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Form **990**

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A</u> !	or the	2011 calendar year, or tax year beginning and e	nding	_	
В	Check (fapplicable	C Name of organization		D Employer identific	cation number
•		WASHINGTON REGIONAL ASSOCIATION OF			
	Addre chang	GRANTMAKERS			
	Name chang	Doing Business As		52-1	756853
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Telephone number	r
	Termır ated	1400 16TH STREET, NW 7	40	202-	939-3440
	Ameno return	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,906,820.
	Application	WASHINGTON, DC 20030-2217		H(a) Is this a group re	eturn
	pendii	F Name and address of principal officer TAMARA COPELAND		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
<u>ı</u>	Tax-ex	empt status X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) or	527	If "No," attach a	list (see instructions)
		te: > WWW.WASHINGTONGRANTMAKERS.ORG		H(c) Group exemptio	n number 🕨
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1991 N	A State of legal domicile: DC
	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE P	ART I	II, LINE 1.	
∋ €					
ΣĚ	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
၁န္တီ	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		. 5	11
3,₹	6	Total number of volunteers (estimate if necessary)		6	50
5 5	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7</u> a	0.
3	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
) 5	İ			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		8,616,674.	3,890,957.
ēn	9	Program service revenue (Part VIII, line 2g)	0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,307.	7,010.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,719.	<u>8,853.</u>
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,632,700.	<u>3,906,820.</u>
	13	Grants and similar amounts paid (Part IX column (A), lines 1-3)	1,842,547.	1,563,072.	
	14	Benefits paid to or for members (Part IX column ABOPIVED		0.	0.
es	15	Salanes, other compensation, employed benefits (Part IX, column (A), lines 5-10)		970,490.	947,748.
eus	16a	Professional fundraising fees (Part IX, collegin) (A), June 11e)	_	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 4 2912 975, 05	6.		
_	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,231,751.	1,235,353.
	1	Total expenses Add lines 13-17 (must equal Part 14 column (A), line 25)	⊢	9,044,788.	3,746,173.
_ <u>_ </u>	19	Revenue less expenses Subtract line 18 from line 12		-412,088.	160,647.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Asse Bals	20	Total assets (Part X, line 16)		3,636,408.	3,523,063.
let /	21	Total liabilities (Part X, line 26)	\vdash	1,031,406.	757,414.
E.	<u> 22</u> art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		2,605,002.	2,765,649.
		Ities of perjury, Leclare that I have examined this return, including accompanying schedules	and statem	anta and to the heat of m	v knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			y knowledge and deller, it is
11 00	, сопес	List and complete because of preparer (origin trial officer) is passed on all infortigation of write	cii preparei	lias any knowledge.	14-12-
Sig	n	Signature of officer	·	Date	7 7 -
Hei		TAMARA COPELAND, PRESIDENT			
1101	•	Type or print name and title			
		Print/Type preparer's pame		Date Check	PIIN
Paid	d	DAVID F. GRALING (PA TRING F. HALL) (PA 1.	//-8-/2 if self-employ	- Unnall gar
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		THIII 3 LIN	<u> </u>
	•	BETHESDA, MD 20814-2930		Phone no. (301) 951-9090
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		11 110110 1101	X Yes No
	01 01-2		ns.		Form 990 (2011)
		. ,			

WASHINGTON REGIONAL ASSOCIATION OF

Form	n 990 (2011) GRANTMAKERS 5	2-1756853 Page 2
Pai	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
•	PROMOTES INCREASED EFFECTIVE AND RESPONSIBLE PHILANTHROPY	MO TMDDOTE
		
	THE HEALTH AND VITALITY OF THE REGION AND ALL WHO LIVE HE	KE.
2	Did the organization undertake any significant program services during the year which were not listed on	
_	•	Yes X No
	the prior Form 990 or 990-EZ?	L Tes LA NO
	If "Yes," describe these new services on Schedule O.	[
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra	
		into and anocations to
	others, the total expenses, and revenue, if any, for each program service reported.	
4a		
	WASHINGTON AIDS PARTNERSHIP: FUNDS 21 AIDS PREVENTION ANI	SERVICE
	ORGANIZATIONS THROUGHOUT THE METROPOLITAN WASHINGTON, DC	AREA.
		.
4b	(Code) (Expenses \$ 545,254. including grants of \$ 466,318.) (Revenue 5	, ,
40		
	COMMUNITY DEVELOPMENT SUPPORT COLLABORATIVE: FUNDS 9 COMM	
	DEVELOPMENT ORGANIZATIONS IN AN EFFORT TO REVITALIZE DIST	RICT OF
	COLUMBIA NEIGHBORHOODS.	
4c	(Code) (Expenses \$	s)
	WASHINGTON GRANTMAKERS OPERATES MULTIPLE PROGRAMS OUTSIDE	E OF THE WORK
		ROVIDES
		MBERS THROUGH
	AFFINITY GROUPS AND WORKING GROUPS. IT PROVIDES SKILL BU	
	EDUCATIONAL OPPORTUNITIES TO ITS MEMBERSHIP. IT SERVES AS	S THE VEHICLE
	FOR COMMUNICATING ON BEHALF OF THE PHILANTHROPIC SECTOR	IN THE NATIONAL
	CAPITAL REGION.	
	CULTIVE VEGION.	
		<u> </u>
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
_		
_4e	Total program service expenses ► 3,087,995.	

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
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		<u>X</u>
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		<u>X</u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.5
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		**
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а	Part VI	110	Х	
.	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	A	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	The state of the s	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
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		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			7,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15_		X
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> X</u>
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<u> </u>	 -
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

Part IV Checklist of Required Schedules (continued)

United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II 2 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 27 if "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 2 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization and that it engaged in an excess benefit transaction with a disqualified person uning the year? If "Yes," complete Schedule L, Part II 2 Did the organization maintain an or behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part III 2 Did 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 III 2 Did the organization and the organization stax year? If "Yes," complete Schedule L, Part III 2 Did the organization and the organization of interction, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2 Did the organization inverted or frome officer, director, trustee, or key employee? If "Yes,"				Yes	No
22 but 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 X X and former officers, directors, fusitose, key employees, and highest compensation of the organization's current and former officers, directors, fusitose, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule I, Part II and 1812 Schedule II by eyar, that was assued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No", go to line 25 124 but the organization have a tax-exempt bond sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was assued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No", go to line 25 125 bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 126 bid the organization maintain an escrow account other than a refunding escrow at any time during the year? 127 bid the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule L, Part II and that the transaction has not to the organizations engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not or the organization's prior Forms 990 or 990-EZ II "Yes," complete Schedule I, Part IV and that the transaction with a complete Schedule I, Part IV and the organization or employee thereof, a grant selection committee member, or to a 395-ECP life Yes, "complete Schedule I, Part IV and the organization provide a grant or other assistance to an officer, director, fustee, levy employee, substantial contribution or or employee therefore, director, fustee, or key employee? If "Yes," complete Schedule I, Part IV and the organization received a grant and the organization	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	İ		
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and to mer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule II in I and 10 through 24d and complete Schedule Schedule II in In I and 10 through 24d and complete Schedule Schedule II in I and 10 through 24d and complete Schedule Schedule II in I and 10 through 24d and complete Schedule Schedule II in I and 10 through 24d and complete Schedule I in I and 10 through 24d and complete Schedule I in I and 10 through 24d and complete Schedule I in I and 10 through 24d and complete Schedule I in I and 10 through 24d and complete Schedule I in I and 10 through 24d and complete Schedule I in I and 10 through 24d and complete Schedule I in I and 10 through 24d and 24d in I and 10 through 24d and 24d in I and 10 through 24d and 24d in I and 10 through 24d and 24d in I an			21	X	
23 Dd the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule I, If "No," or oline 25 24a Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds. Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds. Dd the organization and so (1c(4)) and 501(c(4)) organizations, Dd the organization engage in an excess benefit transaction with a dequalified person during the year? If "Yes," complete Schedule L, Part II and the transaction has not or by a current or former officer, director, trastee, 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 and any of these persons? If "Yes," complete Schedule L, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entiry or family member of any of these persons? If "Yes," complete Schedule L, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, or director, trustee, or director, trustee, or key employee? for a family member of a current or former officer, director, trustee, or key employee? for a family member of a current or former officer, director, trustee, or key employee? for a family member of a current or former officer, director, trustee, or key employee? f	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23			22		X
Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 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 II the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction have to been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II the organization been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II the standard out into the organization or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II the standard or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II the standard or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II the Arithmetic or impleted thereof, a grant selection committee of the following parties (see Schedule L, Part IV to A Tamily member of a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV to A Tamily member of a current of former officer, director, trustee, or key employee?	23				
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? If "Yes," complete Schedule L, Part I I b Is the organization aware that it engaged in an excess benefit transaction with a disqualfied person on 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 I Was a loan to or by a current of 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 IV and any of these persons? If "Yes," complete Schedule L, Part III Was the organization and a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization reaches an advantable controlled entity or family member of a current or former officer, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, or key empl					
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25 Did the organization mentain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year? If "Yes," complete Schedule L, Part I 1 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 II 2 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 III 2 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, sughly compensated employee, or disqualified person outstanding as of the end of the organization and the summer of any of these persons? If "Yes," complete Schedule L, Part III 2 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV 2 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2 b If the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contribu		·······································	23	X	
Schedule K. If *No*, go to line 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization and 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 own that a disqualified person in a prior year, and that the transaction has not been reported on any of the organization vibranian as of the end of the organizations in the expension outstanding as of the end of the organizations in the expension outstanding as of the end of the organization or stopped process on outstanding as of the end of the organization or on a officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization is tax year? If *Yes,* complete Schedule L, Part II *Yes* and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II *Yes* and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II *Yes* and the organization of the organization organization aparty to a business transaction with one of the following parties (see Schedule L, Part II *Yes* and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II *Yes* and the organization receive more than \$25,000 in non-cash contributions? If *Yes*, complete Schedule L, Part II *Yes*, complete Schedule L, Part II *Yes*, complete Schedule L, Part II *Yes*, complete Schedule L, Part II *Yes*, complete Schedule L, Part II *Yes*, complete Schedule L, Part II *Yes*, complete Schedule L	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 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 aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction on the organization and that the transaction are not been reported on any of the organization or six year? If "Yes," complete Schedule L, Part II 25b X 25c X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV and the anily of these persons? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A caurent or former officer, director, trustee, or key employee? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 27b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part II 28c X 29c X 28c X		-			
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Note. All Form 990 filers are required to complete Schedule O . 38 X	38		-31		- 41
			38	x	
					2011)

Par	Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			$\overline{}$
	Office it Schedule O Contains a response to any question in this Fait V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable		res	140
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
·	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
b	If "Yes," enter the name of the foreign country ▶			ł
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	İ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	- 1		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter.			1
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a		,	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	120		_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Ì	
	organization is licensed to issue qualified health plans		k.	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2011)

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Page 6

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

Section A. Governing Body and Management I a Enter the number of volting members of the governing body at the end of the tax year If there are materal differences in volting inflat among members of the governing body, or if the governing body delegated tread authority to an executive committee or senter committee, explain in Schedelle 0. I be Enter the number of volting members encluded in he 1s, ablow, who are independent in the committee of such committees or such governing body delegated tread authority to an executive committee or senter committee, explain in Schedelle 0. I be Enter the number of volting members encluded in he 1s, ablow, who are independent in the committee of volting members encluded in he 1s, above, who are independent in the committee of the organization delegate control over management duttee customarily performed by or under the direct supervision of officers, director, functions, or trustees, or key employee? 3 Did the organization delegate control over management duttees customarily performed by or under the direct supervision of officers, director, trustees, or key employee? 3 Did the organization become aware during the year of a significant disersion of the organization issues service of the organization have members or stockholders? 4 Did the organization have members, stockholders or presence other or appoint one or more members of the governing body? 5 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? 5 Did the organization that authority to act on behalf of the governing body? 6 Did the organization delegate control that the entering body? 7 Did the organization delegate control that the entering body? 8 Did the organization have local chapters, branches, or affiliates, and branches and authority to act on behalf of the governing body? 9 Section B, Politices (fine Section B) request inferioration about politics or transport by the fine members of the governing body bef		Check if Schedule O contains a response to any question in this Part VI			X					
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the three are material differences in voting rights among members of the governing body, or if the governing body delegated wind authority to a rescurity committee, explain in Schedule 0. b. Enter the number of voting members included in line 1a, above, who are independent the provided of any officer, director, frustees, or key employee to a standard of the provided of the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or thrustees, or key employee to a management company or other person? d. Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? d. Did the organization have members or stockholders? d. Did the organization have members a stockholders? d. 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? d. 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? d. Did the organization have members, stockholders, or other persons other than the governing body? d. Did the organization contemporation delegated or written actions undertaken during the year by the following: a The governing body? b. Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key implying betted in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their policies (ms. Section B. Policies) (ms. Section B. Policies) (ms. Section B. Policies) (ms. Section B. Policies) (ms. Section B. Policies) (ms. Section B. Policies) (ms. Section B. Ves. No. 1922 b. Wes. No. 1922 b. Wes. Officers, directors, or trustees and very policies and procedures governing body? If Yes, 'did the organization have a written ofcuring the form 950 t				Yes	No					
body delegated broad authority to an executive committee or smiles committee, explain in Schedule 0. b Effect the number of worting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duries outstanding the performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3	1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 14								
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Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ RITA COOK - 202-939-3448 1400 16TH STREET, NW, NO. 740, WASHINGTON, DC 20036-2217										
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon 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 during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RITA COOK - 202-939-3448 1400 16TH STREET, NW, NO. 740, WASHINGTON, DC 20036-2217		taxable entity during the year?	16a		X					
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website □ X Upon 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 during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ RITA COOK - 202-939-3448 1400 16TH STREET, NW, NO. 740, WASHINGTON, DC 20036-2217	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website □ X Upon 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 during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶		ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			•					
 List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website □ X Upon request. Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► RITA COOK - 202-939-3448 1400 16TH STREET, NW, NO. 740, WASHINGTON, DC 20036-2217 		exempt status with respect to such arrangements?	16b							
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RITA COOK - 202-939-3448 1400 16TH STREET, NW, NO. 740, WASHINGTON, DC. 20036-2217	Sec	tion C. Disclosure								
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Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RITA COOK - 202-939-3448 1400 16TH STREET, NW, NO. 740, WASHINGTON, DC 20036-2217	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le						
Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RITA COOK − 202−939−3448 1400 16TH STREET, NW, NO. 740, WASHINGTON, DC 20036−2217										
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State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RITA COOK - 202-939-3448 1400 16TH STREET, NW, NO. 740, WASHINGTON, DC 20036-2217	19									
RITA COOK - 202-939-3448 1400 16TH STREET, NW, NO. 740, WASHINGTON, DC 20036-2217										
1400 16TH STREET, NW, NO. 740, WASHINGTON, DC 20036-2217	20		uon: 🏴							
		6	Form	990	(2011)					

Part VII 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 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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TAMARA COPELAND									_	
PRESIDENT	40.00	X		X	-			174,600.	0.	25,586.
(2) ROSE ANN CLEVELAND CHAIR	1.00	х		х				0.	0.	0.
(3) TERRI LEE FREEMAN										
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(4) PATRICIA MATTHEWS										
SECRETARY	1.00	X		Х				0.	0.	0.
(5) RICK MOYERS										
TREASURER	1.00	X		X		<u> </u>		0.	0.	0.
(6) WILTON C. CORKERN, JR.										
DIRECTOR	1.00	X						0.	0.	0.
(7) MARGARET MEIERS										
DIRECTOR	1.00	X	_		<u> </u>			0.	0.	0.
(8) DIANA MEYER								_	_	_
DIRECTOR	1.00	X	_		<u> </u>		<u> </u>	0.	0.	0.
(9) MARGARET O'BRYON									_	
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
(10) ANNA H. POWELL		l								_
DIRECTOR	1.00	X	<u> </u>			ļ		0.	0.	0.
(11) DANIEL SOLOMON	1 00									
DIRECTOR	1.00	X			<u> </u>	-		0.	0.	0.
(12) K. LYNN TADLOCK	1 00	.,							•	
DIRECTOR	1.00	X	-			-		0.	0.	0.
(13) CAROL THOMPSON COLE	1.00	-						0.	0.	0.
DIRECTOR	1.00	X						0.		0.
(14) GEORGE VRADENBURG	1.00	_						0.	0.	0.
DIRECTOR (15) CHANNING WICKHAM	1.00	A	\vdash				-	<u> </u>		
EXECUTIVE DIRECTOR	40.00			x				107,560.	0.	18,399.
(16) GRETCHEN GREINER-LOTT	30.00					-		107,300.	· ·	10,000
VICE PRESIDENT	40.00			х		1		69,167.	0.	3,018.
TAGE TRESIDENT	10.00			-				05,20,0		3,0200
			1			1		I	l	

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week	(do box offic		(C) Posi heck r ss per	tion more son	than	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		ompens from th organiza and rela organizat	ne tion ted
										-		
1b Sub-total	l Castian A					<u> </u>		351,327.	<u>0</u>		47,0	03.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) Total number of individuals (including but n		ose	liste	ed al	oove	e) wh	no re	351,327.	0	_:_	47,0	
3 Did the organization list any former officer,			e, ke	y en	nplo	yee	or I	highest compensated e	mployee on		Yes	No
 Inne 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	um of reportab 0,000? <i>If</i> "Yes,	le co	mple	ete S	Sche	edule	J f	or such individual	-		3 4 X	X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors	•				•		elat	ed organization or indivi	dual for services		5	X
Complete this table for your five highest co the organization. Report compensation for (A)	-	-								nsatio	on from (C)	
Name and business	address	N	INC	<u> </u>				Description of s	services	Con	npensati	on
						- *						
	<u> </u>	- 					-					
Total number of independent contractors (i \$100,000 of compensation from the organi	=	ot li	mıte	d to		se li O	sted	l above) who received n	nore than		rm 990	

52-1756853 Page 9 Form 990 (2011) **GRANTMAKERS** Part VIII Statement of Revenue (D) Revenue (B) (A) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 551,538. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3339419 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 3890957 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,010. 7,010. other similar amounts) Income from investment of tax-exempt bond proceeds 4,440. 4,440 Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 4,413. 900099 4,413. 11 a MISCELLANEOUS d All other revenue 4,413. e Total. Add lines 11a-11d 3906820 15,863.

Total revenue. See instructions.

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 responsitor include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,563,072.	1,563,072.		
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	398,330.	228,934.	85,274.	84,12
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	44 4 555		22 515	
7	Other salaries and wages	414,757.	238,543.	88,646.	87,56
В	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	4,029.	2,213.	951.	86
9	Other employee benefits	79,753.	45,506.	17,359.	16,88
0	Payroll taxes	50,879.	29,073.	11,038.	10,76
1	Fees for services (non-employees)				
а	Management				
b	Legal				
	Accounting	92,986.	11,420.	2,893.	<u>78,67</u>
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other _	594,007.	567,728.	5,275.	21,00
2	Advertising and promotion	10 156			
3	Office expenses	42,156.	23,707.	9,093.	9,35
4	Information technology	44,381.	24,658.	9,494.	10,22
5	Royalties	445 454		05 424	05.06
6	Occupancy	117,154.	64,458.	25,434.	27,26
7	Travel .	3,844.	2,715.	756.	37
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	004 006			
9	Conferences, conventions, and meetings	204,976.	200,794.	2,044.	2,13
0	Interest				
1	Payments to affiliates	10.015	5 005		
2	Depreciation, depletion, and amortization	10,815.	5,806.	2,330.	2,67
3	Insurance	11,358.	6,524.	2,488.	2,34
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMUNITY OUTREACH/ED.	42,878.	34,041.	3,888.	4,94
	MISCELLANEOUS	26,079.	13,963.	6,086.	_ 6,03
	DIZZ T TIZ MIT ONT	19,200.	11,136.	4,800.	3,26
	DUES/SUBSCRIPTIONS	12,658.	6,329.	2,785.	3,54
	All other expenses	12,861.	7,375.	2,488.	2,99
5	Total functional expenses. Add lines 1 through 24e	3,746,173.	3,087,995.	283,122.	375,05
<u>-</u> 6	Joint costs. Complete this line only if the organization			,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Inf following SOP 98-2 (ASC 958-720)			1	

* Form 990 (2011)

	990 (2011) GRANTMAKERS		_		<u>52-1</u>	.756853 Page 11
Pai	tΧ	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,067,374.	1	1,676,852.		
	2	Savings and temporary cash investments			803,943.	2	390,313.
	3	Pledges and grants receivable, net		697,455.	3	1,390,782.	
	4	Accounts receivable, net			4	1,655.	
	5	Receivables from current and former officers, d	rectors, trust	ees. kev			
		employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined und	er section			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec		- 1			
				Voluntary		_	
ţ	_	employees' beneficiary organizations (see instru	• -		7		
Assets	7	Notes and loans receivable, net		-		 	
Ä	8	Inventones for sale or use	-	-	10 172	8	24 012
	9	Prepaid expenses and deferred charges	1		18,172.	9	24,812.
	10a	Land, buildings, and equipment. cost or other	. .	175 270			
		basis. Complete Part VI of Schedule D	10a	175,378.	25 004	[07.466
	ь	Less accumulated depreciation	10b	148,212.	<u>37,981.</u>		27,166.
	11	Investments - publicly traded securities	-	.	-,· ,,·	11	
	12	Investments - other securities See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		11,483.	15	11,483.	
	16	Total assets. Add lines 1 through 15 (must equ	3,636,408.	16	3,523,063.		
i	17	Accounts payable and accrued expenses	148,537.	17	173,554.		
	18	Grants payable		754,730.	18	435,100.	
	19	Deferred revenue			87,866.	19	115,063.
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete	Part IV of Sc	hedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, trustees, l	key employees,]	
ap		highest compensated employees, and disqualif	ied persons.	Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel	ated third pa	rties .		23	
	24	Unsecured notes and loans payable to unrelate	d third partie	es . [24	
	25	Other liabilities (including federal income tax, pa	ayables to rel	ated third			
		parties, and other liabilities not included on line	s 17-24) Con	nplete Part X of			
		Schedule D			40,273.	25	33,697.
	26	Total liabilities. Add lines 17 through 25			1,031,406.	26	757,414.
		Organizations that follow SFAS 117, check h	ere ▶ 🗓	and complete			
S		lines 27 through 29, and lines 33 and 34.		·			
ž	27	Unrestricted net assets		ļ	721,005.	27	760,438.
ala	28	Temporarily restricted net assets			1,883,997.	28	2,005,211.
9	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, o	heck here	▶ ☐ and	"		
Pr F		complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds	.			30	
sse	31	Paid-in or capital surplus, or land, building, or ea	· h		31		
Ä	32	Retained earnings, endowment, accumulated in	• •	· · · r		32	-
Š	33	Total net assets or fund balances	iooniio, or ott		2,605,002.	33	2,765,649.
	34	Total liabilities and net assets/fund balances		• •• }	3,636,408.		3,523,063.
	, 57	, otta nabilities and not assets/fully balances			3,030,400.	, , , ,	Form 990 (2011)

Form 990 (2011)

WASHINGTON REGIONAL ASSOCIATION OF

Form	990 (201,1) GRANTMAKERS	<u> 52-17</u>	<u>56853</u>	<u>Pag</u>	ge 12
Pa	rt XI Reconciliation of Net Assets				
	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	3,90	<u>6,8</u>	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,74	<u>6,1</u>	<u>73.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u> 16</u>	0,6	<u>47.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,60	<u>5,0</u>	02.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	2,76	<u>5,6</u>	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
]	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		}	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		i	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h	i '	

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS

Employer identification number

52-1756853 Part I 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) 1 A church, convention of churches, or association of churches described in 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). 6 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 33 1/3% 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 33 1/3% 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. See section 509(a)(4). 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. **b** Type II c Type III - Functionally integrated d Type III - Other 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 II, Type III, 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? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of 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) Provide the following information about the supported organization(s) h (iii) Type of (i) Name of supported iv) is the organization (v) Did you notify the (vi) Is the (ii) EIN (vii) Amount of organization organizátion in col. in col. (i) lısted ın your organization organization in col. (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011 GRANTMAKERS

52-1756853 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		1	i			
	ınclude any "unusual grants ")	3,895,793.	3,975,024.	3,255,755.	8,616,674.	3,890,957.	23,634,203.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			İ			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3.895.793.	3,975,024.	3,255,755.	8,616,674,	3,890,957.	23,634,203,
5	The portion of total contributions						•
	by each person (other than a						
	governmental unit or publicly				ŀ		
	supported organization) included		ŀ				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		ļ	•			3,782,600.
6	Public support. Subtract line 5 from line 4						19.851.603.
	ction B. Total Support						1,001,000
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	3,895,793,	3,975,024,	3,255,755.	8,616,674.	3,890,957.	23,634,203,
8	Gross income from interest,	3,033,733,	3,3,3,0,1,1,	3,233,133,	0,020,0.1,		20,001,2001
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	116,226.	71,521.	31,168.	6,307.	11,450.	236,672.
9	Net income from unrelated business		,,		<u> </u>		
Ť	activities, whether or not the						
	business is regularly carried on					ı	
10	Other income. Do not include gain						
	or loss from the sale of capital			1			
	assets (Explain in Part IV)				9,719.	4,413.	14,132.
11	Total support. Add lines 7 through 10						23,885,007.
	Gross receipts from related activities,	etc (see instruction	ons)			12	48,537.
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	x vear as a section		
	organization, check this box and stor	-	,,	, · · - · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		. ▶□
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2011 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	83.11 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	80.79 %
16a	33 1/3% support test - 2011. If the	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ \ X
b	33 1/3% support test - 2010. If the				line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2011. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	ns box and stop he	ere. Explain in Pai	rt IV how the organ	nization
	meets the "facts-and-circumstances"			-			. ▶□
t	10% -facts-and-circumstances tes	•	•		•	17a, and line 15 is	10% or
	more, and if the organization meets the	•					
	organization meets the "facts-and-circ				•		
_18	Private foundation. If the organization						s D
						dule A (Form 990	

Schedule A (Fprm 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II I	f the organization fails to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support	iow, piedoc com	pioto i art ii j				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and			, ,			
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						ļ
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		 				
4 Tax revenues levied for the organ-]
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to			1			
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		 				
Section B. Total Support			·	·		,
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	(a) 2001	(b) 2000	(6) 2003	(u) 2010	(6) 2011	17.10.03
10a Gross income from interest,					-	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources				-		
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first second the	rd, fourth, or fifth t	ax vear as a sect	on 501(c)(3) organi	zation.
check this box and stop here	the Organization	o mor, secona, am	, 1041111, 01 1111111	your as a sect	.c., co , lo,lo, organi	
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2011 (li			column (fl)		15	
16 Public support percentage from 2010		=	001011111 (1))		16	
Section D. Computation of Inves			1			
17 Investment income percentage for 20					17	
18 Investment income percentage from 2	•	• • •	,		18	
19a 33 1/3% support tests - 2011. If the			on line 14 and lin	a 15 is more than	<u> </u>	
						., 13 1101
more than 33 1/3%, check this box ar	-					and .
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, che			· ·		·	╵┈╏╠
20 Private foundation. If the organization	<u>n did</u> not ch <u>eck a</u>	box on line 14, 19	Ja, or 19b, check t	inis box and see i	nstructions	▶∟_

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. Open to Public Inspection

OMB No 1545-0047

Name of the organization WASHINGTON REGION

WASHINGTON REGIONAL ASSOCIATION OF

Employer identification number 52-1756853

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the			
L:	organization answered "Yes" to Form 990, Part IV, lin		71000ditto: Complete il tile			
	organization answered Tes to Form 550, Fait 14, in	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(5) 5 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(2),			
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5		Luming that the access hold in depart advised for	undo.			
3	Did the organization inform all donors and donor advisors in are the organization's property, subject to the organization's	•	Yes No			
6	Did the organization inform all grantees, donors, and donor a	-				
o	for charitable purposes and not for the benefit of the donor of		-			
	impermissible private benefit?	or donor advisor, or for any other purpose com	Yes No			
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Ves" to Form 990. Part I				
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	v, mio 7.			
•	Preservation of land for public use (e.g., recreation or e		ally important land area			
	Protection of natural habitat	Preservation of a certified				
	Preservation of open space					
2	2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last					
_	day of the tax year.					
			Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c						
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure					
	listed in the National Register 2d					
3						
	year					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements during	the year 🕨			
7						
8						
	and section 170(h)(4)(B)(ii)?					
9	3					
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the d	organization's accounting for			
Conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
Га	Complete if the organization answered "Yes" to Form		r Similar Assets.			
	If the organization elected, as permitted under SFAS 116 (AS		and belongs about words of at			
14	historical treasures, or other similar assets held for public ex					
	the text of the footnote to its financial statements that descr		or public service, provide, in Fait XIV,			
b	If the organization elected, as permitted under SFAS 116 (AS		I halanaa ahaat wada of ort. historiaa			
	treasures, or other similar assets held for public exhibition, e					
	relating to these items	ducation, or research in furtherance of public s	service, provide the following amounts			
	(i) Revenues included in Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial car				
-	the following amounts required to be reported under SFAS 1	•	n, provido			
а	Revenues included in Form 990, Part VIII, line 1	The state of the s	> \$			
b	Assets included in Form 990, Part X		> \$			
		•	· ———			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

WASHINGTON REGIONAL ASSOCIATION OF

$\overline{}$	dule D (Form 990) 2011 GRANTMAK							<u> 175685</u> :	
Par	t III Organizations Maintaining Co								
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following that	t are a sıg	Inificant use of	its collection	ı ıtems
	(check all that apply)								
а	Public exhibition	d			hange progra				
b	Scholarly research	е	. —	Other					
С	Preservation for future generations								
4	Provide a description of the organization's coll	lections and explai	n how th	ney further th	ne organizatio	on's exem	npt purpose in	Part XIV	
5	During the year, did the organization solicit or	receive donations	of art, h	storical treas	sures, or othe	er sımılar a	assets		
	to be sold to raise funds rather than to be mail							Yes	No_
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered '	'Yes" to F	Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part	X, line 21							
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	s or other as	sets not 11	ncluded		
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the fo	llowing t	table					
								Amount	
С	Beginning balance						1c		
	Additions during the year	•		•			1d	•••	
e	Distributions during the year						1e		
	Ending balance	•					1f		
22	2a Did the organization include an amount on Form 990, Part X, line 21?								
	b If "Yes," explain the arrangement in Part XIV								
$\overline{}$	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.								
<u> </u>		(a) Current year		rior year	(c) Two year		d) Three years b	ack (a) Four	veare back
1.	F	(a) Ourient year	(0) 1	noi year	(C) Two year	3 Dack 1	uj miec years b	ack (e) rour	years back
	1a Beginning of year balance b Contributions								
-	b Contributions Net investment earnings gains and losses								
	c Net investment earnings, gains, and losses								
	d Grants or scholarships								
е	·								
	and programs								
f	Administrative expenses								
g									
2									
а	· · · · · · · · · · · · · · · · · · ·								
b	b Permanent endowment ▶%								
С									
	The percentages in lines 2a, 2b, and 2c should equal 100%								
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by: Yes No								
	(i) unrelated organizations								
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?				3b	
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipme	ent. See Form 990), Part X	, line 10					
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated	(d) Boo	k value
		basis (investr	nent)	basis	(other)	dep	reciation		
1a	Land								
b	Buildings								
c	Leasehold improvements			4	4,345.	-	24,270.	2	0,075.
d	Equipment				4,662.		34,366.		296.
	Other				6,371.	-	89,576.		6,795.
	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colur				•		7,166.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

23

WASHINGTON REGIONAL ASSOCIATION OF

	dule D (Form 990) 2011 GRANTMAKERS	A 1: 1		- ' - 1 01 - 1		1756853 Pa	ige 4
Par		Audite	ed Financ	cial Stat	emen	-	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			. 1		3,906,82	20.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		3,746,1	73.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		160,64	47.
4	Net unrealized gains (losses) on investments			4			
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 through 8			9			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		160,64	17
10 Par	t XII Reconciliation of Revenue per Audited Financial Statemer		th Rever		Returr		± / •
1	Total revenue, gains, and other support per audited financial statements				1 1	3,906,83	20.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•				- 72 7	
	Net unrealized gains on investments	2a					
	Donated services and use of facilities	2b	<u> </u>		-		
b	·				┥		
C .	Recoveries of prior year grants	2c			-		
đ	Other (Describe in Part XIV.)	2d		-	┥.		^
е	Add lines 2a through 2d			•	2e	2 006 04	<u> </u>
3	Subtract line 2e from line 1				3	3,906,8	<u> 20.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
a Investment expenses not included on Form 990, Part VIII, line 7b							
b Other (Describe in Part XIV)							
c Add lines 4a and 4b							
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3,906,820.							
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return							
1	Total expenses and losses per audited financial statements				1	3,746,1	<u>73.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
C	Other losses	2c					
ď					7		
d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 0.							
3	Subtract line 2e from line 1				3	3,746,1	73.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					3,740,1	<i>,</i> <u>, , , , , , , , , , , , , , , , , , </u>
7	Investment expenses not included on Form 990, Part VIII, line 7b	1 40 1					
		4a			\dashv		
	Other (Describe in Part XIV)	4b			\dashv $_{\scriptscriptstyle A}$		0
	Add lines 4a and 4b	•			4c	2 746 19	$\frac{0}{73}$
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	3,746,1	<u>/3.</u>
Part XIV Supplemental Information							
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							
X, line 2, 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.							
PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD							
(FA	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	5, TI	HAT PR	OVIDE	s gu	IDANCE FO	<u>R</u>
RE	PORTING UNCERTAINTY IN INCOME TAXES. FOR TH	IE YE	EARS E	NDED	DECE	MBER 31,	
<u>201</u>	<u> 1 AND 2010, THE ASSOCIATION HAS DOCUMENTED</u>	O ITS	S CONS	<u>IDERA</u>	TION	OF FASB	
ASC	C 740-10 AND DETERMINED THAT NO MATERIAL UN	ICER'	T NIAT	AX PO	SITI	ONS QUALI:	FY
							<u> </u>
FOF	R EITHER RECOGNITION OR DISCLOSURE IN THE F	, INA	CIAL	<u>STATE</u>	MENT	S. THE	
FEI	DERAL FORM 990, RETURN OF ORGANIZATION EXEM	IPT I	FROM I	NCOME	TAX	, IS	
0117	THOM MO DVANTAIAMTON DV MITH TAMPONIAT OFFICE	ID CI	ant <i>t</i> ~~	A		T. W. TO. D.	
<u>501</u>	BJECT TO EXAMINATION BY THE INTERNAL REVENU	<u>) E SI</u>	PKATCE	, GEN		LY FOK dule D (Form 990)	2011

WASHINGTON REGIONAL ASSOCIATION OF Schedule D (Form 990) 2011 GRANTMAKER Part XIV Supplemental Information (continued) GRANTMAKERS 52-1756853 Page 5 THREE YEARS AFTER IT IS FILED.

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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. WASHINGTON REGIONAL AGGOCTATION OF

Open to Public . Inspection

Name of the organization WASALINGION GRANTMAKERS	ON REGIONA ERS	MASHINGTON KEGIONAL ASSOCIATION GRANTMAKERS					Employer identification number $52-1756853$
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? Observe a Bot 10, the grants of assistance?	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	tion X Yes No
art II	Governments an	d Organizations in the	• United States, C	complete if the organization of the confidence o	anization answered "\	Yes" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government or government (b) EIN (c) IRC section (d) Amount of or government (e) EIN (f) Method of or government (f) EIN (f) Method of or government (f) EIN (f) Method of or government (f) EIN (f) Method of organization (f) Description of organization (f) EIN	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC HABITAT FOR HUMANITY 2115 WARD COURT, SUITE 100 WASHINGTON, DC 20037	52-1589700	501(C)(3)	43,618,	0			CDSC CORE OPERATING GRANT
MANNA INC 828 EVARTS STREET, NE WASHINGTON, DC 20018	52-1260698	501(C)(3)	62,381,	0			CDSC CORE OPERATING GRANT
MI CASA 6230 3RD ST., NW WASHINGTON, DC 20011	52-1796840	501(C)(3)	63.448,	0			CDSC CORE OPERATING GRANT
SOME, INC. 71 O STREET, NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	63,750,	0			CDSC CORE OPERATING GRANT
THC AFFORDABLE HOUSING, INC. 5101 16TH STREET NW WASHINGTON, DC 20011	52-1675958	501(C)(3)	43,121,	0			CDSC CORE OPERATING GRANT
COALITION FOR NONPROFIT HOUSING ECON DEV - 1432 U STREET, NW - WASHINGTON, DC 20009	52-1750323	501(C)(3)	65,000,	0			CDSC CORE OPERATING GRANT
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	and government or is listed in the line		isted in the line 1 table				▼ 31.
_	e, see the instruct	ions for Form 990.					Schedule I (Form 990) (2011)

ASSOCIATION OF	
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WASHINGTON	GRANTMAKER!

Schedule (Form 990) GRANTMAKERS Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II	IRS Assistance to Go	WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS GRANTMAKERS Grants and Other Assistance to Governments and Organizations	OIN OF Interview	nited States (Sche	dule I (Form 990), Par		52-1756853 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING COUNSELING SERVICES 2410 17TH STREET NW, STE 100 WASHINGTON, DC 20009	52-0958568	501(C)(3)	45,000,	0			CDSC CORE OPERATING GRANT
LATINO ECONOMIC DEVELOPMENT CORP 2316 18TH STREET, NW WASHINGTON, DC 20009	52-1749216	501(C)(3)	45,000	0			CDSC CORE OPERATING GRANT
HARRISON INSTITUTE OF PUBLIC LAW 111 F STREET, NW SUITE 102 WASHINGTON, DC 20009	53-0196603	501(C)(3)	35,000,	0			CDSC CORE OPERATING GRANT
CALVARY HEALTHCARE, INC. 802 RHODE ISLAND AVE., NE WASHINGTON, DC 20018	52-2281384	501(¢)(3)	49 300	0			COMMUNITY DEVELOPMENT INTERNSHIP PROGRAM
DC PRIMARY CARE ASSOCIATION 1411 K ST NW SUITE 300 WASHINGTON, DC 20005	52-1999196	501(C)(3)	15,000,	0			PUBLIC POLICY GRANT
FAMILY & MEDICAL COUNSELING SERVICE - 2041 MARTIN LUTHER KING AVE SE SUITE 303 - WASHINGTON, DC 20010	52-1073362	501(C)(3)	20 000	0			PREVENTION GRANT
GREATER BADEN MEDICAL SERVICES, INC - 9440 PENNSYLVANIA AVE SUITE 160 - WASHINGTON, DC 20772	52-0961414	501(C)(3)	40,000,	0			PUBLIC POLICY GRANT
HELPING INDIVIDUAL PROSTITUTES SURVIVE - 1309 RHODE ISLAND AVE NE #2B - WASHINGTON, DC 20018	52-1847137	501(C)(3)	.000,	0			PUBLIC POLICY AND PREVENTION GRANT
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA RD NW WASHINGTON, DC 20009	52-1023074	501(C)(3)	27,000,	0			PREVENTION GRANT Schedule I (Form 990)

OF	
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WASHINGTON	GRANTMAKERS

Schedule I (Form 990) GRANTMAKERS Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	N KEGIONA IRS Assistance to Go	WASHINGTON KEGIONAL ASSOCIATION OF GRANTMAKERS Plants and Other Assistance to Governments and Organizations	OIN OF	nited States (Sche	dule I (Form 990), Pa		52-1756853 Page 1	-
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	.
METRO TEEN AIDS PO BOX 15577 WASHINGTON, DC 20003	52-1610088	501(c)(3)	145,000.	0			PREVENTION AND TECHNICAL ASSITANCE GRANT	اد
AIDS UNITED 1424 K STREET NW WASHINGTON, DC 20005	52-1706646	501(C)(3)	91,920.	0			PREVENTION GRANT	
NOVA AIDS MINISTRY 803 WEST BROAD STREET - SUITE 700 FALLS CHURCH, VA 22046	54-1421559	501(c)(3)	52,100,	0			PUBLIC POLICY AND PREVENTION GRANT	1
IDENTITY INC. 414 E DIAMOND AVE GAIRTHERSBURG, MD 20877.	52-2120012	501(c)(3)	31,600.	0			PREVENTION	İ
US HELPING US 3636 GEORGIA AVENUE, NW WASHINGTON, DC 20010	52-1628279	501(C)(3)	36,000.	0			PREVENTION GRANT	1
VA ORGANIZATIONS RESPONDING TO AIDS - PO BOX 4780 - WOODBRIDGE, VA 22194	20-2249191	501(0)(3)	30,000.	0			PUBLIC POLICY GRANT	ı
WOMEN 'S COLLECTIVE 1436 U ST., NW - SUITE 200 WASHINGTON, DC 20009	52-1929922	501(c)(3)	135,001,	0			PREVENTION GRANT	ŀ
DC APPLESEED CENTER FOR LAW AND JUSTICE - 1111 14TH STREET, NW SUITE 510 - WASHINGTON, DC 20005	52-1891162	501(C)(3)	50 000	0			PUBLIC POLICY GRANT	1
HEART TO HAND 3030 BRIGHTSEAT ROAD SUITE 304 GLENARDEN, MD 20706	52-2137593	501(C)(3)	35,000,	0			TECHNICAL ASSITANCE Schedule I (Form 990)	(6

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Schedule I (Form 990) GRANTMAKERS	RS S	REGIONAL ASSOCIALI		ode O section of the	1000 mg 2) t of the		52-1756853 Page 1
(a) Name and address of congenization or government or government conganization or government conganization or government conganization or government conganization or government conganization or government conganization congan	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSEPH'S HOUSE 2482 ONTARIO RD, NW WASHINGTON, DC 20009	52-1693018	501(C)(3)	45,000,	.0			MEDICAL MORALE
OUR PLACE, DC 801 PENNSYLVANIA AVE, SE - # 460 WASHINGTON, DC 20003	51-0393992	501(C)(3)	75,000.	0		;	PREVENTION GRANT
WHITMAN-WALKER CLINIC, INC. 1701 14TH ST. NW WASHINGTON, DC 20009	52-1122122	501(C)(3)	36,200,	0			MEDICAL MORALE
PLANNED PARENTHOOD OF METROPOLITAN WASHINGTON - 1108 16TH STREET NW - WASHINGTON, DC 20036	53-0204621	501(C)(3)	80,000	0			PREVENTION
N STREET VILLAGE INC. 1333 N STREET NW WASHINGTON, DC 20005	52-1007373	501(C)(3)	24,300,	0			MEDICAL MORALE
LA CLINICA DEL PUEBLO 2831 15TH STREET NW WASHINGTON, DC 20009	52-1942551	501(C)(3)	25,000.	0			PREVENTION
PREVENTION WORKS 2591 BENNING ROAD, NE WASHINGTON , DC 20002	52-2127498	501(C)(3)	999 9-	0			PREVENTION GRANT
							Schedule I (Form 990)

Schedule I (Form 990) (2011) GRANTMAKERS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance.													Schedule I (Form 990) (2011)
(e) Method of valuation (book, FMV, appraisal, other)			additional information	GRANT	RPOSE AND USE	LETTER, THE	CHECK FOR THE FIRST HALF OF THE GRANT.	MENTS AND A	ED. UPON	SECOND HALF OF	FINAL REPORT DETAILING	EXPENDED IS REQUIRED	
(d) Amount of non- cash assistance			line 2, and any other	PARTNERSHIP: G	Д	AGREEMENT	IRST HALF	ACCOMPLISH	WAS EXPENDED.	THE	NAL REPORT		
(c) Amount of cash grant			n required in Part I,	AIDS PART			FOR THE F	S PROGRAM	THE GRANT WAS	RSHIP STAFF,	A	×	i
(b) Number of recipients			de the informatio	WASHINGTON	LETTER W	F THE SI	Æ	T DETAIL	OF	Y PARTNERSHIP	THE GRANT RECIPIENT.	E GRANT FUNDS	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information		TS SIGN A GRANT AGREEMEN		WASHINGTON AIDS PARTNERSHIP ISSUES	A MID-GRANT REPORT IS REQUIRED THAT DETAILS PROGRAM ACCOMPLISHMENTS	FINANCIAL REPORT ON HOW THE FIRST HALF	APPROVAL OF THE MID-GRANT REPORT BY	THE GRANT AWARD IS SENT TO THE GRA	PROGRAM ACCOMPLISHMENTS AND HOW THE	132102 01-27-12

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2011

Open to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

WASHINGTON REGIONAL ASSOCIATION OF
GRANTMAKERS

Employer identification number 52-1756853

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	İ		
_	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tom boo or other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization			
9	Receive a severance payment or change-of-control payment?	4a	İ	_x_
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III	10		<u> </u>
	The to any or miles has, not the persons and provide the applicable amounts for each term in a trin			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			İ
	contingent on the revenues of:	}		
а	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" to line 5a or 5b, describe in Part III			T
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		·	İ
•	contingent on the net earnings of			
а	The organization?	6a		x
	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		<u> </u>	
-	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			T
-	Regulations section 53 4958-6/c)?	۵		

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

Schedule J (Form 990) 2011

52-1756853

GRANTMAKERS

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2011

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(0)	(D)	(E)	(F)
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported as deferred in prior Form 990
	8	174,600.	0	0	15,086.	10,500.	200,186.	0
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	(E)							
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	(i)			,				
14	(iii)							
	(i)							
15	(ii)							
	€							
16	(ii)							
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(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.

2011
Open to Public Inspection

Name of the organization

WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS

Employer identification number 52-1756853

FORM 990, PART VI, SECTION A, LINE 6: WASHINGTON GRANTMAKERS HAS ORGANIZATIONAL MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE NOMINATING COMMITTEE OF THE

BOARD REACHES OUT TO CANDIDATES . A SLATE OF NOMINATIONS IS PRESENTED AT

THE ANNUAL MEETING AND THE MEMBERSHIP VOTES TO APPROVE OR DISAPPROVE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY THE ORGANIZATION'S SENIOR MANAGEMENT

AND FINANCE COMMITTEE. THE FINAL FORM 990 WAS DISTRIBUTED TO THE BOARD OF

DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CFO MAINTAINS AND ANNUALLY

UPDATES A FILE OF MANDATORY DISCLOSURE STATEMENTS SIGNED BY EACH

INDIVIDUAL. IF A CONFLICT ARISES IN CONNECTION WITH THE ACTIVITIES OF ANY

DELIBERATIVE BODY (E.G., THE BOARD OF DIRECTORS), THE INDIVIDUAL WITH THE

CONFLICT MUST IMMEDIATELY DISCLOSE THE CONFLICT TO THE OTHER MEMBERS OF THE

BODY AND THE INDIVIDUAL MUST NOT PARTICIPATE IN THE DELIBERATION,

CONSIDERATION OR VOTE ON THE TRANSACTION OR MATTER AT ISSUE. A NOTATION

MUST BE MADE IN THE MINUTES INDICATING THE INDIVIDUAL WITH A CONFLICT OR

POTENTIAL CONFLICT OF INTEREST WAS EXCUSED FROM THE TRANSACTION OR MATTER.

NEW EMPLOYEES AND BOARD MEMBERS ARE ASKED TO SUBMIT A SIGNED COPY OF THE

CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD IS SENT A QUESTIONNAIRE

REGARDING THE PRESIDENT'S PERFORMANCE. THE CHAIR OF THE BOARD AGGREGATES

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

Schedule O (Form 990 or 990-EZ) (2011)

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	WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS		Employer identification number 52-1756853					
THE INFORMATIO	N AND DISCUSSES THE FINDINGS WITH THE	PRESI	DENT. USING A					
QUESTIONNAIRE	FORMAT, THE BOARD EVALUATES THE PRESI	DENT'S	PERFORMANCE, IN					
THE CONTEXT OF	THE ANNUAL EXPECTATIONS WHICH THE PRI	ESIDEN	T PREPARED AND					
SUBMITTED TO T	HE BOARD AT ITS FIRST MEETING OF THE	YEAR.	THE CHAIR OF THE					
BOARD AGGREGAT	ES THE INFORMATION FROM THE EVALUATION	N INST	RUMENT AND					
DISCUSSES THE	FINDINGS WITH THE BOARD IN AN EXECUTIVE	VE SES	SION. DURING THIS					
REVIEW AT CALE	NDAR-YEAR-END, THE BOARD ALSO REVIEWS	THE P	RESIDENT'S					
COMPENSATION,	AND EVALUATES IT AGAINST COMPARABLE DA	ATA PR	OVIDED BY A					
PROFESSIONAL C	ONSULTANT. THE BOARD DISCUSSES THE PRI	ESIDEN	T'S PERFORMANCE					
AND COMPENSATION AND VOTES ON FUTURE COMPENSATION BASED UPON THE OVERALL								
RESULTS OF THE EVALUATION AND THE FINANCIAL POSITION OF THE ORGANIZATION.								
THE BOARD CHAIR SUBSEQUENTLY DISCUSSES THE REVIEW FINDINGS WITH THE								
PRESIDENT AND GIVES NOTICE OF ANY ADJUSTMENT IN COMPENSATION. THE MOST								
RECENT COMPENS	ATION REVIEW WAS COMPLETED IN DECEMBER	R 2011	•					
FORM 990, PART	VI, SECTION C, LINE 19: THE ORGANIZA	TION D	OES NOT MAKE ITS					
GOVERNING DOCU	MENTS OR CONFLICT OF INTEREST POLICY	AVAILA	BLE TO THE PUBLIC.					
AUDITED STATEM	ENTS ARE AVAILABLE FOR PUBLIC INSPECT	ION.						
	,							
								