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

OMB No 1545-0047 Open to Public

Α	For the	2011 calendar year, or tax year beginning JUL 1, 2011 and endin	ng Jl	JN 30, 2012						
	Check if	C Name of organization		D Employer identifi	cation number					
	applicable			= =projor raonan						
	Addres									
F	Name change			52-2	028612					
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room	ı/suite							
\vdash	Termin			(202)347-7737						
	Ameno		G Gross receipts \$	3,038,958.						
\Box	Application		- F	H(a) Is this a group re						
	pendin	F Name and address of principal officer NICOLA GOREN		for affiliates?	Yes X No					
		cluded? Yes No								
1	Tax-exe	SAME AS C ABOVE	527	• •	list (see instructions)					
		e: WWW.THEWOMENSFOUNDATION.ORG		H(c) Group exemptio						
					A State of legal domicile: DC					
	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities SEE PAR	T I	II, LINE 1.						
Activitฏี€\$\& Governance		,			·~/					
rna	2	Check this box If the organization discontinued its operations or disposed of	f more t	than 25% of its net as	ssets					
٥ د	3	Number of voting members of the governing body (Part VI, line 1a)		3	14					
ර්	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14					
SS.	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	14					
<u>₹</u>	6	Total number of volunteers (estimate if necessary)		6	75					
€ ₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
ü				Prior Year	Current Year					
Ц	8	Contributions and grants (Part VIII, line 1h)		2,462,610.	2,959,111.					
<u></u>	9	Program service revenue (Part VIII, line 2g)		0.	0.					
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,525.	570.					
2	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-115,339.	-113,151.					
SCANREVERUEFT	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,349,796.	2,846,530.					
Š	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		787,000.	539,140.					
**		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)		1,138,187.	1,054,302.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
×	b b	Total fundraising expenses (Part IX, column (D), line 25) 236,196.								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		613,050.	508,009.					
		Total expenses Add lines 13-17 (must equal Part+IX; column-(A); line-25)		2,538,237.	2,101,451.					
		Revenue less expenses Subtract line 18 from line 12		-188,441.	745,079.					
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)		2,628,980.	3,060,199.					
A P	21	Total liabilities (Part X, line 26)	<u> </u>	48,187.	134,327.					
		Net assets or fund balances Subtract line 21 from line 20		2,580,793.	2,925,872.					
	art II	Signature Block								
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying-schedules and s	stateme	nts, and to the best of m	y knowledge and belief, it is					
true	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which pr	reparer h	nas any knowledge.						
		- Nich f								
Sig	ın	Signature of officer		Date 1/2:	2/13					
He	re	NICOLA GOREN, PRESIDENT			7.3					
		Type or print name and title	1-10							
	'	Print/Type preparer's name Preparer	Da	ate Check	PTIN					
Pai		ROBERT AUSNECHT OR THE THE CO.	10	self-employ						
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008					
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N								
		BETHESDA, MD 20814-2930		Phone no. (<u>301) 951-9090</u>					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2011)					

Form	990 (2011) WASHINGTON AREA WOMEN'S FOUNDATION	52-2028612	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	OUR MISSION IS TO MOBILIZE OUR COMMUNITY TO ENSURE THAT		
	VULNERABLE WOMEN AND GIRLS IN THE WASHINGTON REGION HAVE		.CES
	THEY NEED TO THRIVE. TO DO THIS, WE PURSUE 5 CORE GOALS		
	1. CATALYZE INVESTMENT THROUGH GRANT MAKING TO EFFECTIVE	E ORGANIZATI	ONS
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	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		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations t	0
	others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$1, 192, 536. including grants of \$525, 000.) (Revenue))
	GRANTEE PARTNER INVESTMENT: PROVIDED GRANTS TO NONPROFIT		ONS
	SERVING WOMEN AND GIRLS AND PROVIDED ONGOING TECHNICAL A		
	TRAINING, REFERRALS AND OTHER NON-FINANCIAL SUPPORT TO		
	CAPACITY OF GRANTEES AND NONPROFIT ORGANIZATIONS SERVING	G WOMEN AND	
	GIRLS IN THE WASHINGTON REGION.		
		 .	
			
4b	(Code) (Expenses \$245,411. including grants of \$14,140.) (Revenue)
	COLLECTIVE GIVING: FORUMS AND BRIEFINGS FOR DONORS, PROS		
	AND BUSINESS AND COMMUNITY LEADERS ABOUT PHILANTHROPIC		
	PRACTICES, AND MODEL PROGRAMS TO INCREASE SUPPORT AND RI	ESOURCES FOR	
	WOMEN AND GIRLS.		
		····-	
			
			
4c	(Code) (Expenses \$187,175. including grants of \$) (Revenue))
		RMATION ABOU	T
	 	TEGIES THAT	
	ENHANCE THE ECONOMIC SECURITY OF WOMEN AND GIRLS.		
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
_4e	Total program service expenses ► 1,625,122.		
13200 02-09		Form 9	90 (2011)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			ļ
	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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
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			
	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	, , , , , , , , , , , , , , , , , , , ,			.
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	7	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40-	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Λ_	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	105		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 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,	144		
-	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	170		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	,	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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,"			
	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		<u></u>
			990 (2011)

Form 990 (2011) WASHINGTON AREA WO Part IV Checklist of Required Schedules (continued)

		Form	990 (2011)
	Note. All Form 990 filers are required to complete Schedule O	38	х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	3,		
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	_^_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	25		х
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	254		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
2F.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
34	· · · · · · · · · · · · · · · · · · ·	24		v
24	sections 301 7701·2 and 301 7701·3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
20	Schedule N, Part II	32	-	_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete]	₩.
00	If "Yes," complete Schedule N, Part I	31		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
24	contributions? If "Yes," complete Schedule M	30	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions)			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	Schedule L, Part I	25b		_X_
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			_
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K If "No", go to line 25	24a		X _
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23	х	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		i	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		7,7	
	District the second of the sec		Yes	No

Par	<u></u>			
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
0-	(gambling) winnings to prize winners?	<u>1c</u>	···	-
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 14	O L.	v	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ο-		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes " has it filed a Form 900 T for this year? If "No " provide as explanation in School to O	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		x
h	If "Yes," enter the name of the foreign country:	4a		
J	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
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		-	
	any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_	X	
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 7d			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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		ļ
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			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9a_		
	Did the organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ĺ
11	Section 501(c)(12) organizations. Enter			
	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			
	amounts due or received from them)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	
		Form	990	/2011)

132005 01-23-12 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response to any question in this Part VI						X				
<u>Sec</u>	tion A. Governing Body and Management										
				_		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14							
	If there are material differences in voting rights among members of the governing body, or if the governing			İ							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		ł	1						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	İ							
	officer, director, trustee, or key employee?			L	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	}							
	of officers, directors, or trustees, or key employees to a management company or other person?				3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	L	4	_X_					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		-	5		X				
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or								
	more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				_				
	persons other than the governing body?			-	7b_		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:								
а	The governing body?			-	8a	<u> </u>					
b	Each committee with authority to act on behalf of the governing body?			-	8b	Х	ļ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	e Code)	<u>.</u>			<u></u>				
				г		Yes	No				
	Did the organization have local chapters, branches, or affiliates?			-	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	مانيات ما		}	10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing both	ay bero	ore filing the forr	n'	11a						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				10-	Х					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	o to cor	officte?	ŀ	12a	X	 				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			-	12b		 				
С	in Schedule O how this was done	res, u	escribe	İ	12c	X					
13	Did the organization have a written whistleblower policy?			ŀ	13	X					
14	Did the organization have a written document retention and destruction policy?			-	14	X					
15	Did the process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately process for determining compensation of the following persons include a review and approximately persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following persons in the following person in the follo	zal by "	ndenendent	}	177	22					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•	асрепаст	i							
а	The organization's CEO, Executive Director, or top management official				15a	х					
h	Other officers or key employees of the organization				15b		Х				
.,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			İ			T				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a								
-	taxable entity during the year?				16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation								
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		•								
	exempt status with respect to such arrangements?			-	16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶MD , VA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	·T (Sec	tion 501(c)(3)s c	nly) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply	•		- *							
	Own website X Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest polic	y, and	l finar	icial					
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											
	VIRGINIE CAREY - (202)347-7737										
	1331 H STREET, NW, NO. 1000, WASHINGTON, DC 2000	5									
132006 01-23-12 Form 990											

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
- 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)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than (Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week (describe	\vdash					,	from the	from related organizations	other compensation
	hours for	direc				, l		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	(,	organization
	organizations	al frus	nal tr		loyee	comp				and related
	in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) RACHEL KRONOWITZ		_	_			1.0				
CHAIR	3.00	X		X				0.	0.	0
(2) LEONADE JONES										
VICE CHAIR (THRU JUNE 11, 2012)	0.50	X		X				0.	0.	0
(3) ALLISON DYER								,		
TREASURER	1.00	X		Х				0.	0.	0
(4) CATHY ISAACSON									'	
SECRETARY	2.00	X		X		ļ.,		0.	0.	0
(5) CAROLYN BERKOWITZ										
DIRECTOR	0.50	X	<u> </u>		ļ			0.	0.	0
(6) JENNIFER CORTNER		,								
DIRECTOR	0.30	X	<u> </u>		<u> </u>	ļ.,		0.	0.	0
(7) SIOBHAN DAVENPORT									_	_
DIRECTOR (THRU JUNE 11, 2012)	0.30	X					·	0.	0.	0
(8) AUDRENY BRACEY DEEGAN									_	
DIRECTOR	0.30	X			_			0.	0.	0
(9) ANNA FLORES	0.20									•
DIRECTOR	0.30	X				-		0.	0.	0
(10) DEBORAH GANDY	0.20	,,								•
DIRECTOR (THRU JUNE 11, 2012)	0.30	X				├		0.	0.	0
(11) JULIE JENSEN	0.20	١,,							_	0
DIRECTOR	0.30	Х				\vdash		0.	0.	0
(12) SANDRA BROCK JIBRELL	0.20	.								0
DIRECTOR (THRU JUNE 11, 2012)	0.30	^				-		0.	0.	0
(13) BETH JOHNSON	1 00							0.	^	_
DIRECTOR	1.00	X		 		\vdash		<u> </u>	0.	0
(14) C. LYNN MCNAIR	0.30	₩.						0.	0.	^
DIRECTOR (THRU JUNE 11, 2012)	0.30	▞	\vdash		<u> </u>	-		0.	<u>U•</u>	0
(15) KIM NATOVITZ	0.30	v		İ				0.	0.	^
DIRECTOR (15) ALEX OBSTRUCED	0.30	^		\vdash		\vdash		0.	<u> </u>	0
(16) ALEX ORFINGER	4.00	v						0.	0.	^
DIRECTOR (17) JULIE ROGERS	4.00	A.			 	+	-	0.	<u></u>	0
	1.00	y						0.	0.	0
DIRECTOR 132007 01-23-12	<u> </u>	14	٠	L	<u> </u>	1				Form 990 (2011

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A) Name and title	(B) Average hours per week (describe	(do box offic	not c	Pos Pos heck ss pe	C) ition more irson		one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimate amount other compens	t of r
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	,	from the organization and relations or and relations or an incomplete from the from	ne ition ited
(18) SONAL SHAH DIRECTOR	1.00	x						0.	0			0.
(19) BARB STROM THOMPSON						<u> </u>			<u>~</u>	1		
DIRECTOR	0.30	X				<u> </u>	<u> </u>	0.	0	•		0.
(20) NICOLA GOREN	FF 00			₹.				100 100	0		20 1	111
PRESIDENT	55.00			X				180,100.	0	•	29,1	<u> </u>
(21) JENNIFER LOCKWOOD-SHABAT VICE PRESIDENT	55.00			X				121,740.	0	-	7,1	L60.
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A					> > >		301,840. 0. 301,840.	0 0		36,2	271. 0. 271.
Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	,000 of reportable			2
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si			ama	one:	ation	າ ລກເ	d of	her compensation from	the organization	;	3	X
and related organizations greater than \$15	•		-					·	ine organization	4	4 X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	· ·						elat	ted organization or indivi	dual for services		5	x
Section B. Independent Contractors	pioto correcti		0. 0.	0011	port	3011						
Complete this table for your five highest co the organization. Report compensation for	•								•	nsatio	on from	
(A) Name and business	address	N	INC	 FC				(B) Description of s	ervices	Com	(C)	on
			J111									,
O Tabel sumb - f - d - d - d - d - d - d - d - d - d	in our diese in the second			٠			- A -	d about of the second	anno the -			
2 Total number of independent contractors (\$100,000 of compensation from the organ	_	iot li	mite	ea to		ose II O	stec	above) who received in	iore than			
The state of the s										Fo	rm 990	(2011)

Part VIII Statement of Revenue (**D)** Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 13,945 1 a Federated campaigns 1a b Membership dues 1b 686,664 Fundraising events 1c d Related organizations 1d e Government grants (contributions) <u>1e</u> f All other contributions, gifts, grants, and 2258502 similar amounts not included above 1f 17,230 g Noncash contributions included in lines 1a-1f \$ 2959111 h Total. Add lines 1a-1f Business Code Program Service 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 570. 570. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (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 **686,664.** of including \$ contributions reported on line 1c) See 51,950 Part IV, line 18 192428. b Less direct expenses -140,478-140478. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a BAD DEBT RECOVERY 900099 26,827 26,827. ь MISCELLANEOUS 900099 500 500. d All other revenue 27,327 e Total, Add lines 11a-11d 2846530. -112581. Total revenue See instructions. 132009 01-23-12 Form **990** (2011)

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)

Do no	Check if Schedule O contains a response trinclude amounts reported on lines 6b,	(A)		(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	539,140.	539,140.		
	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	244 500	455 050	24 222	05.056
	trustees, and key employees	344,593.	175,378.	81,339.	87,876
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
•	persons described in section 4958(c)(3)(B)	564 605	440 605		
	Other salaries and wages	564,685.	443,607.	76,915.	44,163
8	Pension plan accruals and contributions (include	00 700	4.5.000		
	section 401(k) and section 403(b) employer contributions)	22,728.	16,388.	6,305.	35
	Other employee benefits	58,796.	41,244.	13,516.	4,036
	Payroll taxes	63,500.	44,232.	10,153.	9,115
	Fees for services (non-employees)				
	Management	4 4 7 4			
	Legal	1,171.		21.	1,150
	Accounting	24,116.	16,243.	4,134.	3,739
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	150 100	450 050		46 55
-	Other	179,499.	159,352.	2,389.	17,758
	Advertising and promotion	00 454	27 242		25 462
	Office expenses	82,174.	37,242.	9,769.	35,163
	Information technology				
	Royalties	100 005			
	Occupancy	123,225.	73,520.	24,151.	25,554
	Travel	3,983.	3,680.	303.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	5,276.	4,466.	181.	629
	Interest				
	Payments to affiliates		40.010	2 521	
	Depreciation, depletion, and amortization	21,680.	13,218.	3,521.	4,941
	Insurance				
;	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	SURVEY RESEARCH	48,933.	48,933.		
	RESOURCES & MEMBERSHIP	8,895.	3,349.	5,546.	
	MOVING EXPENSE	8,069.	4,852.	1,180.	2,037
	COMMUNITY OUTREACH	988.	278.	710.	
	All other expenses				
	Total functional expenses Add lines 1 through 24e	2,101,451.	1,625,122.	240,133.	236,196
	Joint costs. Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	12,663.	10,764.	0.	1,899

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	,	Dalance Greet		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,161,741.	1	2,221,573.
	2	Savings and temporary cash investments		395,964.	2	406,844.
	3	Pledges and grants receivable, net		988,103.	3	311,028.
	4	Accounts receivable, net		1,269.	4	1,000.
	5	Receivables from current and former officers, directors, trustees, key		•		
		employees, and highest compensated employees. Complete Part II				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	,			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		32,775.	9	53,514.
	10a	Land, buildings, and equipment cost or other				
			,706.			
	b		,533.	43,245.	10c	45,173.
	11	Investments - publicly traded securities			11	4,850.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,883.	15	16,217.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,628,980.	16	3,060,199.
	17	Accounts payable and accrued expenses		48,187.	17	92,071.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employ	rees,			
de.		highest compensated employees, and disqualified persons. Complete	Part II			
_		of Schedule L	<u> </u>		22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17 24) Complete Part	X of			40.056
		Schedule D		0.	25	42,256.
	26	Total liabilities. Add lines 17 through 25		48,187.	26	134,327.
	ĺ	Organizations that follow SFAS 117, check here	nplete			
ces		lines 27 through 29, and lines 33 and 34.		1 044 242		1 115 001
<u>a</u> u	27	Unrestricted net assets	<u> </u>	1,044,342.	27	1,115,231.
Ва	28	Temporarily restricted net assets	<u> </u>	1,536,451.	28	1,810,641.
μ	29	Permanently restricted net assets	. —		29	
乓		,	and			
SO		complete lines 30 through 34.	i			
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	-		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	-	2 500 702	32	2 025 070
	33	Total net assets or fund balances		2,580,793.	33	2,925,872.
	34	Total liabilities and net assets/fund balances		2,628,980.	34	3,060,199.

Form **990** (2011)

_	990 (2011) WASHINGTON AREA WOMEN'S FOUNDATION	52-	2028	612	Pag	ge 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					\mathbf{X}
		-		-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,840	5,5	30.
2	Total expenses (must equal Part IX, column (A), line 25)				,451.	
3	Revenue less expenses Subtract line 2 from line 1	3				79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,580	7, (93.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-40		
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		,92		
Par	t 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	0				
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	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
d	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		1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	tit			
	Act and OMB Circular A-133?		į	За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured aud	lit	T		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		L
				Form 9	990 (2011)

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

2011

Open to Public Inspection

Name of	the organizatı	on						E	Employer ic	lentificati	on nur	nber
	- -	WASHING	TON AREA WOM	IEN'S	FOUND	ATION			52	-2028	612	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions		-		
Part I The organ 1	A church, con A school des A hospital or A medical res city, and stat An organizati section 170(A federal, sta An organizati section 170(A community An organizati activities rela income and u See section An organizati An organizati more publicly	for Public Char I private foundation Invention of churches cribed in section 17 a cooperative hospic search organization of e on operated for the (b)(1)(A)(iv). (Complet te, or local governm on that normally rec b)(1)(A)(vi). (Complet trust described in s on that normally rec ted to its exempt fur unrelated business to 509(a)(2). (Complete on organized and op on organized and op on supported organized	because it is (For lines 1 is, or association of churico (b)(1)(A)(ii). (Attach Sotal service organization of operated in conjunction benefit of a college or unete Part II) ent or governmental uniteleves a substantial part ite Part II) section 170(b)(1)(A)(vi). Herves (1) more than 33 factions - subject to certain axable income (less sections).	tations must through 1 ches described in with a hose miversity over the described of its supp (Complete 1/3% of its ain exception 511 tall its for public in the benefit of the con 509(a)(1)	st completed in completed in section pital description or from a part II) support from a part II) support from a part II) support from a part II) support from a part II) support from a part II) support from a part II) support from a part II) support from a part II) support from a part II) support from a part II) support from a part II) support from a part II) support from but II or section in or section in the part II) support from but II or section in the part II) in the part II i	te this part conly one b ction 170 170(b)(1)(ribed in se perated by m 170(b)(1 government rom contri 2) no more sinesses a See section rom the fur on 509(a)(2	(A)(III). ction 170 a governmental unit of than 33 1 acquired bein 509(a)(4)	to the orgon to car to car	iii). Enter the described e general point fees, and support for anization af	e hospital d in ublic desc d gross rec rom gross fter June 3	ribed in ceipts f investr 0, 1979	from ment 5
e f g	a Type I By checking foundation in If the organiz supporting of Since Augus (i) A perso the gove (ii) A family	this box, I certify that it is box, I certify that it is an agers and other that it ation received a write ganization, check that 17, 2006, has the continuous of the sign member of a personal this is the continuous body of the sign member of a personal this is the continuous body of the sign member of a personal this is the continuous body of the sign member of a personal this is the continuous body of the sign member of a personal this is the continuous body.	Type II at the organization is not than one or more publicly iten determination from this box organization accepted are lirectly controls, either all upported organization? In described in (i) above?	controlled y supporte the IRS that my gift or co	e III - Funce I directly of directly of directly of directly of directly of the directly of th	tionally int r indirectly ations desc pe I, Type	by one or cribed in s II, or Type	ection 50 e III owing pe	squalified p 99(a)(1) or so rsons?	11g(i) 11g(ii)	er thar	n No
h	• •	•	person described in (i) of about the supported or							11g(iii)	Ll	
	of supported anization	1 0[Qan Zal O] in not (A) heted in your corresponds not						organizat	Is the tion in col. ized in the S.?	(vii) An sup	nount of	f
			(see instructions))	Yes	No	Yes	No	Yes	No			
Total	Panarusuk S	duction Act Notice	see the Instructions (Fau				Cahada	ulo A /Form	000 00		0044

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 WASHINGTON AREA WOMEN'S FOUNDATION 52-2028612 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
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	2,267,724.	2,191,428.	1,840,240.	2,462,610.	2,959,111.	11,721,113.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				İ		
	the organization without charge						
4	Total. Add lines 1 through 3	2,267,724.	2,191,428.	1,840,240.	2,462,610.	2,959,111.	11,721,113.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			-			
	supported organization) included					•	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	-					3,274,213.
6	Public support. Subtract line 5 from line 4						8 446 900
	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,267,724.	2,191,428.	1,840,240,	2,462,610.	2,959,111.	11,721,113.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	126,385.	30,223.	3,911.	1,738.	570.	162,827.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						· · · · · · · · · · · · · · · · · · ·
	or loss from the sale of capital						
	assets (Explain in Part IV)	863.	1,150.	62.	300.	27,327.	29,702.
11	Total support. Add lines 7 through 10						11,913,642.
	Gross receipts from related activities,	etc (see instruction				12	76,464.
	First five years. If the Form 990 is for	•	•	f. fourth, or fifth tax	ں vear as a section		, 0 , 10 11
	organization, check this box and stop	-		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. your do d oootio.	, 00 (0)(0)	
Se	ction C. Computation of Publ	ic Support Per	centage				<u> </u>
	Public support percentage for 2011 (I			olumn (f))		14	70.90 %
	Public support percentage from 2010		•	\ <i>''</i>		15	75.98 %
	33 1/3% support test - 2011. If the c		•	line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies	-					▶ [X]
ŀ	33 1/3% support test - 2010. If the o		•	ne 13 or 16a. and I	ine 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	ŭ		•			▶ □
17:	10% -facts-and-circumstances tes	. ,			13 16a or 16b a	and line 14 is 10%	or more
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"			•	•	now the organ	<u> </u>
	10% -facts-and-circumstances tes				-	7a and line 15 is	10% or
•	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						·
10	•		•	•			
18	Private foundation. If the organization	in did not check a t	JOX OF THE 13, 168	ι, του, τ <i>r</i> a, or τ/b,		na see instruction	

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

(C	Comple	ete o	nly i	ıf you	u chec	ked	the t	ox on	line 9	of F	Part	l or ıf	the d	organı	zation	failed	to qu	alıfy ı	under	Part II	If the	orga	anızatı	on fa	ails	to
											_															

Se	ction A. Public Support	<u>, p</u>	p. 0.0 . g				
Cale	ndar 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						
	ınclude any "unusual grants ")	<u> </u>					
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that				 		
3	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						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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			ļ 		ļ	••
	Add lines 7a and 7b				ļ		
	Public support (Subtract line 7c from line 6)	<u> </u>	L				
	ction B. Total Support	4 > 0007	4 > 0000	4) 0000	(0 0040	1,0044	40 T I
	andar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gross income from interest,		-				
100	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income				 		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b					1	
11							
	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)					<u> </u>	
14	First five years. If the Form 990 is for	r the organization'	's first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
<u></u>	check this box and stop here	:- O A D.					
	ction C. Computation of Publ		_			1 1	
	Public support percentage for 2011 (, ,,	•	column (f))		15	%
	Public support percentage from 2010 ction D. Computation of Investigation				·	16	%
						147	
	Investment income percentage for 20 Investment income percentage from	•	• • • • • • • • • • • • • • • • • • • •	ie is, column (f))		17	%
	a 33 1/3% support tests - 2011. If the			on line 14 and lin	a 15 is more than	18 33 1/3% and line 1	%
13	more than 33 1/3%, check this box a	-					, is not ⊾
,	o 33 1/3% support tests - 2010. If the		_		· · · -		and
	line 18 is not more than 33 1/3%, che	-			•	•	
20	Private foundation. If the organization			•		•	

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	WASHINGTON AREA WO		52-2028612
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried 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
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	<u> </u>	
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		· · · ———
7	Amount of expenses incurred in monitoring, inspecting, and	•	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	,	·
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Pai	conservation easements rt III Organizations Maintaining Collections o	f Art Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" to Form	•	the elimin Assets.
10	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	nent and halance about warks of ort
ıa	historical treasures, or other similar assets held for public exh	,, ,	· '
	the text of the footnote to its financial statements that descri		rice of public service, provide, in Fart XIV,
h	If the organization elected, as permitted under SFAS 116 (AS		t and halange shoot works of art, biotorical
J	treasures, or other similar assets held for public exhibition, ed		•
	relating to these items	ducation, or research in furtherance of pu	blic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		L ¢
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre	geuree or other similar assets for financia	
2	the following amounts required to be reported under SFAS 1		ii gaiii, provide
а	Revenues included in Form 990, Part VIII, line 1	10 (100 900) relating to these items	> \$
	Assets included in Form 990, Part X		► \$ ► \$
J	, soots meladed in Form 500, Fait A		Ψ

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

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 WASHING t III Organizations Maintaining C	TON AREA We collections of Ar					2028612 sets (contin	
3	Using the organization's acquisition, accessi							
	(check all that apply)							
а	Public exhibition	d	Loan or ex	change progra	ıms			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exemp	ot purpose in l	Part XIV.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizat	ion answered '	'Yes" to Fo	orm 990, Part	V, line 9, or	·= ·=
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contributi	ons or other as	sets not in	cluded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes	No No
b	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to F	orm 990, Part	IV, line 10			
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years ba	ick (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	,						
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	_					
С	Temporarily restricted endowment ▶	~~~						
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administe	red for the	organization		
	by	_				-	·	Yes No
	(i) unrelated organizations						3a(ı)	
	(ii) related organizations						3a(II)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIV the intended uses of the							
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990), Part X, line 10					
	Description of property	(a) Cost or o basis (investr		st or other s (other)		umulated eciation	(d) Book	value
1a	Land							
b	Buildings							
С	Leasehold improvements			35,564.		19,572.	15	,992.
d	Equipment			61,635.		52,434.		,201.
е	Other			79,507.		59,527.		,980.
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c))		>	45	7.173.

Schedule D (Form 990) 2011

	t XI Reconciliation of Change in Net Assets from Form 990 to		52- temen	2028612 ts	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,846,	530.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	 '	2,101,	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			079.
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		-400,	000.
9	Total adjustments (net) Add lines 4 through 8	9		-400,	
10 Dor	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 1971 Proposition of Powers and Audited Financial Statements.		D-1	345,	079.
	t XII Reconciliation of Revenue per Audited Financial Stateme	ents with Revenue per			004
1	Total revenue, gains, and other support per audited financial statements		1	3,156,	924.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
a	Net unrealized gains on investments	2a	_		
b	Donated services and use of facilities	2b 144,793	-		
C	Recoveries of prior year grants	2c	_		
ď	Other (Describe in Part XIV)	2d 192,428			
е	Add lines 2a through 2d		2e		221.
3	Subtract line 2e from line 1		3	2,819,	703.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b 26,827	<u> </u>		
С	Add lines 4a and 4b		4c		<u>827.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,846,	<u>530.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	er Retu	·	
1	Total expenses and losses per audited financial statements		1	2,411,	<u>845.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a 144,793	<u>. </u>		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d 192,428	<u>.</u>		
е	Add lines 2a through 2d		2e		221.
3	Subtract line 2e from line 1		3	2,074,	624.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_		
b	Other (Describe in Part XIV)	4b 26,827	<u>.</u>		
С	Add lines 4a and 4b		4c		<u>827.</u>
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,101,	451.
Pai	t XIV Supplemental Information				
X, line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compart XI, LINE 2: IN JUNE 2006, THE FINANCIAL 2	olete this part to provide any a	dditiona	Information	4, Part
<u>(F</u>	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	S, THAT PROVIDE	s gu	IDANCE F	OR
REI	PORTING UNCERTAINTY IN INCOME TAXES. FOR T	HE YEARS ENDED	JUNE	30, 201	.2
ANI	2011, THE FOUNDATION HAS DOCUMENTED ITS	CONSIDERATION C	F FA	SB ASC	
740	-10 AND DETERMINED THAT NO MATERIAL UNCER	TAIN TAX POSITI	ONS	QUALIFY	FOR
EIT	HER RECOGNITION OR DISCLOSURE IN THE FINAL	NCIAL STATEMENT	'S. T	HE FEDER	RAL_
FOR	MM 990, RETURN OF ORGANIZATION EXEMPT FROM	INCOME TAX, IS	SUB	JECT TO	
	MINATION BY THE INTERNAL REVENUE SERVICE,	GENERALLY FOR		E YEARS lule D (Form 99	90) 2011
132054 01-23-) 12			, , , , , ,	

Schedule D (Form 990) 2011 WASHINGTON AREA WOMEN'S FOUNDATION Part XIV Supplemental Information (continued)	52-2028612 Page 5
AFTER IT IS FILED.	
PART XI, LINE 8 - OTHER ADJUSTMENTS:	
UNCOLLECTIBLE PRIOR YEAR PLEDGE	-400,000.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES INCLUDED AS EXPENSE ON THE	192,428.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,	
PART VIII, LINE 8B.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
BAD DEBT RECOVERY EXPENSE INCLUDED AS EXPENSE ON THE	26,827.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,	
PART VIII, LINE 11B.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES INCLUDED AS EXPENSE ON THE	192,428.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,	
PART VIII, LINE 8B.	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
BAD DEBT RECOVERY EXPENSE INCLUDED AS EXPENSE ON THE	26,827.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,	
PART VIII, LINE 11B.	

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Employer identification number WASHINGTON AREA WOMEN'S FOINDATION 52-2028612

Part I		Complete if the organization answ t				ine 17. Form 990-EZ	
a b c d 2 a Did key b If "Y	Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations the organization have a written of employees listed in Form 990, P	f Solicit g Special or oral agreement with any individual art VII) or entity in connection with inviduals or entities (fundraisers) pure	ation of ation of al fundra al (includ professi	non-g gover ising o ling o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Nar	me and address of individual or entity (fundraiser)	(ii) Activity	(III) fundr have cu or con contribu	ustody troi of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
				:			
						,	
Total	all states in which the account	on a registered or benead to color		>		d the assessment from the	
	ensing	on is registered or licensed to solici	CONTIN	utions	s or has been notined	It is exempt from N	egistration

132081 01-23-12

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

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 WASHINGTON AREA WOMEN'S FOUNDATION Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events LEADERSHIP NONE (add col (a) through LUNCHEON col (c)) (event type) (event type) (total number) Revenue 738,614. 738,614. 1 Gross receipts 686,664 686,664. 2 Less Charitable contributions 51,950 51,950. Gross income (line 1 minus line 2) Cash prizes 12,380. 12,380. Noncash prizes Direct Expenses 30,614. 6 Rent/facility costs 30,614. 7 Food and beverages 58,164. 58,164. 8 Entertainment 91,270. 91,270. Other direct expenses 192,428) 10 Direct expense summary Add lines 4 through 9 in column (d) -140,478. 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? **」Yes** b If "No," explain

ax year?	Ye	es No
Schedule	G (Form 990 or 9	990-EZ) 2011

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the

b If "Yes," explain

132082 01-23-12

Sch	edule G (Form 990 or 990-EZ) 2011 WASHINGTON AREA WOMEN'S FOUNDATION 52-2	<u>02861</u>	12 Page 3
11	Does the organization operate gaming activities with nonmembers?	Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		-
	to administer charitable gaming?	Ye:	s No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		-
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye:	s No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name		
	Address ►		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
		•	
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Ye	s No
.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		3
U	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
	<u> </u>		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047	2011

Open to Public

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Employer identification number 52-2028612 Inspection X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Attach to Form 990. WASHINGTON AREA WOMEN'S FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part i

2

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	omplete if the orga	" answered	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Check this	s box if no one recipier	it received more th	an \$5,000 Part II	can be duplicated if	additional space is nee	▲ pep
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPLETREE INSTITUTE FOR EDUCATION INNOVATION - 415 MICHIGAN AVENUE, NE WASHINGTON DC 20017	04-3331760	501(C)(3)	50,000	0			DC LINKS SUPPORT
CENTRONIA 1420 COLUMBIA ROAD, NW, WASHINGTON DC 20009	25-1689720	501(C)(3)	50 000.	0			THE CENTRONIA COACHING PROJECT - RENEWAL
							HELP LOW-INCOME WOMEN
COMMUNITY TAX AID, INC.							INCREASE THEIR ASSETS BY REDUCING TAX LIABILITIES
WASHINGTON, DC 20033	52-1557807	501(C)(3)	50,000.	0			AND RECEIVING TAX CREDITS
							TO CONTINUE THEIR PROVEN,
DOORWAYS FOR WOMEN AND FAMILIES							INTENSIVE FINANCIAL
P.O. BOX 100185,							INDEPENDENCE TRACK (FIT)
ARLINGTON, VA 22210	54-1087829	501(C)(3)	75,000.	0			FOR WOMEN EXPERIENCING
EMPOWER DC							
1419 V STREET, NW							CHILD CARE FOR ALL
WASHINGTON, DC 20009	27-2623232	501(C)(3)	50,000.	0			CAMPAIGN - RENEWAL
FAIRFAX FUTURES							NEIGHBORHOOD SCHOOL
12011 GOVERNMENT CEN. PARKWAY #920						•	READINESS PARTNERSHIPS -
FAIRFAX VA 22305	20-1044785	501(C)(3)	50,000.	0.			RENEWALS
2 Enter total number of section 501(c)(3) and government organization	nd government or	ganizations listed in the	is listed in the line 1 table				13
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

132101 01-27-12

Schedule I (Form 990) WASHINGTON AREA WOMEN'S FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(a)	(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
HOPKINS HOUSE 1224 PRINCESS STREET ALEXANDRIA, VA 22314	54-0525701	501(C)(3)	25,000.	.0			EARLY CHILDHOOD LEARNING INSTITUTE SUPPORT
MISSION: READINESS 1212 NEW YORK AVENUE, NW SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	20,000	0			MISSION: READINESS - VIRGINIA
NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE - 1313 L STREET, NW SUITE 110 WASHINGTON, DC 20005	52-0908178	501(C)(3)	50,000.	0			F.E.A.C.H. EARLY CHILDHOOD DC
NEW COMMUNITY FOR CHILDREN 1722 6TH STREET, NW WASHINGTON, DC 20011	52-1611821	501(C)(3)	6,070.	0.			GENERAL OPERATING SUPPORT
OUR PLACE, DC 1518 K STREET, NW MEZZANINE LEVEL WASHINGTON, DC 20005	51-0393992	501(C)(3)	6,070,	•0			GENERAL OPERATING SUPPORT
PRINCE GEORGE'S CHILD RESOURCE CENTER - 9475 LOTTSFORD ROAD, STE 202 - LARGO MD 20744	52-1772595	501(C)(3)	25,000.	.0			PRINCE GEORGE'S PROFESSIONAL DEVELOPMENT PROJECT
VOICES FOR VIRGINIA'S CHILDREN 701 FRANKLIN STREET, SUITE 807 RICHMOND, VA 23219		501(C)(3)	.000,000	*0			VIRGINIA EARLY CHILDHOOD/SCHOOL READINESS POLICY PROJECT- RENEWAL

Schedule I (Form 990)

WASHINGTON AREA WOMEN'S FOUNDATION Schedule I (Form 990) (2011)

Page 2

52-2028612

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

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) ٠, Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

ORGANIZATIONS ARE REQUIRED TO SIGN A GRANT AGREEMENT THAT STIPULATES THE PART I, LINE 2: PRIOR TO THE RECEIPT OF GRANT FUNDS, SCHEDULE I,

MUST BE EXPENDED, AND THE REPORTING PERIOD. ALL ORGANIZATIONS ARE REQUIRED

SPECIFIC USE OF FUNDS BEING GRANTED,

THE TIME PERIOD DURING WHICH THE FUNDS

TO SUBMIT AN INTERIM REPORT SIX MONTHS INTO THE GRANT AND A FINAL REPORT AT

THE COMPLETION OF THE GRANT. AS PART OF THE REPORTING, ORGANIZATIONS ARE REQUIRED TO DETAIL BUDGET EXPENDITURES FOR THE GRANT. DOCUMENTATION

THE MOST REQUIRED PRIOR TO GRANT APPROVAL INCLUDES THE CURRENT YEAR BUDGET,

RECENT AUDITED FINANCIAL STATEMENTS, LIST OF BOARD AND STAFF,

102 01-27-12

Schedule I (Form 990) 2011 WASHINGTON AREA WOMEN'S FOUNDATION 52-2028612 Page 2 Part IV Supplemental Information
VERIFICATION OF NONPROFIT STATUS.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY TAX AID, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: HELP LOW-INCOME WOMEN INCREASE THEIR
ASSETS BY REDUCING TAX LIABILITIES AND RECEIVING TAX CREDITS FOR WHICH
THEY QUALIFY, AVOID TAX PENALITIES, AND AVOID HIGH FEE PREPARATION
SERVICES AND PREDATORY PRODUCTS.
NAME OF ORGANIZATION OR GOVERNMENT: DOORWAYS FOR WOMEN AND FAMILIES
(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THEIR PROVEN, INTENSIVE
FINANCIAL INDEPENDENCE TRACK (FIT) FOR WOMEN EXPERIENCING HOMELESSNESS
AND/OR DEOMESTIC VIOLENCE WHO LIVE IN SHELTERS OR TRANSITION-IN-PLACE
HOUSING PROGRAMS.

SCHEDULE J (Form 990)

Department of the Treasury

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

WASHINGTON AREA WOMEN'S FOUNDATION

Employer identification number 52-2028612

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees 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 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? **4**a Х Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X a The organization? 5a X Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? X 6a 6b b Any related organization? 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 Х not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958 6(c)?

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Schedule J (Form 990) 2011

Page 2

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

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

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

		(to amobycord (a)	Drowledge of W. 2 and /or 1000 MISC compensation	noite and on o	(3)	(5)	(1)	(4)
		(a) Dicandowii oi	VI-2 010/0110 7-14	o componisation	Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)-(D)	reported as deferred in prior Form 990
	-	7			C			
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Schedule J (Form 990) 2011

SCHEDULE 0

(Form 990 or 990-EZ)

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-FZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number 52-2028612

WASHINGTON AREA WOMEN'S FOUNDATION	52-2028612	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	ISSION:	
DEDICATED TO INCREASING ECONOMIC SECURITY FOR WOMEN AND G	IRLS IN OUR	
REGION.		
2. "EDUCATE" COMMUNITY STAKEHOLDERS ABOUT THE NEEDS OF WOM	MEN AND GIRLS	
IN THE REGION AND SUCCESSFUL STRATEGIES TO ADDRESS THOSE 1	NEEDS;	
3. "ADVOCATE" TO INFLUENCE PUBLIC POLICY THAT ENABLES AND SUPPORT		
ECONOMIC SECURITY;		
4. "GENERATE RESOURCES" - FINANCIAL, HUMAN, SOCIAL AND POI	LITICAL	
CAPITAL - NECESSARY TO SUSTAIN THIS WORK AT ITS HIGHEST QUALITY; AND		
5. ENGAGE IN "TRUSTWORTHY STEWARDSHIP" OF THOSE RESOURCES.		
WASHINGTON AREA WOMEN'S FOUNDATION CONNECTS OUR REGION WIT	TH A GLOBAL	
MOVEMENT THAT RECOGNIZES THAT PROMOTING WOMEN'S AND GIRLS' PROSPERITY		
IS KEY TO STRONGER, MORE RESILIENT AND HEALTHIER COMMUNITY	IES.	
FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE AMEN	NDED TO CONFORM	
TO DC CORPORATIONS ACT STANDARDS, INCLUDING ADDING THE OFFICE OF THE		
PRESIDENT; REMOVING CHAIR'S AUTHORITY TO APPOINT COMMITTEE MEMBERS; AND		
DEFINING ROLES OF BOARD OFFICERS AND CHANGING MEETING NOT	ICE REQUIREMENTS.	
FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 WAS I	PREPARED BY THE	
SAME FIRM THAT AUDITED THE FINANCIAL STATEMENTS. THE DRAFT	WAS REVIEWED BY	
THE PRESIDENT AND THE FINANCE COMMITTEE. THE FINAL 990 WAS	DISTRIBUTED	
ELECTRONICALLY TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FI	LING WITH THE	
IRS.		

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND KEY

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

WASHINGTON AREA WOMEN'S FOUNDATION

Employer identification number 52-2028612

EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM, WHICH ASKS
THEM TO LIST ANY KNOWN CONFLICTS OR POTENTIAL CONFLICTS AND ALSO ASKS THEM
TO ATTEST THAT THEY WILL ALERT THE BOARD OR COMMITTEE OF ANY UNANTICIPATED
CONFLICTS THAT ARISE DURING THE COURSE OF THEIR WORK WITH WAWF. WHEN A
CONFLICT ARISES, THE CONFLICTED MEMBER IS ASKED TO RECUSE HIM/HERSELF FROM
ANY DISCUSSIONS AND DECISION-MAKING INVOLVING THE CONFLICT. THERE IS ALSO A
POLICY FOR EMPLOYEES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT'S INITIAL SALARY IS

SET IN CONSULTATION WITH A REPUTABLE SEARCH FIRM THAT PROVIDES BENCHMARKING

FIGURES AND THE SPECIFICS ARE INCLUDED IN THE HIRING CONTRACT. IN

SUBSEQUENT YEARS, COMPENSATION ADJUSTMENTS ARE EVALUATED ON PERFORMANCE

(METRICS ESTABLISHED IN PRIOR YEAR; ANNUAL REVIEW CONDUCTED BY THE

EXECUTIVE COMMITTEE) AND FINANCIAL POSITION OF THE ORGANIZATION. ON A

PERIODIC BASIS, THE EXECUTIVE COMMITTEE DOES A FORMAL REVIEW OF COMPARABLE

SALARIES THROUGH CONSULTATION WITH PEER ORGANIZATIONS AND NATIONAL DATABASE

INFORMATION. ALL SALARY ADJUSTMENTS ARE DOCUMENTED AND MAINTAINED IN THE

EMPLOYEE'S H.R. FILE. THE LAST COMPENSATION REVIEW PROCESS TOOK PLACE ON

JULY 1, 2011.

THE PRESIDENT CONSULTS WITH CEOS OF PEER ORGANIZATIONS AND REVIEWS 990S OF
SIMILARLY-SIZED ORGANIZATIONS TO FIND BENCHMARKING INFORMATION. AS WITH THE
PRESIDENT, THE COMPENSATION OF KEY EMPLOYEES MAY BE ADJUSTED DURING THE
ANNUAL REVIEW PROCESS, WHICH IS CONDUCTED BY THE PRESIDENT AND EVALUATES
PERFORMANCE BASED ON METRICS ESTABLISHED THE PREVIOUS YEAR. CONTRACTS AND
OFFER LETTERS, EVALUATIONS, AND SALARY ADJUSTMENT FORMS (IF ANY) ARE
MAINTAINED IN RESPECTIVE EMPLOYEE FILES DURING AN EMPLOYEE'S TENURE AND ARE
KEPT ACCORDING TO ESTABLISHED DOCUMENT RETENTION POLICY.

132212 01-23-12

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

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization WASHINGTON AREA WOMEN'S FOUNDATION	Employer identification number 52-2028612
MIDITAL WOLLD TO CONDITION	02 2020012
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	IAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	IANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
AVAILABLE TO THE PUBLIC UPON REQUEST.	<u>,</u>
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
UNCOLLECTIBLE PRIOR YEAR PLEDGE	-400,000.
	
	.,,