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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)

Open to Public

Internal Revenue Service

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

OMB No 1545-0047 Inspection

A F	or the	2012 calendar year, or tax year beginning and	ending		
Вс	heck If	C Name of organization		D Employer identific	cation number
	pplicable				
	Addre	S ADDA CDANOMATEDC			
	Name			52-1	326863
늗	Tinitial		Room/suite	E Telephone number	· · · · · · · · · · · · · · · · · · ·
늗	ireturn Termir		Noonisano		727-1205
늗	⊒ated ⊇Amend			G Gross receipts \$	2,174,798.
<u> </u>	return Applic tion	City, town, or post office, state, and ZIP code BALTIMORE, MD 21202			
L	⊥tion pendir			H(a) Is this a group re	Yes X No
		F Name and address of principal officer. Celeste Amato		for affiliates? H(b) Are all affiliates inc	
		same as C above	1 507	4	
		mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)
JV	Vebsit	e:▶ www.abagrantmaker.org	T	H(c) Group exemptio	
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1903 N	A State of legal domicile: MD
Pε	ırt	Summary			77.0E 07
Q	1	Briefly describe the organization's mission or most significant activities: ABAG	MAXIM	IIZES THE IM	PACT OF
ctivities & Governance		PHILANTHROPIC GIVING THROUGH A NETWORK OF		·	
ž	2	Check this box if the organization discontinued its operations or dispose	sed of more	e than 25% of its net as	ssets.
~~ }	3	Number of voting members of the governing body (Part VI, line 1a)			20
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	20
∑ γο	ı	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	11
10.18		Total number of volunteers (estimate if necessary)		6	0
=1 <u>}</u>	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
1	-	Net difference business taxable income from 10011 0111 330-1, find 0-7	· ·	Prior Year	Current Year
<u></u>		On-Ambridges and grants (Plant VIII, line 1b)		4,886,441.	1,878,922.
NINGED Tevenue	i	Contributions and grants (Part VIII, line 1h)	•	0.	75,250.
<u> 3</u> 5	l	Program service revenue (Part VIII, line 2g)	··	22,434.	39,384.
36		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·	10,209.	
<u></u>	i .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
ã		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,919,084.	2,002,515.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,668,584.	1,154,593.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		837,398.	794,665.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25) 48, 9	<u>65. </u>	· · · · · · · · · · · · · · · · · · ·	ن ماند
úì	17	Other expenses (Part IX, column (A), lines 11a 11d 11,246)		661,050.	
	18	Total expenses. Add lines 13-17 (must equal Part/X-column (A), line 25)		4,167,032.	2,585,324.
		Revenue less expenses. Subtract line 18 from line 12	[752,052.	-582,809.
289		0 2013	80	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,880,983.	3,461,630.
SE SE	21	Total liabilities (Part Y line 26)	. –	1,570,431.	694,813.
<u> </u>	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 (rem line, 20); TSignature Block		3,310,552.	2,766,817.
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			y knowledge and boller, kno
true,	COITE		THOM propure		5.2013
٠.		Signature of officer	<u>.</u>	Date	7. 2015
Sig		Celeste Amato, President			
Her	e	Type or print name and title			
				Date Check	II PTIN
		Print/Type preparer's name Preparer's signature			
Paid		Lynne McMennamin		07/24/13 of self-employ	P01695320
-	arer	Firm's name SB & Company, LLC		Firm's EIN	20-2153727
Use	Only	Firm's address > 200 International Circle, Suite	5500		440) 504 0050
		Hunt Valley, MD 21030		Phone no. (410) 584-0060
May	the II	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>		X Yes No
2320	01 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2012)

Pai	rt 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	
	THE ASSOCIATION OF BALTIMORE AREA GRANTMAKERS MAXIMIZES THE IM	
	PHILANTHROPIC GIVING ON COMMUNITY LIFE THROUGH A GROWING NETWO	RK OF
	DIVERSE, INFORMED AND EFFECTIVE GRANTMAKERS.	
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 measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 2,410,920. including grants of \$ 1,154,593.) (Revenue \$ THE ORGANIZATION IS DEDICATED TO STRENGTHENING AND PROMOTING O	84,209.
	PRIVATE PHILANTHROPHY IN THE GREATER BALTIMORE REGION. ALSO,	
	ORGANIZATION ASSISTS AND EDUCATES ITS MEMBERS TO PROMOTE AND F	
	EFFECTIVE GRANT MAKING.	TOTEL TITLE
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
Ψυ	(Code) (Expenses S including grants of \$) (Revenue \$	······································
		-
		
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))
		
		
4d	Other program services (Describe in Schedule O)	•
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 2,410,920.	1
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Form 990 (2012)

	1990 (2012) AREA GRANTMAKERS 52-13.	<u> </u>	P	age
Pa	rt IV Checklist of Required Schedules			
	le the eventual described in each of EO4/aV(0) or 40.47/aV(1) (athough on a ground of a gradual and a significant of the signif		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	х	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	\vdash
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 effe			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	ļ	Х
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	t/ 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	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			l
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		}	٠,
40	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, permaner		х	
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	^	
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,			
u	Part VI	11a	x	ŀ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1,10		-
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	ŀ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			"
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
14a h	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	A
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1.5		
	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	<u></u>	Х
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19	l	X

Form **990** (2012)

20a

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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
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 J	23		_X_
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	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			х
00	Schedule L, Part I	25b	-	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	26		х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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 III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		Х
250	Part V, line 1	34 35a		$\frac{X}{X}$
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			-
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2012)

ASSOCIATION OF BALTIMORE AREA GRANTMAKERS

Part V | Statements Regarding Other IRS Filings and Tax Compliance

Since the number reported in Box 3 of Form 1096, Enter O- if not applicable 1		Check if Schedule O contains a response to any question in this Part V			
be Enter the number of Forms WSG included in line 1a. Enter-0-d not applicable Ob this organization comply with backing with holding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field of the calendary year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization is all required federal employment tax returns? Note. If the sum of lines 1a and 22 is greater than 250, you may be required to e-five (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If Yes, 1 and 1 field a Form 950 or for the year If "No. "provide an explanation or Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account? 4b. If Yes, 1 enter the name of the foreign country [such as a bank account, securities account, or other financial account? 5b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. If Yes, 1 did the organization in tax was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c. If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7c. If Yes, 1 did the organization include with every solicitation an express statement that such contract? 7c. X 7d. If Yes, 1 did the organization exceed a payment in excess of 35 made party as a contribution of a party for goods and services provided to the payor? 7a. If				Yes	No
combingly examinated to comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambingly examinated to with the complete of the calendar year ending with or within the year covered by this return. 28. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 39. If the complete is an expected on the 2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 30. If the complete is a complete is a complete is a complete in the complete is an experiment on the complete is a complete in the complete in the complete is a complete in the complete is a complete in the complete is a complete in	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		r	
(gambling) winnings to prize winners? 2 Enfort the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 If at least one is reported on line 2 at, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 a signature to 20, you may be required to e-file (see instructions) 3 Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 3 A If we have unrelated businesses gross income of \$1,000 or more during the year? 3 A If we have the did not be understood to the year of the federal employment tax returns? 3 A If we have unrelated businesses gross income of \$1,000 or more during the year? 3 A If we have unrelated businesses gross income of \$1,000 or more during the year? 4 A If we yim the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 A If we yim the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5 B If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial account?? 5 B If Yes, a the organization and party to a prohibeted tax shelter transaction? 5 B D did ny toxation for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5 B D did ny toxation party to a prohibeted tax shelter transaction? 5 B D did ny toxation for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5 B D did not granization shelt we are not tax deductable as charitable contributions? 6 B D did not prograzation necesses and the organization file form 80-10 and the organization solicit any contributions that may receive deductable in each solicit and the prograzation file form 80-10 and second file form 80-10 and second file form 80-10 and second	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W-3, Transmittation Wage and Tax Statements. 1	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field for the calendary year ending with or within the year covered by this return 1		(gambling) winnings to prize winners?	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? No. II. This sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A X 3b If Yes, ¹has it fled a Form 990.7 for this year? If *No.¹ provide an explanation in Schedule O 3b A A ray time during the calendary 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 A ray time the name of the foreign country \(\) See instructions for fifting requirements for Form TD F 90221, Report of Foreign Bank and Francial Accounts. 5b Was the organization a parry to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, ¹ to line 5a or 5b, did the organization file Form 8896.7? 5c If Yes, ¹ to line 5a or 5b, did the organization file Form 8896.7? 5c If Yes, ¹ to line 5a or 5b, did the organization file Form 8896.7? 6d If Yes, ¹ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6d If Yes, ¹ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6d If Yes, ¹ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6d If Yes, ¹ did the organization notify the donor of the value of the goods or services provided? 7a If If Yes, ¹ did the organization notify the donor of the value of the goods or services provided? 7b If Yes, ¹ did the organization notify the donor of the value of the goods or services provided? 7c If If Yes, ¹ did the organization is an applied to the proparization or secure of the value of the organization or received a contribution of qualified in	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 11			
3a Dut the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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 accounts? 5b If "Yes," inter the name of the foreign country ▶ 5c Se instructions for filing requirements for Form TD F 90221, Report of Foreign Bank and Financial Accounts. 5c Was the organization protein that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization invite annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If "Yes," to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Ordan annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 8d If "Yes," did the organization noticity the donor of the value of the goods or services provided? 9d If "Yes," did the organization notify the donor of the value of the goods or services provided? 9d If "Yes," did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 108-C? 8 powering organization make any taxable distributions under section 4968? 9 ponsoring organization make any taxable distributions under section 4968? 9 ponsoring organization make adstribution of a donor, dono	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution included on Part VIII, line 12 10a 10a 10b					
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9				
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			9a		
10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 10 10 10 10 10 10 10 10 10 10 10 10 1		•			
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11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		 			İ
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		amounts due or received from them.)			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13b 13c 14a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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 c Enter the amount of reserves on hand 13c 14a	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	1 I			
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u> </u>			
				ļ	<u> </u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			/02:5

52-1326863

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

	Check if Schedule O contains a response to any question in this Part VI					_A_					
Sec	tion A. Governing Body and Management		<u> </u>			N 1-					
		١.	1 20		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	١	1 20								
	Enter the number of voting members included in line 1a, above, who are independent	1b	20								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			ī.					
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			v					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4							
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		_ 5 _ 6		X					
6	·										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or	_		77					
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			3.5					
	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 t	ne following:		3.5						
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			37					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)								
				F	Yes	No X					
10a	Did the organization have local chapters, branches, or affiliates?			10a							
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing both	dy bet	ore filing the form?	11a	X	-					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				Х						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		-4I:-4-O	12a	X	ļ					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Λ						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res, c	rescribe	40-	х						
40	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?	بيطام	ndonondont	"		_					
15	Did the process for determining compensation of the following persons include a review and approximately approxima		пиерепиет			ł					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	f		15a	х						
a h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15b	X	\vdash					
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			100		 					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			l					
.04	taxable entity during the year?	STI ICI IL	TT 141 W	16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	narticination	100							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organi					ŀ					
	exempt status with respect to such arrangements?	ai iizati	511 5	16b							
Sec	tion C. Disclosure		-								
17	List the states with which a copy of this Form 990 is required to be filed ►MD				<u>.</u>						
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 only)	avaılat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.	,-50	, ,,-, ··,,								
	Own website	n ın Sc	hedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or			id finai	ncial						
	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 a	and re	cords of the organiza	tion.	-						
	Celeste Amato - 410-727-1205										
	2 EAST READ STREET, 2ND FLOOR, BALTIMORE, MD 2120	02									
7777111											

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))			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than (one	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week	⊢	Jei aii		ii ecit	171105	100)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(**-2/1099-141130)	organization
	organizations	Individual trustee or director	institutional trustee		yee	educ		(,		and related
	below	uqual	tution	5	Key employee	est co loyee	Jer			organizations
	line)	Npul	Insti	Officer	Key	Highest compensated employee	Fолп			
(1) Robert L. Waldman	1.00							_	_	_
Director		Х	L_					0.	0.	0.
(2) Beth Harber	1.00								_	_
Chair		Х		Х				0.	0.	0.
(3) Vernon H.C. Wright	1.00								_	_
Treasurer		Х		Х				0.	0.	0.
(4) Diane Bell-McKoy	1.00	İ		ŀ					_	
Secretary		X		Х				0.	0.	0.
(5) Monique L. Dixon	1.00									
Director		Х		L			L	0.	0.	0.
(6) Lara A. Hall	1.00					l	l	1		
Director		Х	_		_	<u> </u>		0.	0.	0.
(7) Laurie Latuda Kinkel	1.00			,,				,	_	_
Vice Chair	1 00	X	<u> </u>	Х		├	<u> </u>	0.	0.	0.
(8) Sally Scott Marietta	1.00	x		ľ				0.	0.	0.
Director	1.00	Δ	┝	-	₩	┢	<u> </u>	0.	U •	<u> </u>
(9) Timothy M. O'Neill Director	1.00	x						0.	0.	0.
(10) Mary Louise Preis	1.00	_	 		├	┝		0.	- '•	·
Director	1.00	х	ŀ				ŀ	0.	0.	О.
(11) Barry I. Schloss	1.00	<u> </u>	⊢	-	-	├		<u> </u>		
Director	1.00	x						0.	0.	0.
(12) Stacey Van Horn	1.00	 	 	\vdash	\vdash	\vdash	 	<u>~</u>		
Director		x			1			l 0.	0.	0.
(13) Meg Woodside	1.00	┤	H		\vdash	\vdash				
Director		x	ļ					0.	0.	ο.
(14) Cathy Brill	1.00		1	\vdash	l	┢				
Director		x	l					0.	0.	0.
(15) Karen Dixon	1.00	ΙŤ	t		T					
Director		x	ŀ	1				0.	0.	0.
(16) Reginald Exum	1.00		T		1	Π				
Director		x						0.	0.	0.
(17) Beth Goldsmith	1.00	Π								
Director		X	I	l	1	1		0.	0.	0.

232007 12-10-12

Form **990** (2012

ASSOCIATI			T]	EMC	RE	C							_
Form 990 (2012) AREA GRAN						. 1		Name and a different successions	52-1	3268	363	Pa	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director	not c unte	Posiheck ss period a di	ition more rson is irector	than s	one h an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-MIS	on d ns	comp fro	(F) timate nount of other pensa om the anizati d relate inization	of tion e ion ed
(18) Patti Sterling Director (19) Nonet Sykes	1.00	X	11	0	Ke	H	ч.	0.	•	0.			0.
Director (20) Stacey Ullrich	1.00	X						0.		0.		· ·	0.
Director (21) Betsy S. Nelson President	32.00	Х		х				94,523.		0.			0.
(22) Margaret Amato President	32.00			х				10,417.		0.		2,9	25.
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 2 Total number of individuals (including but n		ose	liste	ed al	DOVE	▶ ▶ •) wh	no r	104,940. 0. 104,940. eceived more than \$100	0,000 of reportab	0. 0. 0.		2,9	0.
compensation from the organization							_	<u> </u>				Yes	No No
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si 4 For any individual listed on line 1a, is the su 	uch individual			-	•	•				-	3		X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	nsatı	on f	rom	any	unr			idual for services	, <u> </u>	5		X
Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•								npensa	ition f	rom	
(A) Name and business			NI					(B) Description of s		Сс	(C omper	;) nsatioi	n

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
	·		
			-
 Total number of independent contractors (including but n \$100,000 of compensation from the organization 	ot limited to those I	isted above) who received more than	

Form **990** (2012)

AREA GRANTMAKERS 52-1326863 Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue , Gifts, Grants nilar Amounts 1 a Federated campaigns 1a 1b 380,950. b Membership dues c Fundraising events 10 d Related organizations Contributions, and Other Simi Government grants (contributions) 1e All other contributions, gifts, grants, and 1f 1,497,972 similar amounts not included above g Noncash contributions included in lines 1a-1f \$,878,922 h Total. Add lines 1a-1f **Business Code** 900099 50,170 50,170 Program Service Revenue 2a Sponsorships 25,080 Registration fees 900099 25,080 С All other program service revenue 75,250. Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 37,530 37,530. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (ı) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 174,137. assets other than inventory b Less cost or other basis 172,283 and sales expenses 1,854. c Gain or (loss) 1,854. 1,854. 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 а 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 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 8,959 8,959 Miscellaneous income 11 a b d All other revenue 8,959

Form 990 (2012)

39,384.

2,002,515.

232009 12-10-12

Total. Add lines 11a-11d

Total revenue. See instructions.

84,209

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) Check if Schedule O contains a response to any question in this Part IX X (**D**) Fundraising expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 1,154,593. 1,154,593 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, 107,865 91,685 10,787. 5,393. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 584,464. 496,794. 58,447. 29,223. 7 Other salaries and wages Pension plan accruals and contributions (include 17,071 2,008 1,004. 20,083 section 401(k) and 403(b) employer contributions) 30,731. 26,121 3,073. 1,537. Other employee benefits 43.794 51,522 5,152. 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal 18,466 17,681 785. Accounting d Lobbyina Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, 17,681 415,703. 398,022. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 50,453. 37,837. 10,954. 1,662. 13 Office expenses 2,220. 1,887. 222. 111. 14 Information technology 15 Royalties 70,826. 60,202. 7,083. 3,541. 16 Occupancy 58,681. 49,879 5,868, 2,934 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 5,327. 4,528. 533. 266. 22 Depreciation, depletion, and amortization 23 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.) Professional Developmen 1,274 12,737. 10,826. 637. Miscellaneous Expenses 1,653. 1,572 C d All other expenses 125,439. 48,965. 2,585,324. 2,410,920. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2012)

If following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 75,819. 150,161. 1 Cash - non-interest-bearing 1,779,355. 1,453,816. 2 2 Savings and temporary cash investments 2,225,792. 835,601. 3 Pledges and grants receivable, net 3 827. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L **Assets** Notes and loans receivable, net 7 8 Inventories for sale or use 3,751. 11,965 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 142,333 basis Complete Part VI of Schedule D 10a 61,299 77,861 64,472. b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 942,844. 733,023. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 1,944. 1,944. 15 15 Other assets See Part IV, line 11 4,880,983. 3,461,630. Total assets. Add lines 1 through 15 (must equal line 34) 16 66,743. 523,331. 17 17 Accounts payable and accrued expenses 1,002,500. 507,920. 18 18 Grants payable 44,600. 120,150. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 694,813. 1,570,431. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,396,023. 1,058,421. Unrestricted net assets 27 2,252,131. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📖 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 3,310,552. 2,766,817. 33 33 Total net assets or fund balances 4,880,983. 3,461,630. Total liabilities and net assets/fund balances

Form 990 (2012)

Pa	t 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	2,00					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,58					
3	Revenue less expenses. Subtract line 2 from line 1	3	-582,809					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,31		$\frac{52.}{74.}$			
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	2,76	<u>6,8</u>	<u> 17.</u>			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		i			
	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			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1			
	separate basis, consolidated basis, or both				1			
	Separate basis Consolidated basis Both consolidated and separate basis				_ 1			
b	Were the organization's financial statements audited by an independent accountant?		_2b	Х	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			· '			
	consolidated basis, or both.				·			
	X Separate basis Consolidated basis Both consolidated and separate basis				l '.			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	_	x	'			
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
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 Audıt		_				
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L			
			Form	990	(2012)			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

2012

Open to Public Inspection

Name of the organization

ASSOCIATION OF BALTIMORE

AREA GRANTMAKERS

Employer identification number 52-1326863

Part I	Reason	for Public Chari	ity Status (All organiza	ations mus	st complet	e this part	.) See inst	ructions.		-		
The organi	zation is not a	private foundation I	because it is (For lines 1	through ²	11, check	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	tal service organization of	described	ın section	170(b)(1)(A)(iii).					
4 🔲	A medical res	search organization o	operated in conjunction	with a hos	pital descr	ıbed ın se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospita	l's nam	ne,
	city, and stat	e										
5 🗀	An organizati	on operated for the l	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governme	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part (of its supp	ort from a	governme	ntal unit c	r from the	general	public desc	ribed i	ın
	section 170(b)(1)(A)(vı). (Complete Part II.)											
в 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 🗌	An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities rela	ted to its exempt fur	nctions - subject to certa	ın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	invest	tment
	income and i	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon	after June	30, 197	75.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	on organized and or	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	I).				
11 🔲	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2) See se c	tion 509(a)(3). Ch	eck the box	that	
			organization and comple									
	a Type I	b □ Ty	/pe II c Ty	ype III - Fu	nctionally i	integrated	c	і 🗀 Тур	e III - No	n-functiona	lly inte	grated
e 🗀	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons ot	her tha	an
			han one or more publicly									
f			ten determination from t									
	-	rganization, check th			•							
g		•	organization accepted ar	ny aift or c	ontribution	from any	of the foll	owing per	sons?			
J	-		rectly controls, either al							<i>ı</i> .	Yes	No
		•	upported organization?	•		•			` '	11g(ı)	1	
	=	-	n described in (i) above?							11g(iı)		
	-	•	person described in (i) of		e?					11g(iii	7	
h			about the supported or							<u> </u>		
••	, , , , , , , , , , , , , , , , , , , ,	g		J	(-7-							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	u notify the	(vi) ls	s the	(vii) Amoun	t of mo	netary
	anization	(11) 2114			sted in your			organizati	on in col. red in the		pport	,,,,,,
3-				governing	document?	(i) of you	r support?	(i) organız U.S	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
		·										
									1 .			_
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Total		I	1	l .	1	I	I	1	1	i .		

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

52-1326863 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received. (Do not						
	ınclude any "unusual grants ")	2,586,557.	1,648,646.	2,135,243.	4,506,216.	1,878,922.	12,755,584.
2	Tax revenues levied for the organ-	_					
	ization's benefit and either paid to						
	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	2,586,557.	1,648,646.	2,135,243.	4,506,216.	1,878,922.	12,755,584.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		İ				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						12,755,584.
	ction B. Total Support						· i
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,586,557.	1,648,646.	2,135,243.	4,506,216.	1,878,922.	12,755,584.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	27,746.	81,865.	30,156.	345,503.	211,667.	696,937.
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.)	48,910.	44,730.	3,433.	10,209.	8,959.	116,241.
11	Total support. Add lines 7 through 10						13,568,762.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	110,720.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
	organization, check this box and stop						▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage			 	
14	Public support percentage for 2012 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	94.01 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	95.04 %
16a	33 1/3% support test - 2012. If the o				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				\triangleright X
b	33 1/3% support test - 2011. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual		-				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	ization
	meets the "facts-and-circumstances"						ightharpoonup
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	cly supported orga	anızatıon	▶Щ
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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 If	f the organization fails to
qualify under the tests listed below, please complete Part II.)	

Section	A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_ ''' _, ' = ''		_
Calendar ye	ear (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
memb	grants, contributions, and pership fees received (Do not de any "unusual grants ")						
2 Gross merch forme any a	s receipts from admissions, handise sold or services per- id, or facilities furnished in ctivity that is related to the nization's tax-exempt purpose						
are no	s receipts from activities that ot an unrelated trade or bus- under section 513						
ızatıoı	evenues levied for the organ- n's benefit and either paid to pended on its behalf						
furnis	ralue of services or facilities thed by a governmental unit to rganization without charge						
6 Total	. Add lines 1 through 5				<u> </u>		
	unts included on lines 1, 2, and eived from disqualified persons						
from ot exceed	its included on lines 2 and 3 received ther than disqualified persons that the greater of \$5,000 or 1% of the ton line 13 for the year						
c Add I	ines 7a and 7b						
8 Publi	ic support (Subtract line 7c from line 6)	· · ·					
Section	B. Total Support					 -	
Calendar y	ear (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amou	unts from line 6						
dıvıde secur	s income from interest, ends, payments received on rities loans, rents, royalties ncome from similar sources						
(less s	ated business taxable income section 511 taxes) from businesses red after June 30, 1975						
-	lines 10a and 10b						
11 Net in activity whether	nnes roa and rob ncome from unrelated business ities not included in line 10b, her or not the business is arly carried on						
12 Other or los asset	r income Do not include gain ss from the sale of capital ts (Explain in Part IV) support. (Add lines 9, 10c, 11, and 12)						
	five years. If the Form 990 is for	the organization	s first second this	rd fourth or fifth	tax vear as a section	on 501/c)(3) organi	zation
	k this box and stop here	the organization	5 m5t, 3600mu, tilli	a, roardi, or marr	an your as a scott	on our (c)(o) organi	•
	C. Computation of Publi	c Support Pe	rcentage				
	c support percentage for 2012 (II			column (fl)		15	%
	c support percentage from 2011					16	%
	D. Computation of Inves						
	stment income percentage for 20					17	%
	stment income percentage from 2			10 10, 00101111 (1))		18	%
	3% support tests - 2012. If the			on line 14, and lin	ne 15 is more than	<u> </u>	
	than 33 1/3%, check this box ar	-					▶ □
	/3% support tests - 2011. If the	•			-		and
line 1	8 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	anization qualifies	as a publicly sup	oorted organization	▶ □
	te 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.

2012
Open to Public Inspection

Name of the organization

ASSOCIATION OF BALTIMORE

AREA GRANTMAKERS

Employer identification number 52-1326863

Par	t 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, Iin		
		(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	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	<u> </u>	
	impermissible private benefit?	, , , ,	Yes No
Par		ganızatıon answered "Yes" to Form 990, f	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat	 1	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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 sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	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		
	violations, and enforcement of the conservation easements	it holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements o	luring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes L_ No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	the organization's accounting for
	conservation easements.		· · · · · · · · · ·
Pai	t III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(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 financi	al gaın, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

					•	
	ASSOCIA'	TION OF BA	LTIMORE			
		ANTMAKERS				26863 Page 2
Par	t III Organizations Maintaining C	ollections of A	t, Historical Tre	easures, or Oth	er Similar Asse	t s (continued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of its	collection items
	(check all that apply).					
а	Public exhibition	d	Loan or excl	hange programs		
b	Scholarly research	е	Other	·	·	
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exi	empt purpose in Par	t XIII
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets	
	to be sold to raise funds rather than to be ma		·, · · · · · · · · · · · · · · · · · ·			Yes No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered "Yes" to	Form 990, Part IV,	line 9, or
	reported an amount on Form 990, Par	rt X, line 21		· · · · ·		
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	t included	
	on Form 990, Part X?					」Yes No
b	If "Yes," explain the arrangement in Part XIII	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	
	Did the organization include an amount on F	· ·				」Yes No
_	If "Yes," explain the arrangement in Part XIII.					<u> </u>
Par	t V Endowment Funds. Complete					1
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance	626,426.	325,278.	288,894.	236,981.	320,208
	Contributions	280,969.	300,000.	26.204	F1 013	02 227
	Net investment earnings, gains, and losses	47,917.	1,148.	36,384.	51,913.	-83,227
	Grants or scholarships			<u> </u>		
е	Other expenditures for facilities					
	and programs					1
Ť	Administrative expenses	955,312.	626,426.	325,278.	288,894.	236,981
g	End of year balance		•		200,034.	230,381
2	Provide the estimated percentage of the cur	rent year end baland	- ·	a)) neid as		
a	Board designated or quasi-endowment		%			
	Permanent endowment	%				
С	Temporarily restricted endowment					
0-	The percentages in lines 2a, 2b, and 2c should be a second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second as the second	•			Al	
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are neid a	na administered for	the organization	Vac Na
	by					Yes No
	(i) unrelated organizations					
L	(ii) related organizations	a liotad og mamiling -1 -	on Cobodul- DO			
_	If "Yes" to 3a(ii), are the related organization:	·				3b
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipn					
L	Description of preparty	(a) Cost or o			Neguralisted	(d) Pook value

(b) Cost or other (d) Book value Description of property (a) Cost or other (c) Accumulated basis (investment) basis (other) depreciation 1a Land **b** Buildings 65,913. 76,420. 18,280. 47,633. c Leasehold improvements 59,581. 16,839. d Equipment

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2012

64,472.

Schedule	D /Fc	rm 990)	2012
Scriedule	$D \cap C$	ווווו ספט וווווו	2012

AREA	CDZ	NTTM	マロコメ
ARFA	Lik A	4 IM.I.NI <i>F</i>	1 N P. R 5

	VII Investments - Other Securities. See	Form 990, Part X, line	12.		
	escription of security or category (including name of security)	(b) Book value		valuation. Cost or end	d-of-year market value
(1) Fin	ancial derivatives				
(2) Cld	osely-held equity interests				
(3) Otl					
(A)	Certicates of deposit	250,000			
(B)	Mutual Funds	590,968		ear Market	
(C)	Exchange traded funds	96,34		Year Market	Value
(D)	Municipal Bonds	5,529	Cost		
<u>(E)</u>					
<u>(F)</u>					
(G)					
<u>(H)</u>	· · · · · · · · · · · · · · · · · · ·				
Total (Cal (b) must aqual Form 000 Part V and (B) line 12.)	942,844	1		
	Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► VIII Investments - Program Related. Se				
T are	(a) Description of investment type	(b) Book value		valuation. Cost or en	d-of-year market value
(1)	(a) Beschption of investment type	(D) Dook value	(0)		
(1)					
(3)	····				
(4)	-				
(5)			<u> </u>		
(6)	- · · · · · · · · · · · · · · · · · · ·				- · · · · · · · ·
(7)					
(8)					
(9)					
(10)					
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part			,		
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)			<u> </u>	 	
(5)		<u> </u>			
(6)					
(7)	·				
(8)					
(9) (10)			 .	 	
	(Column (b) must equal Form 990, Part X, col (B) line	- 15)			
Part					
1.	(a) Description of liability	··· <u> </u>	(b) Book value		
(1)	Federal income taxes			1	
(2)				7	
(3)				7	
(4)		·		7	
(5)				7	
(6)				7	
(7)					
(8)					
(9)				_	
(10)				_	
(11)				_	
Total.	(Column (b) must equal Form 990, Part X, col (B) line	e 25) >		<u></u>	
2. FII	N 48 (ASC 740) Footnote In Part XIII, provide the tex	ct of the footnote to the	organization's financi	al statements that re	ports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: THE QUASI-ENDOWMENT IS A FUND OF INVESTMENTS

ESTABLISHED BY THE BOARD OF DIRECTORS TO ENSURE THE FUTURE STABILITY AND

CAPACITY OF ABAG TO PROVIDE SERVICES TO ITS MEMBERS AND THE NONPROFIT

COMMUNITY. THE BOARD RESERVES THE RIGHT TO AMEND THE POLICY RELATED TO THE

RESTRICTIONS OF THE FUNDS ACCORDING TO THE NEEDS OF ABAG.

Part X, Line 2: ABAG is a not-for-profit organization exempt from

Federal income tax other than net unrelated business income tax under

Schedule D (Form 990) 2012

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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.

2012 2012 Open to Public

Open to Public Inspection Employer identification number

52-1326863

ž |

1 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. ASSOCIATION OF BALTIMORE General Information on Grants and Assistance AREA GRANTMAKERS Name of the organization Part |

X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? 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 iont that received more than \$5,000. But II can be dissipated if additional energies presented

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	n be duplicated if addit	nonal space is need	led			
1 (a) Name and address of organization or government	Ni 3 (q)	(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
							To assist and educate its
Baltimore Community Foundation							members to promote and
2 East Read Street, 9th Floor							facilitate effective
Baltimore, MD 21202	23-7180620	501(c)(3)	6,000.	0			grant making.
Balto Alliance for Careers in							To assist and educate its
Healthcare - 217 East Redwood							nembers to promote and
Street, 15th Fl - Baltimore, MD							facilitate effective
21202	65-1257147	501(c)(3)	50,000.	0.			grant making.
							To assist and educate its
Belair-Edison Neighborhoods							members to promote and
3412 Belair Road		•					facilitate effective
Baltimore, MD 21213	52-1755185	501(c)(3)	30,000.	0			grant making.
							To assist and educate its
BioTechnical Institute of Maryland							members to promote and
2001 Aliceanna Street							facilitate effective
Baltimore, MD 21231-3043	52-2067671	501(c)(3)	17,500.	0			grant making.
							To assist and educate its
Caroline Center							members to promote and
900 Somerset Street							facilitate effective
Baltimore, MD 21202	52-1019072	501(c)(3)	37,500.	0.			grant making.
							To assist and educate its
Central Baltimore Partnership							nembers to promote and
1800 N. Charles Street, Suite 810							facilitate effective
Baltimore, MD 21201	26-2842736	501(c)(3)	36,500.	0.			grant making.
(c)(c) +01 + }		14 m. 15 mars 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1	1404 1 000				23.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

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Page 1

52-1326863

Schedule I (Form 990) AREA GRANTMAKERS

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Schedule I (Form 990)

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Page 1

ASSOCIATION OF BALTIMORE

AREA GRANTMAKERS Schedule I (Form 990)

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Schedule I (Form 990)

AREA GRANTMAKERS

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (book, FMV, appraisal, other) 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. is responsible for monitoring the subrecipients, which includes site visits Schedule I, Part I, Line 2: There is a person assigned to each program who (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance and financial reports Schedule I (Form 990) (2012) Part III

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

ASSOCIATION OF BALTIMORE AREA GRANTMAKERS

Employer identification number 52-1326863

Form 990, Part I, Line 1, Description of Organization Mission:

THE ASSOCIATION OF BALTIMORE AREA GRANTMAKERS MAXIMIZES THE IMPACT OF

PHILANTHROPIC GIVING ON COMMUNITY LIFE THROUGH A GROWING NETWORK OF

DIVERSE, INFORMED AND EFFECTIVE GRANTMAKERS.

Form 990, Part VI, Section B, line 11: COPIES OF THE FORM 990 ARE MADE

AVAILABLE FOR ALL BOARD MEMBERS PRIOR TO SUBMITTING THE FORM 990 TO THE

IRS. THE BOARD OF DIRECTORS DELEGATES RESPONSBILITY FOR REVIEW OF ABAG'S

IRS FORM 990 TO THE MANAGEMENT AND FINANCE COMMITTEE, WHICH CONDUCTS ITS

REVIEW IN A TIMELY MANNER PRIOR TO SUBMITTING THE FORM TO THE IRS. THE

PRESIDENT SIGNS THE COMPLETED FORM 990.

Form 990, Part VI, Section B, Line 12c: ANNUALLY, THE PRESIDENT OR COMMITTEE STAFF MEMBER WILL USE THE FOLLOWING PROCEDURES:

- 1. MEET WITH THE BOARD, COMMITTEE, OR STAFF TO EXPLAIN AND DISCUSS ABAG'S

 CONFLICT OF INTEREST POLICY AND ITS IMPORTANCE. A COPY OF ABAG'S MAJOR

 VENDORS IS PROVIDED WITH THE CONFLICT OF INTEREST DISCLOSURE FORM AS A WAY

 TO IDENTIFY WITH WHOM ABAG DOES BUSINESS.
- 2. UPON REVIEW OF THE VENDOR LIST AND ANY OTHER POTENTIAL CONFLICTS

 IDENTIFIED BY THE DIRECTOR OF VOLUNTEER, THE FORM IS COMPLETED AND RETURNED

 TO ABAG'S PRESIDENT BY THE END OF JUNE OR THE FIRST COMMITTEE MEETING.
- THE OFFICE MANAGER WILL MAINTAIN A MASTER FILE OF ALL FORMS.

Employer identification number 52-1326863

4. STAFF WILL REVIEW ALL OF THE DISCLOSURE STATEMENTS TO COMPILE A CONFLICT OF INTEREST SUMMARY FOR THE BOARD AND EVERY COMMITTEE. A CONFIDENTIAL COPY SHOULD BE GIVEN TO EACH COMMITTEE CHAIR.

ANY POTENTIAL CONFLICTS WILL BE HANDLED AS PRESCRIBED IN THE CONFLICT OF INTEREST POLICY ADOPTED BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Section B, Line 15: ABAG'S SALARY ADMINISTRATION PROGRAM CONTAINS INFORMATION TO DETERMINE DUTIES, SKILLS, AND RESPONSIBILITIES WHICH ARE RECORDED ON JOB DESCRIPTIONS; EVALUATION TO DETERMINE RELATIVE POSITION WORTH; RANGES TO TRANSLATE RELATIVE WORTH INTO SALARY VALUES; AND PROCEDURES TO ASSIST IN OBJECTIVE EVALUATION OF PERFORMANCE. THE RECOMMENDATION ALSO CONSIDERS GENERAL INDUSTRY TRENDS, SYSTEMATIC COMPARISONS OF SALARY LEVELS IN THE APPROPRIATE GEOGRAPHIC AREA, THE FINANCIAL CONSTRAINTS OF ABAG AND COST OF LIVING PERCENTAGES. ABAG USES THE SERVICES OF AN OUTSIDE CONSULTANT TO REVIEW SALARY, BENEFITS, AND GRADES FOR ALL STAFF. SALARY INCREASES FOR THE PRESIDENT REQUIRE BOARD APPROVAL. THE PRESIDENT'S PERFORMANCE IS EVALUATED YEARLY AND REVIEWED IN EXECUTIVE SESSION AT THE DECEMBER MEETING OF THE BOARD OF DIRECTORS. RESULTS OF THIS REVIEW ARE NOTED IN THE MINUTES OF THE EXECUTIVE SESSION.

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part IX, Line 11g, Other Fees:

Other professional fees:

Program service expenses

47,518.

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization ASSOCIATION OF BALTIMORE AREA GRANTMAKERS	Employer identification number 52-1326863
Management and general expenses	2,111.
Fundraising expenses	0.
Total expenses	49,629.
Consultant:	
Program service expenses	302,631
Management and general expenses	13,443
Fundraising expenses	0.
Total expenses	316,074
Contracts:	
Program service expenses	47,873
Management and general expenses	2,127
Fundraising expenses	0
Total expenses	50,000
Total Other Fees on Form 990, Part IX, line 11g, Col A	415,703
Form 990, Part XI, Line 2c:	
THE ORGANIZATION DID NOT CHANGE ITS AUDIT OVERSIGHT PRO	CESS OR
SELECTION OF AN INDEPENDENT ACCOUNTANT PROCESS DURING T	HE TAX YEAR.