Income Taxes These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entitys financial statements and prescribe a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return ABAG performed an evaluation of uncertain tax positions for the year ended December 31, 2011, and determined that there were no matters that would require recognition in the financial statements or which may have any effect on its tax-exempt status. For the year ended December 31, 2011, the statute of limitations for tax years 2006 through 2011 remains open with the U.S. Federal jurisdiction or the various states and local jurisdictions in which ABAG files tax returns. It is ABAGs policy to recognize interest and/or penalties related to uncertain tax positions, if any, in income tax expense

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Schedule I

**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

DLN: 93493235003282

**Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Employer identification number

ASSOCIATION OF BALTIMORE ARE	EA GRANTMAKERS					52-1326863	
Part I General Information	n on Grants and	l Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ul>	vard the grants or as ation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			√ Yes
Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
	_						
							L
<ul><li>Enter total number of section 50</li><li>Enter total number of other orga</li></ul>	inizations listed in th	ne line 1 table				<u>-</u>	
For Privacy Act and Danomyork Poduction	n Act Natica coatha I	notructions for Form 00	^	Cat No FOOFED		Cahadu	lo I /Form 000\ 2011

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Cash	2	33,500			

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

Identifier	Return Reference	Explanation
Procedure for Monitoring	Part I, Line 2	Schedule I, Part I, Line 2 There is a person assigned to each program who is responsible for monitoring the subrecipients,
Grants in the U S		which includes site visits and financial reports

Schedule I (Form 990) 2011

Software ID: Software Version:

**EIN:** 52-1326863

Name: ASSOCIATION OF BALTIMORE AREA GRANTMAKERS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Baltimore Community Foundation2 E Read Street 8th Floor Baltimore, MD 21202	23- 7180620	501(c)(3)	6,000				To assist and educate its members to promote and facilitate effective grant making
Belair-Edison Neighborhoods Inc 3412 Belair Road Baltimore, MD 21213	52- 1755185	501(c)(3)	30,000				To assist and educate its members to promote and facilitate effective grant making

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bon Secours of Maryland Foundation26 N Fulton Street Baltimore, MD 21223	52- 1732800	501(c)(3)	125,891				To assist and educate its members to promote and facilitate effective grant making
Central Baltimore Partnership3503 N Charles Street Baltimore, MD 21218	26- 2842736	501(c)(3)	395,000				To assist and educate its members to promote and facilitate effective grant making

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Maryland Transportation Alliance2 E Read Street Baltimore, MD 21202	23- 7180620		30,000				To assist and educate its members to promote and facilitate effective grant making
Citizens Planning & Housing Association 3355 Keswick Road Baltimore, MD 21211	26- 3330596	501(c)(3)	25,000				To assist and educate its members to promote and facilitate effective grant making

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Science 438 North Frederick Avenue Ste 315 Gaithersburg, MD 20877	52- 2014133	501(c)(3)	35,000				To assist and educate its members to promote and facilitate effective grant making
Director of Finanace Department of Transportation7 E Redwood Street Room 315 Baltimore, MD 21202		501(C)(4)	90,000				To assist and educate its members to promote and facilitate effective grant making

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Baltimore Development Inc 1731 East Chase Street Baltimore, MD 21213	27- 0037508	501(c)(3)	2,500				To assist and educate its members to promote and facilitate effective grant making
Johns Hopkins University3400 N Charles Street Baltimore, MD 21218	52- 0595110	501(c)(3)	12,000				To assist and educate its members to promote and facilitate effective grant

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jubilee Baltimore Inc1228 North Calvert Street Baltimore, MD 21202	52- 1222237	501(c)(3)	45,000				To assist and educate its members to promote and facilitate effective grant making
Education First Consulting LLCPO Box 22871 Seattle, WA 98122	26- 0634492	501(c)(3)	10,000				To assist and educate its members to promote and facilitate effective grant making

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fund For Educational Excellence12 West Madison Street 2nd Floor Baltimore, MD 21201	52- 1129402	501(c)(3)	451,231		outer)		To assist and educate its members to promote and facilitate effective grant making
Innovation Network Inc1625 K Street NW Ste 1050 Washington, DC 20006	52- 1807655	501(c)(3)	66,461				To assist and educate its members to promote and facilitate effective grant making

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Job Opportunities Task Force111 Water Street Ste 201 Baltimore, MD 21202	52- 2278450	501(c)(3)	256,000				To assist and educate its members to promote and facilitate effective grant making
Ready TalkPO Box 975375 Dallas,TX 75397			5,000				To assist and educate its members to promote and facilitate effective grant making

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southwest Baltimore Charter School1300 Herkimer Street Baltimore, MD 21223	41- 2146005	501(c)(3)	20,000				To assist and educate its members to promote and facilitate effective grant making
The Reinvestment Fund1700 Market Street 19th Floor Philadelphia, PA 19103	23- 2331946	501(c)(3)	830,000				To assist and educate its members to promote and facilitate effective grant making

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BioTechnical Institute of Maryland2001 Aliceanna Street Baltimore, MD 21231	52- 2067671	501(c)(3)	100,000				To assist and educate its members to promote and facilitate effective grant making
Baltimore Alliance for Careers in HealthcarePO box 38788 Baltimore, MD 21231	65- 1257147		100,000				To assist and educate its members to promote and facilitate effective grant making

OMB No 1545-0047

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization ASSOCIATION OF BALTIMORE AREA GRANTMAKERS **Employer identification number** 

52-1326863

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	COPIES OF THE FORM 990 ARE MADE AVAILABLE FOR ALL BOARD MEMBERS PRIOR TO SUBMITTING THE FORM 990 TO THE IRS THE BOARD OF DIRECTORS DELEGATES RESPONSBILITY FOR REVIEW OF ABAG'S IRS FORM 990 TO THE MANAGEMENT AND FINANCE COMMITTEE, WHICH CONDUCTS ITS REVIEW IN A TIMELY MANNER PRIOR TO SUBMITTING THE FORM TO THE IRS THE PRESIDENT SIGNS THE COMPLETED FORM 990
	Form 990, Part VI, Section B, Inne 12c	ANNUALLY, THE PRESIDENT OR COMMITTEE STAFF MEMBER WILL USE THE FOLLOWING PROCEDURES 1 MEET WITH THE BOARD, COMMITTEE, OR STAFF TO EXPLAIN AND DISCUSS ABAG'S CONFLICT OF INTEREST POLICY AND ITS IMPORTANCE. A COPY OF ABAG'S MAJOR VENDORS IS PROVIDED WITH THE CONFLICT OF INTEREST DISCLOSURE FORM AS A WAY TO IDENTIFY WITH WHOM ABAG DOES BUSINESS 2 UPON REVIEW OF THE VENDOR LIST AND ANY OTHER POTENTIAL CONFLICTS IDENTIFIED BY THE DIRECTOR OF VOLUNTEER, THE FORM IS COMPLETED AND RETURNED TO ABAG'S PRESIDENT BY THE END OF JUNE OR THE FIRST COMMITTEE MEETING 3 THE OFFICE MANAGER WILL MAINTAIN A MASTER FILE OF ALL FORMS 4 STAFF WILL REVIEW ALL OF THE DISCLOSURE STATEMENTS TO COMPILE A CONFLICT OF INTEREST SUMMARY FOR THE BOARD AND EVERY COMMITTEE. A CONFIDENTIAL COPY SHOULD BE GIVEN TO EACH COMMITTEE CHAIR ANY POTENTIAL CONFLICTS WILL BE HANDLED AS PRESCRIBED IN THE CONFLICT OF INTEREST POLICY ADOPTED BY THE BOARD OF DIRECTORS
	Form 990, Part VI, Section B, Inne 15	ABAG'S SALARY ADMINISTRATION PROGRAM CONTAINS INFORMATION TO DETERMINE DUTIES, SKILLS, AND RESPONSIBILITIES WHICH ARE RECORDED ON JOB DESCRIPTIONS, EVALUATION TO DETERMINE RELATIVE POSITION WORTH, RANGES TO TRANSLATE RELATIVE WORTH INTO SALARY VALUES, AND PROCEDURES TO ASSIST IN OBJECTIVE EVALUATION OF PERFORMANCE. THE RECOMMENDATION ALSO CONSIDERS GENERAL INDUSTRY TRENDS, SYSTEMATIC COMPARISONS OF SALARY LEVELS IN THE APPROPRIATE GEOGRAPHIC AREA, THE FINANCIAL CONSTRAINTS OF ABAG AND COST OF LIVING PERCENTAGES ABAG USES THE SERVICES OF AN OUTSIDE CONSULTANT TO REVIEW SALARY, BENEFITS, AND GRADES FOR ALL STAFF SALARY INCREASES FOR THE PRESIDENT REQUIRE BOARD APPROVAL. THE PRESIDENT'S PERFORMANCE IS EVALUATED YEARLY AND REVIEWED IN EXECUTIVE SESSION AT THE DECEMBER MEETING OF THE BOARD OF DIRECTORS RESULTS OF THIS REVIEW ARE NOTED IN THE MINUTES OF THE EXECUTIVE SESSION
	Form 990, Part VI, Section C, line 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 77
	Form 990, Part XI, Line 2c	THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PROCESS OR SELECTION OF AN INDEPENDENT ACCOUNTANT PROCESS DURING THE TAX YEAR