

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



$_{\mathsf{Form}}\,990$

SCAMNED JUN 1 & 2019

332001 10-29-13

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

<u>A I</u>	For the	e 2013 calendar year, or tax year beginning JUL 1, 2013 and	ور ending	<u>run 30, 2014</u>	
В	Check if applicable	C Name of organization	_	D Employer identific	cation number
	Addre		_]	
느	Name chang	Doing Business As		52-2	028612
	lnıtıal return	1	Room/suite	E Telephone number	r
<u></u>	Termi	1331 II STREET, NW	1000	(202	<u>) 347-7737 </u>
L	Amen return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,987,764.
	Application pendic	WASHINGTON, DC 20005		H(a) Is this a group re	
	perion	F Name and address of principal officer JENNIFER LOCKWOOD-	SHABAT	for subordinates	² Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list (see instructions)
		te: > WWW.THEWOMENSFOUNDATION.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation 1997 N	1 State of legal domicile: DC
Pá	art I	Summary			
ě	1	Briefly describe the organization's mission or most significant activities $\ \ \underline{SEE} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	PART I	II, LINE 1.	
au			-		
Governance	1	Check this box If the organization discontinued ts operations or dispose	sed of more	than 25% of its net as	
30	1	Number of voting members of the governing body (Part VI, line 1a)		3	20
ಶ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u> 19</u>
Activities &		Total number of individuals employed in calendar year 2013 (Part V) line 2a	SEIVE	u i i	<u>13</u>
Ĭ.	1	Total number of volunteers (estimate if necessary)		ပ္က	50
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 MAY	18 79	15 Ö 7a	0.
	Ь.	Net unrelated business taxable income from Form 990-T, line 34 MAT	10 (0	<u> </u>	0.
				Prior Year	Current Year
ne	1		DEN, L	172,926,592.	2,906,037.
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	-52.	4,589.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	-141,999.	-121,361.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,784,541.	2,789,265.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		852,116.	1,100,550.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,023,962.	1,078,375.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	b	Total fundraising expenses (Part IX, column (D), line 25) 182,10	<u> </u>	660 005	
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		660,005.	550,363.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,536,083.	2,729,288.
- Si		Revenue less expenses Subtract line 18 from line 12		248,458.	59,977.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Re	ginning of Current Year 3, 299, 573.	End of Year 3,415,615.
Ass	20	Total liabilities (Part X, line 16)	<u> </u>	125,243.	191,822.
et Pet	21	Net assets or fund balances Subtract line 21 from line 20		3,174,330.	3,223,793.
	art II	Signature Block		3,1/4,330 ·	3,443,193.
	•	lities of perjury, I declare that I have examined this return, including accompanying schedule:	e and statem	ante and to the heet of my	v knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh		· · · · · · · · · · · · · · · · · · ·	y knowledge and bellet, it is
1140	, 001100	Now he Carrested Labor	non proparor	5(13)	lic
Sıgı	n	Signature of officer		Date	13
Her		l' <u>U</u>	ND CEO	1	
	-	Type or print name and title	ND CHO	<u>' </u>	
		Print/Type preparer's name Preparer's signature		Date Check	PAIN
Paic	í	RULAMI LUCASTON (POUTA A)	کا	listic self-employe	- Porg8314
	Darer	Firm's name GELMAN, ROSENBERG & FREEDMAN	p	Firm's EIN	52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		THIM S CIN	<u> </u>
	,	BETHESDA, MD 20814-2930		Phone no (3)	01) 951-9090
May	the II	RS discuss this return with the preparer shown above? (see instructions)		[i none no. (5	X Ves No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

332002 10-29-13

			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			
	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		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		<u>X</u>
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,	44-	v	
	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	446		Х
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
Ç	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
۵	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	х	
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.	\ 3 F	
40	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,"	امرا		v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
Ü	in 100 to mio 200, did the organization attach a copy of its addited infancial statements to this fetum?	20b Form	990	(2013)
		OHIII	200	(دا ت

332003 10-29-13

Form 990 (2013) WASHINGTON AREA WOMEN'S FOUNDATION

Part IV. Checklist of Required Schedules (continued)

			_	
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		_v	
-	government 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 or other assistance to individuals in the United States on Part IX,	00		v
	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	000	х	
0.4	Schedule J	23	Λ	_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		•
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K If "No", go to line 25a	24a 24b		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		•
	any tax-exempt bonds? Did the exemptation set as an "an hehelf of" requer for hands outstanding at any time during the year?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
258	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
_,	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		x
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		Х
c	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		<u> </u>	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
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	36	L	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		X
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	X	L
		Form	990	(2013)

Form 990 (2013) WASHINGTON AREA WOMEN'S FOUNDATION
Part V . Statements Regarding Other IRS Filings and Tax Compliance

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 N/A 12b 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 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		Check if Schedule O contains a response or note to any line in this Part V			
1.8 Enter the number reported in Box 3 of Form 1098 Enter of India applicable 1.5 Enter the number of Forms W20 included in this is a Enter of India applicable 2.6 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gammling) with own without the vendors and reportable gamming (gammling) with own without the vendors and reportable gamming (gammling) with own without the vendors and reportable gamming (gammling) with own without the vendors and reportable gamming (gammling) with own without the vendors and reportable gamming (gammling) with own within the year covered by the setum 3.1 India of the Calandary year of the organization file all required federal employment tax returns? 3.2 Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3.3 India organization have unread a payment of the set of the great of the vendors and the great of the great o				Yes	No
b Enter the number of Forms W2G uncluded in line 1a. Enter 0-if not applicable Obd the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return b) If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lanes 1 and 2 as greater than 250, you may be required to e-fels (see instructions) 3b. Old the organization have unrelated business gross income of \$1,000 or more during the year? 5c. If If "Yes," and at fleat a Form 950 for file hey ard "Tho," to file and 2, provide an explanation in Schedule 0 3c. If Yes, "and the calendar year, did the organization have an interest in, or a signature or other sunthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5c. If "Yes," and the name of the foreign country \$\frac{1}{2}\$ be a bank account as party to a prohibited tax shetter transaction at any time during the tax year? 5c. If "Yes," and the same of the foreign country \$\frac{1}{2}\$ be a bank account, securities account, or other financial accounts? 5c. If "Yes," and the same of the foreign country \$\frac{1}{2}\$ be a bank account, securities accounts and the same of the foreign country \$\frac{1}{2}\$ be of the organization and the was on a party to a prohibited tax shetter transaction? 5c. If "Yes," and the same of the foreign country \$\frac{1}{2}\$ be a bank account, securities accounts a foreign organization and party to a prohibited tax shetter transaction? 5c. If "Yes," and the same of the foreign country \$\frac{1}{2}\$ be a bank account, securities and the same of the organization shet and the same of the same of the same of the foreign country \$\frac{1}{2}\$ be \$\frac{1}{2}\$ be \$\frac{1}{2}\$ be \$\fra	. 1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
gambling) wrinings to prize winners? a Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. itled for the calendar year ending with or within the year covered by this return b if at least on ex reported on lime 2a, did the organization file all required federal employment tax returns? Note. If the eurn of limes 1 and 2 is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 31. A year of the eurn of limes 1 and 2 is greater than 250, you may be required to e-file (see instructions) 32. A year of the eurn of limes 1 and 2 is greater than 250, you may be required to e-file (see instructions) 33. Did the organization have unrelated business gross income of \$1,000 or more during the year? 33. B year of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 34. A 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? 35. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 36. A year of year or year. 37. Year or year. 38. Year or year. 39. If year, year or year year. 39. If year, year or year year year or year year or year year year year year year year. 39. If year, year year year year year year year year	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 W3, Transmittal of Wage and Tax Statements, Ited for the calendar year anding with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines ta and 2a is greater than 250, our may be required to e-file (see instructions) 3a Ust the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, If ye	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
their for the calendar year ending with or within the year covered by this return 1		(gambling) winnings to prize winners?	1c	X	
b If a least one is reported on line 2a, 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-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule O 3a At any 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 X 5b If "Yes," after the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886:7? 5d Does the organization enclude with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? 5c If "Yes," to line 5a or 5b, did the organization netucle with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," and the organization enclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 9d If "Yes," and the organization enceive apparent in axiss sol siffs made partly as a contribution of 170(c). 9d If the organization receive apparent in axiss sol siffs made partly as a contribution of 170(c). 9d If "Yes," and the organization enceive apparent in axiss sol siffs made partly as a contribution of the server of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			-
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 13			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 account)? 5b if Yes, "the riter the name of the foreign country ≥ 5ce enstructions for fining requirements for Form TD F 90.21. Report of Foreign Bank and Financial accounts? 5a Was the organization rite organization that at was or is a party to a prohibited tax sheller transaction? 6b Uarry taxable party notify the organization that did as helier transaction at any time during the tax year? 5b D did any taxable party notify the organization that did as helier transaction at any time during that axy ear? 5c Uf "Yes," to line 5a or 5b, did the organization that did sheller transaction? 6c If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Ord the organization shall may receive deductible contributions under section 170(c). 8c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organizations that may receive deductible contributions under section 170(c). 9c Did the organization with a preceive deductible contributions under section 170(c). 10d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 1c Did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 1d Yes," did the erganization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1d Did the organization received a contribution	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it field a Form 990-T for this year? If *No." to fine 3b, provide an explanation in Schedule O All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? **No If "Yes," enter the name of the foreign country **See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts **See instructions for filing requirements for Form B886 T? **Soe Does the organization a party to a prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of the prohibited tax shelter transaction of the save of th		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, dot 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?) See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 8a Was the organization are young organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b 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 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 that was or is a party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization include with every solicitation and party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization include with every solicitation and party to goods and services provided to the payor? 6c If Yes," did the organization roctive apayment in excess of \$75 made party as a contribution and party for goods and services provided? 6c Dd the organization receive apayment in excess of \$75 made party as a contribution and party for goods and services provided? 6c Dd the organization receive apayment in excess of \$75 made party as a contribution on aparty for goods and services provided? 6c Dd the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Dd the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d Dd the organization receive any funds, directly or indirectly, on a p	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
trancal account in a foreign country ▶ If "Yes," either the name of the foreign country ▶ See instructions for filing requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TDF 90.22 1, Report of Foreign Bank and Financial Accounts See but a struction of the foreign provided that the service of the servi	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F90.22 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-7? 6c 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 as chantable contributions organizations shall be a state of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization network were yestication an express statement that such contributions or gifts were not tax deductible? 8d If "Yes," did the organization network were yestication an express statement that such contributions or gifts were not tax deductible? 8d If "Yes," did the organization network were yestication and partly for goods and services provided to the payor? 8d If "Yes," did the organization network the donor of the value of the goods or services provided? 8d If "Yes," did the organization network were statement that such contributions or gifts were not tax deductible? 8d If "Yes," did the organization network organization network of tangible personal property for which it was required to life Form 8282? 8d If "Yes," did the organization network organization network organization network organization network or qualified intellectual property, did the organization file Form 8898 are required? 9d If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 creation file a Form 1098-0. 9d If the organization in the season of qualified in	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the originarization a party to a prohibited tax shelfer transaction at any time during the tax year? 5b Did any taxable party notify the originarization that it was or as party to a prohibited tax shelfer transaction? 5c If "Yes," to line 5a or 5b, did the originarization that it was or as party to a prohibited tax shelfer transaction? 5c Does the originarization have annual gross receipts that are normally greater than \$100,000, and did the originarization solicit any contributions that were not tax deductible as chantable contributions? 5c Did the originarization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Originarizations that may receive deductible contributions under section 170(c). 8d If Yes," did the originarization notify the donor of the value of the goods or services provided? 8d If Yes," indicate the originarization notify the donor of the value of the goods or services provided? 9d If Yes," indicate the number of Forms 8282 filed during the year 9d If Yes," indicate the number of Forms 8282 filed during the year 9d If the originarization received a contribution of qualified intellectual property, did the originarization file a Form 1098-07 17 If the originarization received a contribution of qualified intellectual property, did the originarization file a Form 1098-07 18 Sponsoring originarizations maintaining donor advised funds and section 599(a)(3) supporting originarization file a Form 1098-07 19 Sponsoring originarizations maintaining donor advised funds and section 599(a)(3) supporting originarization file a Form 1098-07 10 Section 501(c)(7) originarizations. Either a intation fees and capital contribution or donor advised funds. 10 Did the originarization make any taxable distributions under section 4966? 11 Section 501(c)(7) originarizations. Either a intation file a Form 500 originarizations.		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction? Did any taxable party notify the organization file form 8886-17 Did be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? A	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, did the organization file Form 886-17? 8 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 as charitable contributions? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 If "Yes," and the organization notify the donor of the value of the goods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year 10 If the organization receive any funds, directly or indirectly, or a personal benefit contract? 10 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0.79 11 If the organization received a contribution of cars, boats, anyplanes, or other vehicles, did the organization file a Form 1098-0.79 12 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organizations maintaining donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 11 Section 501(c)(7) organizations. Einter 12 If the organization make any taxable distributions under section 4966? 13 Section 501(c)(12) organizations. Einter 14 Gross recome from members or shareholders 15 Gross income from members or shareholders 16 Gross recome from members or shareholders 17 If 12 If 12 If 12 If 12 If 13 If 14 If 14 If 15		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
the fires, "to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Under organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 If "Yes," indicate the number of Forms 8282 filed during the year 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 4 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 59(a)(3) supporting organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 59(a)(3) supporting organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. 9 Dot the organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. 9 Dot the organization make a distribution of a document of the supporting organization funds. 9 Dot the organization make a distribution of a document of the supporting organization funds. 9 Dot the organization received from them 10 Dot	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
6a Des 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 as charitable contributions or gifts were not tax deductible. 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization notify the donor of the value of the goods or services provided? 10 If "Yes," indicate the number of Forms 8282 filed during the year 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 12 Did the organization make any taxable distribution of cars, boats, anplanes, or other vehicles, did the organization file Form 198-C? 13 Sponsoring organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the supporting N/A organizations maintaining donor advised funds. 14 Did the organization make any taxable distributions under section 4966? 15 Did the organization make a distribution to a donor, donor advised or part vehicles. 16 Did the organization make a distribution to a donor, donor advised or, or related person? 17 Did the organization make a distribution to a donor, donor advisor, or related person? 18 Section 501(c)(7) organizations. Enter 29 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 19 Section 501(c)(2) qualifi	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 198-C? 8 Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions or under section 4966? N/A Did the organization make any distribution of cards of the supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966? N/A Did the organization make a distribution of advised funds. Did the organization make any taxable distributions under section 4966? N/A Did the organization make any distribution of the supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make any distribution of the supporting organizations. Did the supporting organization organization make any taxable distributions under section 4966? N/A Did the organization make any distribution organization, have excess business holdings at any time during the year organization organization organization organization organization organiz	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? To Did the organization neceive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A 9a Did the organization make any taxable distributions under section 4966? N/A 10a Did the organization make any taxable distributions under section 4966? N/A 10b Gross receipts, included on Form 990, Part Vill, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(1) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(1) organizations is the	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible? 7 Organization shat may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year point of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? f Yes, sponsoring organizations maintaining donor advised funds. Soponsoring organization make an adistribution of advised funds. Did the organization make any taxable distributions under section 4966? N/A b Did the organization make any taxable distributions under section 4966? N/A 9a Did the organization make any taxable distributions under section 4966? N/A 10a Did the organization make any taxable distributions under section 4966? N/A 10a Did the organization make any taxable distributions under section 4966? N/A 10a Did the organization make any taxable distributions under section 4966? N/A 10a Did the organization members or shareholders N/A 11a Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from t		any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," idd the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? h If the organization received a contribution of cars, boats, airplaines, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966? N/A organization make any taxable distributions under section 4966? N/A 9a Did the organization make any taxable distributions under section 4966? N/A 9a Did the organization make any taxable distributions under section 4966? N/A 10a Did the organization make any taxable distributions under section 4966? N/A 10a Did the organization make any taxable distributions under section 4966? N/A 10a Did the organization make any taxable distributions under section 4966? N/A 11a Did the organization make any taxable distributions under section 4966? N/A 12b Did the organization make any taxable distributions under section 4966? N/A 12b Did the organization of the transpace to section 501(c)(7) organizations. Enter a limitation fees and capital contributions included on Port 990, Part VIII, line	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7b K 7b K 7c X		·	6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, a donor advised fund section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? N/A b Did the organization make any taxable distributions under section 4966? N/A b Gross income from make any taxable distribution or advisor, or related person? N/A b Gross income from members or shareholders N/A Section 501(c)(7) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13a Section 501(c)(2) qualified nonpriofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O b Enter the amoun	7				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization incerved a contribution of qualified intellectual property, did the organization file a Form 1998-07 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-07 h If the organization incerved a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting N/A organization, or a donor advised fund sand section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? N/A b Did the organization make any taxable distributions under section 4966? N/A b Gross receipts, included on Form 990, Part VIII, line 12 N/A b 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.) 2a Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 25 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a N/A 13b 13b 13b 13b 13b 14a X bid the organization receive any payments for indoor tanning services during the tax year? 14a bid the organization	а				
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining doner 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? 9 Sponsoring organizations make a distribution to a donor, donor advised, related person? 10 the organization make any taxable distributions under section 4966? N/A 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b 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) 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 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 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an exp	b		7b	X	
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 2 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A 9a Did the organization make any taxable distributions under section 4966? N/A 9b Dection 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 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) 12c 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 If "Yes," enter the amount of reserves the organization 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 he organization is required to maintain by t	С		_		7.7
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-07 S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization make any taxable distributions under section 4966? S Sponsoring organization make any taxable distributions under section 4966? N/A b Did the organization make a distribution to a donor, donor advisor, or related person? N/A b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11c Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A b Gross income from them 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 N/A 13a Is the organization licensed to issue qualified health plans in more than one state? N/A 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 locensed to issue qualifi			7c		<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of casts, boats, airplanes, or other vehicles, did the organizations file a Form 1098-C? 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? 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? N/A b Did the organization make a distribution included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from 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 N/A 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b 15c	d		_		v
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file a Form 1098-C? 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? 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? 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 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) 12 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 N/A 12b 12a 12a 12b 12a 12b					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 10 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 Section 501(c)(12) organizations. Enter 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 Is the organization licensed to issue qualified health plans in more than one state? 2 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 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				-	
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? Sponsoring organizations maintaining donor advised funds. 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 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand The work of the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9			711		
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? N/A 9b 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 Insection 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 N/A 12b 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 Inter the amount of reserves 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	o		Ω		
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 N/A 12b 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 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	9		-		
b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 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 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 N/A 12b 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 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		•	9a		
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b 10b 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? 12b 15 lf "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 15 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 15 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 13b 13c 14a 15					
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 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 N/A 12b 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 It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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 N/A 12b 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	_				
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 N/A 12b 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	11	Section 501(c)(12) organizations. Enter			
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 N/A 12b 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 In the organization receive any payments for indoor tanning services during the tax year? In the organization is filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Gross income from members or shareholders N/A 11a			
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 N/A 12b 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	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b 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. a 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 5 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 13b 13c 14a 14b 15c 14a 15c 14a 15c 14b 16 "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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
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	13				
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 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	а	is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 16 "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? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 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," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С				
					<u> X</u>
	b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	/00 t = :

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 or note to any line in this Part VI			X
Sec	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 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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X.	ļ
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	v	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100	Х	
10	Did the organization have a written whistleblower policy?	12c 13	X	
13	Did the organization have a written document retention and destruction policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	1**		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		:	
2	The organization's CEO, Executive Director, or top management official	15a	x	
a 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)			T
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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 (Section 501(c)(3)s only) a	availat	le	
	for public inspection Indicate how you made these available Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d 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 and records of the organiza	tion 🕨		
	VIRGINIE CAREY - (202)347-7737			
	1331 H STREET, NW, NO. 1000, WASHINGTON, DC 20005			
33200	6 10-29-13	Forn	1 990	(2013)

Part VIL Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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)			(0	C)			(D)	(E)	(F)
Name and Title	Average	///		Pos	ıtıor	than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	han	compensation	compensation	amount of
	week	\vdash	cer an	id a d	recto	or/trus	tee)	from	from related	other
	(list any hours for	trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation
	related	0.0	age .			sated		(W-2/1099-MISC)	(VV -2/1099-IVII3C)	from the organization
	organizations	truste	Institutional trustee		ge ,	mper		(11 27 1000 111100)		and related
	below	Individual	e fi	5	employee	est co	15			organizations
	line)	hdiv	Instit	Officer	Key 6	Highest compensated employee	Former			_
(1) CAROLYN BERKOWITZ	2.00							·		1
CHAIR		X		X				0.	0.	0.
(2) ROBERT GRIMM	0.50	j								
TREASURER	_	X		X		ļ	Ш	0.	0.	0.
(3) AUDREY BRACEY DEEGAN	0.50									
SECRETARY		X	L.	X				0.	0.	0.
(4) ROSIE ALLEN-HERRING	0.30									
DIRECTOR		X				<u> </u>		0.	0.	0.
(5) VIKI BETANCOURT	0.30									
DIRECTOR		X						0.	0.	0.
(6) DONNA CALLEJON	0.30	į						_	_	_
DIRECTOR (FROM 5/2014)		X	<u>.</u>	_		ļ		0.	0.	0.
(7) JENNIFER CORTNER	0.30							_	_	_
DIRECTOR		X				ļ		0.	0.	0.
(8) ALLISON DYER	0.30							_	_	_
DIRECTOR		X				_	Ш	0.	0.	0
(9) SAMIA FAROUKI	0.30	I						•		
DIRECTOR		X				_		0.	0.	0.
(10) ANNA FLORES	0.30							•		_
DIRECTOR	0.20	X				-		0.	0.	0
(11) DIARA HOLMES	0.30	١.,				İ		•		_
DIRECTOR (FROM 11/2013)	0.20	X				-		0.	0.	0
(12) CATHY ISAACSON	0.30	٠,						0	0	_
DIRECTOR	0.30	X						0.	0.	0
(13) DEBBI JARVIS	0.30	₩.						0	0	_
DIRECTOR	0.30	X	_		_	-		0.	0.	0
(14) JULIE JENSEN	0.30	₩.						0	0	
DIRECTOR	1 00	X	_	_				0.	0.	0
(15) BETH JOHNSON	1.00	x						0.	^	^
DIRECTOR KRONOWIEZ	0.30	1	-			-		0.	0.	0
(16) RACHEL KRONOWITZ DIRECTOR	0.30	x						0.	0.	0
	0.30	┝	-				$\vdash \vdash$			0
(17) ALEX ORFINGER DIRECTOR	0.30	X						0.	0.	0
332007 10-29-13		14					ш	<u> </u>	<u> </u>	Form 990 (2013

332007 10-29-13

Form **990** (2013)

Name and title Average hours per week (ist any hours for related organizations below line) DIRECTOR (20) XAREN WAWEZASZEK (21) NICOLA GOREN (21) NICOLA GOREN (21) NICOLA GOREN (21) NICOLA GOREN (22) SENTERE LOCKWOOD-SHABAT (22) UENTER LOCKWOOD-SHABAT (23) TERESTOR (24) TOTAL Indied lines 1b and 1c) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization and other compensation from the organization and related organization and related organization and other compensation from the organization and related organization and related organization and other compensation from the organization and related organization and other compensation from the organization and related organization and related organization and related organization and other compensation from the organization and related organization and related organization and other compensation rom the organization and related organization related organization and related organization related organization and related organization or relative to the organization or relative to the organization and related organization or relative to the organization an	Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	compensated Employe	es (continuea)_				
Sub-total Comparison Comp	•	(B)							, ,				(F)	
weak (list any hours for related organizations) weak (list any hours for list any formations) weak (list any hours for list any formations) weak (list any formations) we	Name and title	_		not c	heck	more	than		•					-
Obstance	-									•		an		of
18 Sub-total			į					Π				com		tion
18 Sub-total		1	or dire				E E		organization	(W-2/1099-MI	SC)	fı	rom th	е
18 Sub-total			stee	ruste(ا	pensa	1	(W-2/1099-MISC)			_		
18 Sub-total		1 -	ual fr	onal	ĺ	ploye	l co m					l		
18 Sub-total		I	holvid	Institut	Officer	(ey em	Highes	Ē				l orga	ailizati	0113
19 Sub-total	(18) JULIE ROGERS	0.30			Ť			Ī					-	
X	DIRECTOR	_	X						0.	-	0.			0.
(20) KAREM WAWRASZEK DIRRECTOR. (FROM 5/2014) 47.00 X 182,700. 0. 29,696. 27.01 182,700. 0. 29,696. 182,700. 0. 29,696. 182,700. 0. 29,696. 182,700. 0. 29,696. 182,700. 0. 29,696. 182,700. 0. 29,696. 182,700. 0. 37,210. 182,700. 0. 37,210. 182,700. 0. 37,210. 182,700. 0. 37,210. 182,700. 0. 37,210. 182,700. 0. 37,210. 182,700. 0. 37,210. 182,700. 0. 37,210. 182,700. 0. 37,210. 0. 37,210. 0. 37,210. 0. 37,210. 0. 37,210. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(19) SONAL SHAH	0.30			ŀ		İ	l				•		_
DIRECTOR (FROM 5/2014)	DIRECTOR		X					ļ	0.		0.			<u> 0 </u>
182,700. 0. 29,696. 29,696.	(20) KAREN WAWRZASZEK	0.30			ŀ			ŀ			_			•
PRESIDENT (UNTIL 5/2014)		47.00	X	_		-	-	 	0.		0.			0.
1 1 1 1 1 1 1 1 1 1		4/.00	}		₹.				100 700		0	1 2	0 6	0.0
1b Sub-total		47 50	\vdash	\vdash	X	 	├	├	182,700.		0.		<u>9,6</u>	96.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B, Independent Contractors (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	, ,	47.50			v				130 047		Λ		7 5	1 /
Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	VP (UNTIL 5/2014) PRES (FROM 5/2014)				^		\vdash		130,047.		0.		1,5	14.
Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No								1						
Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No								1	 					
Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No														
Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No		L												
Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No														
Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No														
Total from continuation sheets to Part VII, Section A d Total (add lines th and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No				<u> </u>	<u> </u>			<u> </u>						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	1b Sub-total											3	<u>7,2</u>	<u> 10.</u>
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than		I, Section A										<u> </u>		0.
compensation from the organization South S								<u> </u>				3	7,2	10.
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than		ot limited to th	iose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportab	le			4
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization												Ves	No
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former officer	director or tru	istea	s ko	W en	nnlc	wee	or	highest compensated e	molovee on			103	140
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J, NO	y C.	· · · p · c	, y c c	, 0,	riigilest compensated c	inployee on		3		х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	·		le co	omp	ensa	ation	n and	d otl	her compensation from	the organization		Ť		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		· ·		-					· · · · · · · · · · · · · · · · · · ·	3		4	х	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than										dual for services	;			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son					5		Х
the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than														
Name and business address NONE (B) Compensation Compensation Compensation											npens	ation f	from	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		the calendar y	ear e	endi	ng v	vith	or w	<u>ıthır</u>		/ear			_	
2 Total number of independent contractors (including but not limited to those listed above) who received more than		address	NT/	\NTT	7					ervices	(n
			TAC)IAI				-+						
			-				_		-					
									· · · · · · · · · · · · · · · · · · ·					
								\dashv						
	O Total number of order and the second		-4:		<u></u>									
			ot lir	nite	d to	tho (se li: 0	sted	above) who received m	ore than				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 11,214 Membership dues 1b c Fundraising events 1c 701,062 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2,193,761 135,421 g Noncash contributions included in lines 1a-1f \$_ h Total. Add lines 1a-1f 2 906 037 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 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 24,454 b Less cost or other basis and sales expenses 24,393 c Gain or (loss) d Net gain or (loss) 61 61. 8 a Gross income from fundraising events (not Other Revenue including \$ 701,062. of contributions reported on line 1c) See Part IV, line 18 52,745 **b** Less direct expenses 174 106 c Net income or (loss) from fundraising events -121,361, -121,361 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a All other revenue Total, Add lines 11a-11d ▶ Total revenue See instructions. 2,789,265 -116,772 Form **990** (2013)

Form 990 (2013) WASHINGTON AR
Part IX. Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,100,550.	1,100,550.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States See Part IV, lines 15 and 16				.,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	250 225	105 252	20 026	25 046
_	trustees, and key employees	250,325.	195,253.	20,026.	35,046
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B) Other salaries and wages	693,848.	432,769.	191,819.	69,260
7	Pension plan accruals and contributions (include	093,040.	434,709.	131,013.	09,200
8	section 401(k) and 403(b) employer contributions)	28,949.	17,578.	8,892.	2 170
_	Other employee benefits	39,648.	23,238.	13,306.	2,479 3,104
9	Payroll taxes	65,605.	42,472.	15,944.	7,189
10	Fees for services (non-employees)	03,003.	42,412.	13,344.	7,103
11	. ` ' ' '				
a b	Legal	794.	8.	84.	702
C	Accounting	20,340.	16,206.	3,116.	1,018
d		20,540.	10,200.	3,110.	1,010
e	D . () (-
f	Investment management fees				
, g					
9	column (A) amount, list line 11g expenses on Sch O.)	183,577.	146,269.	28,117.	9,191
12	Advertising and promotion				
13	Office expenses	18,051.	4,080.	2,751.	11,220
14	Information technology	60,292.	38,444.	4,104.	17,744
15	Royalties				
16	Occupancy	172,959.	112,260.	41,402.	19,297
17	Travel	13,180.	4,851.	8,084.	245
18	Payments of travel or entertainment expenses	•	•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,110.	3,642.	439.	29
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,140.	7,265.	2,613.	1,262
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SURVEY RESEARCH	58,773.	58,773.		
b	RESOURCES & MEMBERSHIP	15,257.	14,440.	410.	407
С	COMMUNITY OUTREACH	1,215.	552.	648.	15
d	BAD DEBT EXPENSE/RECOVE	-9,325.	-11,093.	-2,124.	3,892
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	2,729,288.	2,207,557.	339,631.	182,100
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	_	_		
	Check here X if following SOP 98-2 (ASC 958-720)	1,649.	1,402.	0.	247

Form 990 (2013)
Part X Balance Sheet

Pa	<u>rt X .</u>	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X		r r	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,867,208.	1	2,311,441.
	2	Savings and temporary cash investments	Į	<u>433,343.</u>	2	458,482.
	3	Pledges and grants receivable, net	Į	883,659.	3	465,119.
	4	Accounts receivable, net	Į	1,000.	4	
	5	Loans and other receivables from current and fe	ormer officers, directors,			l
		trustees, key employees, and highest compens	ated employees Complete			l
		Part II of Schedule L	į		5	
	6	Loans and other receivables from other disqual	ified persons (as defined under			l
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing		ŀ	l
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	L
Assets	7	Notes and loans receivable, net			7	
ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		64,399.	9	35,621.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 182,834.			
	b	Less accumulated depreciation	10b 161,642.	31,033.	10c	21,192.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line	11		12	107,551.
	13	Investments · program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		18,931.	15	16,209.
	16	Total assets, Add lines 1 through 15 (must equ	al line 34)	3,299,573.	16	3,415,615.
	17	Accounts payable and accrued expenses		52,914.	17	88,361.
	18	Grants payable			18	
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities	-		20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to current and forme				l
ij		key employees, highest compensated employer	es, and disqualified persons		İ	İ
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrel	F		23	
	24	Unsecured notes and loans payable to unrelate	·		24	
	25	Other liabilities (including federal income tax, pa	·		1	l
	İ	parties, and other liabilities not included on lines	s 17-24) Complete Part X of	72,329.	ا م	102 461
	000	Schedule D		125,243.	25	103,461. 191,822.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	C) shook hard N V and	145,445.	26	131,022.
"					1	l
ĕ	27	complete lines 27 through 29, and lines 33 ar Unrestricted net assets	id 34.	1,290,650.	27	1,645,500.
lan	28	Temporarily restricted net assets	ŀ	1,883,680.	28	1,578,293.
Ba	29	Permanently restricted net assets	ŀ	1,003,000.	29	1,3/0,2/3.
Ĕ	29	Organizations that do not follow SFAS 117 (A	SC 958) shock hara		29	
Ē		and complete lines 30 through 34.	isc 936), check here			
Ş	20	Capital stock or trust principal, or current funds			20	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ea	The state of the s		30 31	
t As	32	Retained earnings, endowment, accumulated in	· ·		32	
Se	33	Total net assets or fund balances	icome, or other failus	3,174,330.	33	3,223,793.
	34	Total liabilities and net assets/fund balances	ŀ	3,299,573.	34	3,415,615.
	, , , ,			0,200,010		Form 990 (2013)

Form **990** (2013)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

За

Form 990 (2013)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

OMB No 1545-0047

Inspection

-	, _	WASHING	TON AREA WOM	MEN'S	FOUND	ATION			5	2-2028	<u>612</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	tructions.				
The organ	nization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2 🖳	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3 🖳	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🛄	A medical re	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ection 170	(b)(1)(A)(ii	ii). Enter	the hospital	's nam	ıe,
	city, and stat											
5 📖	An organizat	on operated for the	benefit of a college or ui	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7 LX	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribed i	n
		(b)(1)(A)(v ı). (Comple	•									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 📖	An organizat	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	ınd gross red	eipts	from
			nctions - subject to certa	· ·	-	· •				•		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 197	′5
		509(a)(2). (Complete	•			_						
10	_	=	perated exclusively to te	•	-			•				
11	_	= :	perated exclusively for the		•				•			or
			ations described in secti		-		2) See sec	ction 509(a)(3). Ch	eck the box	that	
			organization and comple		_			.—-				
_ [a Type	•	•		nctionally	-				n-functionall		_
e			it the organization is not			-	-					n
			han one or more publicly						9(a)(1) or	section 509	(a)(2)	
f	_		ten determination from t	ine ino ini	atitisa ty	pe i, Type	ii, or Type	# III				
~		rganization, check th	irs box organization accepted ar	ay aift or a	ontribution	from any	of the fell		2022			L
g	_		rectly controls, either al			-		• •		•	Yes	No
	• •	•	upported organization?	one or tog	earer with	persons c	rescribed i	iii (ii) ai iu (iii) below	11g(ı)	162	140
	-		n described in (i) above?	ı						11g(II)		
			person described in (i) of		e?					11g(iii)		
h	• •	•	about the supported or							<u> </u>		
•••				3	(-).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is	the	(vii) Amount	of mor	netary
	anization		(described on lines 1-9		sted in your		ion in col.	organizátic (i) organiz	ed in the	` sup		•
			above or IRC section (see instructions))		document?	.,,		U.S	.7			
			(ooc manaanana)	Yes	No	Yes	No	Yes	No			
							ŀ					
			**									
				 			-					
		-		-					1			
				-	ļ			 	 			
]							
				 					ļ			
-								Ì				
Total				<u> </u>	<u> </u>		L	<u> </u>	L	<u> </u>		
LHA For F	aperwork Re	duction Act Notice,	, see the Instructions fo	or				Schedul	e A (For	m 990 or 99	0-EZ)	2013

332021 09-25-13

Form 990 or 990-EZ.

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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	1,840,240.	2,462,610.	2,948,597.	2,926,592.	2,906,037.	13.084.076.
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	1,840,240,	2,462,610.	2,948,597.	2,926,592,	2,906,037.	13,084,076,
5	· ·						
Ť	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)						4.780.696.
6	Public support. Subtract line 5 from line 4						8 303 380.
	ction B. Total Support	lI					0,303,300.
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1,840,240,	2,462,610.	2,948,597.	2,926,592.	2,906,037.	13,084,076.
	Gross income from interest,	,	2,102,010.	3,340,321.		2,500,037.	15,001,070.
•	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources	3,911.	1,738.	570.	417.	4,528.	11,164.
a	Net income from unrelated business	3,3110	1,730.	- 3,01	±± / •	1,520.	11,101.
J	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)	62.	300.	27,327.			27,689.
44	Total support. Add lines 7 through 10	02.	300.	41,541.			
	Gross receipts from related activities,	ete (see instructio				12	13,122,929.
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	v voor as a soatio		
13	organization, check this box and stor		iirst, secoria, triii	u, iouriii, or iiitii ta	x year as a section	11 50 1(0)(3)	
Sec	ction C. Computation of Publ		centage				
	Public support percentage for 2013 (I			olumn (fl)		14	63.27 %
	Public support percentage from 2012		•	Oldifiii (i <i>jj</i>		15	69.64 %
	33 1/3% support test - 2013. If the o			n line 13 and line 1	// is 33 1/3% or m		
100	stop here. The organization qualifies	_			14 13 03 17070 01 11	iore, check triis bo	► X
ŀ	33 1/3% support test - 2012. If the o		•		lina 15 is 33 1/3%	or more, check th	
•	and stop here. The organization qual	_			III 10 13 33 17370	of more, check in	▶ □
17-	10% -facts-and-circumstances tes	•	• • •		13 162 or 16b o	and line 14 is 10%	or more
176							
	and if the organization meets the "fact			•	•	t iv now the organ	Ization
1.	meets the "facts-and-circumstances"				-	17a and bo 45 as	100/
r	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
4.0	organization meets the "facts-and-circ						▝┤
IB	Private foundation. If the organization	п ащ пот спеск а в	ox on line 13, 16	a, 100, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2013

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 the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (c) 2011 (d) 2012 (e) 2013 (f) Total (b) 2010 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (c) 2011 (d) 2012 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (e) 2013 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2012 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f) 17 % Investment income percentage from 2012 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

) 2013 WASHINGTO Information. Provide to part for any additional info	•			
					
					
					
_					
					
					
			_		
					
		 			
					
					
			<u> </u>		
					

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

.Name of the organization

WASHINGTON AREA WOMEN'S FOUNDATION

Employer identification number

52-2028612 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

		TON AREA W								2 Page 2
Pa	rt III. Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, d	or Other	Simila	ar Asse	ts(continu	ued)
ą	Using the organization's acquisition, access	ion, and other record	is, checl	k any of the	following tha	it are a sign	uficant u	use of its	collection	items
	(check all that apply)		_							
. а	Public exhibition	d	· 🖳	Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	he organızatı	on's exemp	ot purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, hi	stoncal trea	sures, or oth	er sımılar as	ssets	_	_	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to Fo	rm 990,	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa		_					_ .		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not in	cluded		ר	
	on Form 990, Part X?							L_	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	table						
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance		040				1f		٦,,	<u> </u>
	Did the organization include an amount on F					D VIII		L	_ Yes	∐ No
Pai	If "Yes," explain the arrangement in Part XIII T V Endowment Funds. Complete							-		
_ u	Endownient Funds. Complete	(a) Current year		rior year	(c) Two year	1	Throny	ears back	(a) Four	years back
10	Beginning of year balance	(a) Current year	<u>(D) F</u>	nor year	(C) TWO year	S Dack (u)	i illiee y	ears Dack	(e) i oui	years back
1a	Contributions					_				
0	Net investment earnings, gains, and losses									
٦	Grants or scholarships									
u	Other expenditures for facilities									
·	and programs					•				
f	Administrative expenses	·								
	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	a. column (a	i)) held as	<u>I</u>			I.	
_ a	Board designated or quasi-endowment	Torre your orra balance	%	9, 00.0 (0	.,, 40					
b	Permanent endowment ▶									
	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	red for the	organiz	ation		
	by	J					Ū		[·	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 c	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment t	funds					,	
Pai	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a S	ee Form 990	, Part X, line	e 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Accı	umulate	d	(d) Book	. value
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings			_						
С	Leasehold improvements				5,564.		22,93			2,626.
ď	Equipment				7,763.		9,19		8	<u>3,566.</u>
	Other				<u>9,507.</u>		<u> 19,5</u> (07.		0.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0(c))			>	21	<u>1,192.</u>

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 WASHINGTON	AREA WOMEN'	'S FOUNDATION	52-2028612 Page 3
Part VII Investments - Other Securities.	INCELL WORLD	B TOUNDATION	32 2020012 Fage
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11b See Form 990, Part X, line	12
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11c See Form 990, Part X, line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)			-
(2)			
(3)			
(4)			· <u>-</u>
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		line 11d See Form 990, Part X, line	15
(a)	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV,		(, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		103 461	
(2) DEFERRED RENT		103,461.	
(3)			
(4)			
(5)			
(6)			

103,461. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ightharpoonup2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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 X

Schedule D (Form 990) 2013

(7) (8)

	dule D (Form 990) 2013 WASHINGTON AREA WOMEN'S FOL				2028612 Page 4
Par	t XI. Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R	eturn	l .
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	<u>3,087,384.</u>
. 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments .	2a			
b	Donated services and use of facilities	2b	124,013.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	174,106.		
е	Add lines 2a through 2d			2e	<u>298,119.</u>
3	Subtract line 2e from line 1			3	2,789,265.
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 XIII)	4b			0
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		th Everence	5	2,789,265.
Pai	t XII Reconciliation of Expenses per Audited Financial Statemen	ents w	ith Expenses per	Hetu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		·		2 000 400
1	Total expenses and losses per audited financial statements			1	3,027,4 <u>0</u> 7.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 . F	104 013		
а	Donated services and use of facilities	2a	124,013.		
b	Prior year adjustments	2b		}	
С	Other losses	2c	174,106.		
d	Other (Describe in Part XIII)	2d	1/4,106.		200 110
_	Add lines 2a through 2d			2e	298,119. 2,729,288.
3	Subtract line 2e from line 1			3	4,149,400.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4- 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			
b	Other (Describe in Part XIII) Add lines 4a and 4b	40		1	0.
_				4c	2,729,288.
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			<u> </u>	2,123,200.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	V lines 1	h and 2h Part V line	4· Part	X line 2 Part XI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit			,, , ui,	λ, πιο Σ, τ αι τ λι,
	24 and 45, and 1 are fine into 25 and 15 7 100 complete time part to provide any accum		annadori.		
PAF	RT X, LINE 2:				
EXE	PLANATION: FOR THE YEARS ENDED JUNE 30, 201	4 AN	D 2013, THE	FOU	UNDATION
HAS	DOCUMENTED ITS CONSIDERATION OF FASB ASC	740-	10, INCOME	TAX	ES, THAT
	<u> </u>				
PRO	OVIDES GUIDANCE FOR REPORTING UNCERTAINTY	IN IN	COME TAXES	AND	HAS
DET	PERMINED THAT NO MATERIAL UNCERTAIN TAX POS	SITIC	NS QUALIFY	FOR	EITHER
	·				
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL ST	ATEM	ENTS. THE F	EDE	RAL FORM
<u>99(</u>), RETURN OF ORGANIZATION EXEMPT FROM INCOM	<u>IE TA</u>	X, IS SUBJE	CT '	ГО
EXA	AMINATION BY THE INTERNAL REVENUE SERVICE,	GENE	RALLY FOR T	HRE	E YEARS
AF'	TER IT IS FILED.				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
					184 106
FU1	<u>NDRAISING EVENT EXPENSES INCLUDED AS EXPENS</u>	<u> E .ON</u>	THE		<u>174,106.</u>
09-25-	13			Sched	dule D (Form 990) 2013

Schedule D (Form 990) 2013 WASHINGTON AREA WOMEN'S FOUNDATION 52-2028612 Page 5 Part XIII Supplemental Information (continued)
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,
PART VIII, LINE 8B.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES INCLUDED AS EXPENSE ON THE 174,106.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990,
PART VIII, LINE 8B.
· · · · · · · · · · · · · · · · · · ·

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization	TON AREA WOMEN'S F	יי ע כוועוו טיי	TON	52-2028	ntification number
	Complete if the organization answer				
required to complete this par					
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of	e Solicita f Solicita g Special	tion of non-g tion of gover fundraising	overnment grants rnment grants events		
key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	ividuals or entities (fundraisers) purs		-		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(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		<u> </u>			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contributions	s or has been notified	d it is exempt from re	egistration
	1861				
		-			
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or 990-l	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2013

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

		<u> 2028612</u>	Page 3
	Does the organization operate gaming activities with nonmembers?	L Yes	L 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?	,└── Yes	L No
. 13	Indicate the percentage of gaming activity operated in:	1 1	
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?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > and the amount		
c	of gaming revenue retained by the third party ►\$ 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		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9, 9b, 10	Ob, 15b,
	15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)		
			<u></u>
		_	

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

Grants and Other Assistance to Organizations, Governments, and Indivi

Complete if the organization answered "

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

iduals in the United States	d "Yes" to Form 990 Part IV line 21 or 22
iduals	d "Yes" to

OMB No 1545-0047 2013

Open to Public Inspection

Name of the organization							Employer identification number
F	N AREA WO	띡	OUNDATION				52-2028612
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	
criteria used to award the grants or assistance?	stance?						X Yes No
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	d 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	United States. C	omplete if the orga	nization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if additi	onal space is need	led			
1 (a) Name and address of organization or government	(p)	(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 SUPPORT ADULT BASIC
ACADEMY OF HOPE							EDUCATION FOR WOMEN AND
=	10005163	. 6 / . 0 / 10 0	0				THE LAUNCH OF ACADEMY OF
WASHINGTON DC 2001/	T2006/126	767777	000.0%				HOFE FUBLIC CHARIER
APPLETREE INSTITUTE FOR EDUCATION							
NOVATION - 415 MICH	6	(•		_	TO SUPPORT COMMUNICATIONS
NE - WASHINGTON, DC 2001/	04-3331760	501(C)(3)	40,000	0			AND ADVOCACY
CAPITAL AREA ASSET BUILDERS (CAAB)							TO SUPPORT THE FINANCIAL
1444 EYE STREET NW, SUITE 201							EDUCATION AND MATCHED
WASHINGTON, DC 20005	52-2002672	501(C)(3)	35,000.	0.			SAVINGS ACCOUNT PROGRAM
CASA DE MARYLAND, INC. 8151 15TH AVENUE							TO SUPPORT THE WOMEN'S
LANGLEY PARK, MD 20783	52-1372972	501(C)(3)	45,000	0			WORKFORCE INITIATIVE
CENTRONIA							
1420 COLUMBIA ROAD, NW							TO SUPPORT THE CENTRONIA
WASHINGTON, DC 20009	25-1689720	501(C)(3)	25,000.	0.			INSTITUTE
COLLEGE SUCCESS							TO SUPPORT PLANNING FOR
FOUNDATION-DISTRICT OF COLUMBIA -			-				TWO-GENERATION WORK THAT
1805 7TH ST WASHINGTON, DC							SERVES MIDDLE SCHOOL AGED
20001	20-5561911	501(C)(3)	35,000.	0			GIRLS AND THEIR MOTHERS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				32.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

332101 10-29-13

C	`	•
	٠	
C	X	2
	<u> </u>	
	_	
	1	
	`	
L	1	ĺ

	anizations in the United States (Schedule I (Form 990), Part II)
N AREA WOMEN'S FOUNDATION	s and Organizations in
REA WOMEN'S	ance to Governments
WASHINGTON AF	f Grants and Other Assista
Schedule I (Form 990)	Part II Continuation o

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Method of ((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
COMMUNITY TAX AID, INC. 218 D STREET SE, 1ST FLOOR WASSHINGTON DC 20003	52-1557807	501(0)(3)	35 000	C			TO HELP LOW-INCOME WOMEN INCREASE THEIR ASSETS BY REDUCING TAX LIABILITIES, DECEDITING TAY CENTER
	27-0675043	501(C)(3)	35 000	C			TO SUPPORT PLANNING FOR TWO-GENERATION WORK THAT SERVES MIDDLE SCHOOL AGED GIRLS AND THEIR MOTHERS
DOORWAYS FOR WOMEN AND FAMILIES PO BOX 100185 ARLINGTON, VA 22210		501(C)(3)	50,000,	0			TO SUPPORT DOORWAYS FINANCIAL INDEPENDENCE TRACK (FIT)
FAIRFAX FUTURES 12011 GOVERNMENT CENTER PARKWAY FAIRFAX, VA 22305	20-1044785	501(C)(3)	50,000	0			TO SUPPORT ALIGNMENT OF THE NEIGHBORHOOD SCHOOL READINESS PROJECT AND THE PORTAGE MENTORING PROGRAM
GOODWILL OF GREATER WASHINGTON 2200 SOUTH DAKOTA AVE., NE WASHINGTON, DC 20018	53-0196588	501(C)(3)	20,000	0			TO SUPPORT WORKFORCE DEVELOPMENT SERVICES
GREATER WASHINGTON WORKFORCE DEVELOPMENT COLLABORATIVE - 1201 15TH STREET, NW - WASHINGTON, DC 20005	23-7343119	501(C)(3)	15,000,	0			AC 201
LATINO ECONOMIC DEVELOPMENT CENTER 2316 18TH STREET, NW WASHINGTON, DC 20009	52-1749216	501(C)(3)	30,000	.0			TO SUPPORT THE FINANCIAL CAPABILITY INITIATIVE
MISSION: READINESS 1212 NEW YORK AVE., NW SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	20,000	0			TO SUPPORT A MEDIA, PUBLIC AND POLICYMAKER EDUCATION CAMPAIGN
MONTGOMERY COLLEGE FOUNDATION 40 WEST GUDE DRIVE, SUITE 200 ROCKVILLE, MD 20850	52-1267008	501(C)(3)	30,000	0			TO PROVIDE TRAINING, VOCATIONAL COACHING, AND JOB OPPORTUNITIES WITHIN THE APARTMENT AND Schedule I (Form 990)

2	J
	ì
ς-	١
v	2
_	
α	,
3	Į
)
\bar{c}	
"	١
ı	
(Į
Ľ	۰
ш	1

	ates (Schedule I (Form 990), Part II)	
MEN'S FOUNDATION	ents and Organizations in the United St	
WASHINGTON AREA WOMEN	Other Assistance to Governm	
ule I (Form 990) WASHIN	Continuation of Grants and	
Sched	Part	

(a) Name and address of cash grant or government or government (b) EIN (c) IRC section or ganization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (f)	(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
NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE - 1313 L STREET, NW SUITE 110 - WASHINGTON, DC 20005	52-0908178	501(C)(3)	50,000	0			TO SUPPORT THE T.E.A.C.H. EARLY CHILDHOOD DC PROJECT
NONPROFIT ROUNDTABLE OF GREATER WASHINGTON - 1201 15TH STREET NW STE 420 - WASHINGTON, DC 20005	16-1626729	501(C)(3)	20,000	0			TO SUPPORT THE CAPITAL AREA FORECLOSURE NETWORK
NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC EDUCATIONAL FOUNDATION 7630 - ANNANDALE, VA 22003	51-0249730	501(C)(3)	25,000	0			TO SUPPORT THE EARLY CHILDHOOD INITIATIVE WITHIN THE COLLEGE PATHWAY INITIATIVES
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE SUITE 100 <u>OAKTON, VA 22124</u>	54-0791977	501(C)(3)	50,000	0			TO SUPPORT TRAINING FUTURES
PRINCE GEORGE'S COMMUNITY COLLEGE FDTN 301 LARGO ROAD - LARGO, MD 20774	52-1429938	501(C)(3)	25,000,	0			TO SUPPORT THE WOMEN OF WISDOM PROGRAM
PRINCE GEORGE'S CHILD RESOURCE CENTER - 9475 LOTTSFORD ROAD SUITE 202 - LARGO, MD 20774	52-1772595	501(C)(3)	40,000	0			TO SUPPORT THE JOINING VOICES ADVOCACY PROJECT
SO OTHERS MIGHT EAT (SOME) 71 O STREET, NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	.000,05	0			TO SUPPORT THE CENTER FOR EMPLOYMENT TRAINING
THE TRAINING SOURCE, INC. 59 YOST PLACE SEAT SEAT PLEASANT, MD 20743	52-1843341	501(C)(3)	50,000,	0			TO SUPPORT HOSPITALITY EXPRESS 4 SUCCESS
URBAN ALLIANCE FOUNDATION 2030 Q STREET NW WASHINGTON, DC 20009	52-1938443	501(C)(3)	25,000,	0			TO SUPPORT THE HIGH SCHOOL INTERNSHIP PROGRAM FOR DC YOUTH Schedule I (Form 990)

c	Į
5	
2	
α	
ċ	7
C	1
١	
7,	
_	•

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

ERVES MIDDLE SCHOOL AGED ROGRAM FOR GIRLS AGES 11 CHOOLS TO PARTICIPATE IN WOMEN IN THE FOSTER CARE OLICIES AND INVESTMENTS TO SUPPORT EDUCATION AND WO-GENERATION WORK THAT O PROVIDE TRANSITIONING O DEVELOP AND IMPLEMENT LEADERSHIP DEVELOPMENT OR 100 AT-RISK GIRLS IN MMIGRANT YOUNG WOMEN TO NTERNSHIP OPPORTUNITIES SIRLS AND THEIR MOTHERS O SUPPORT PLANNING FOR PROGRAM THAT WILL FOCUS OUTH SERVICES TO YOUNG O 21 WHO ARE SURVIVORS O PROVIDE SCHOLARSHIPS O PROVIDE STIPENDS FOR SLEMENTARY AND MIDDLE HAT ALLOW LOW INCOME (h) Purpose of grant or assistance HAT ENSURE THAT ALL HILDREN IN NORTHERN ON YOUNG MOTHERS AND SUPPORTIVE SERVICES O PREPARE THEM TO RAINING OF YOUNG O PROMOTE PUBLIC OW-INCOME WOMEN O CREATE A NEW (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) appraisal, other) (f) Method of valuation (book, FMV, Ö ο. Ö Ö Ö Ö Ö (e) Amount of non-cash assistance (d) Amount of cash grant 15,000 12,000 50,000 30,000 35,000 15,000 15,000 14,050 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 32-0041030 52-1772617 54-1726265 04-3534407 52-0893511 52-1675958 54-2026885 27-0058022 (p) EIN 701 EAST FRANKLIN STREET SUITE 807 YWCA OF THE NATIONAL CAPITAL AREA VIRGINIA - 10560 MAIN STREET #514 TRANSITIONAL HOUSING CORPORATION ADVOCATE/PRINCE GEORGE'S COUNTY FAIR FUND, INC (DBA FAIR GIRLS) VOICES FOR VIRGINIA'S CHILDREN 1901 S. BELL STREET SUITE 100 2303 14TH STREET NW SUITE 100 NW, SUITE 170-254 GIRLS ON THE RUN OF NORTHERN (a) Name and address of organization or government 6525 BELCREST ROAD SUITE G 2900A JEFFERSON DAVIS HWY COURT APPOINTED SPECIAL HYATTSVILLE, MD 20782 WASHINGTON, DC 20009 WASHINGTON DC 20037 ALEXANDRIA, VA 22305 WASHINGTON, DC 20011 ARLINGTON VA 22202 5101 16TH STREET NW - FAIRFAX, VA 22030 VA 23219 LIBERTY'S PROMISE 2100 M ST. RICHMOND. YEAR UP

52-2028612 (Form 990) (2013) WASHINGTON AREA WOMEN'S FOUNDATION

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 Schedule I (Form 990) (2013) Part III

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in		ie 2, Part III, column	(b), and any other a	Part I, line 2, Part III, column (b), and any other additional information	
PART I, LINE 2:					
EXPLANATION: PRIOR TO THE RECEIPT OF GRANT FUNDS,	OF GRANT	- 1	ORGANIZATIONS	S ARE	
REQUIRED TO SIGN A GRANT AGREEMENT	THAT	STIPULATES T	THE SPECIFIC	C USE OF	
FUNDS BEING GRANTED, THE TIME PERI	OD DURIN	G WHICH TH	PERIOD DURING WHICH THE FUNDS MUST BE	ST BE	
EXPENDED, AND THE REPORTING PERIOD.		ALL ORGANIZATIONS	S ARE REQUIRED TO	IRED TO	
SUBMIT AN INTERIM REPORT SIX MONTHS	INTO	THE GRANT AND		A FINAL REPORT AT	
THE COMPLETION OF THE GRANT. AS PA	PART OF THE	E REPORTING,	G, ORGANIZATIONS	ATIONS ARE	
REQUIRED TO DETAIL BUDGET EXPENDITURES	TURES FOR	THE GRANT.	. DOCUMENTATION	ATION	
REQUIRED PRIOR TO GRANT APPROVAL INCLUDES THE CURRENT YEAR BUDGET,	NCLUDES	THE CURREN	T YEAR BUD	GET, THE MOST	Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees 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 directors, trustees, and officers, including 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, but explain in Part III Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 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? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 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 The organization? X 5a b 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. The organization? 6a b Any related organization? 6b Х If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Х 7 8 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)? LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

WASHINGTON AREA WOMEN'S FOUNDATION

52-2028612

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2013

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)·(ı)(B)	reported as deferred in prior Form 990
	[102 700	c		0 101	20 661	212 205	
(I) NICOLA GOREN	€ €		0		0,100		000,212	
PRESIDENT (UNTIL 5/2014)	15	•	0	0	0	0		•
	€ €							
	€							
	: Œ							
	Θ							
	3							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	€							
	Ξ							
	Θ							
	Ξ							
	(i)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(i)							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	3							
332112				c c			Schedu	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Name of the organization							Em	ploye	r ident	aficati	on nu	ımber
	WASHINGTO	N AREA V	<u>VOME</u>	<u> IN'S</u>	FOUNDATIO	N	<u> 52</u>	<u>-20</u>	<u> 286</u>	12		
Part I Excess Ber	nefit Transacti	ons (section 5	01(c)(3	3) and :	section 501(c)(4) org	anızatıons only)						
Complete if the	organization ansv	wered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, F	³ art V,	line 40)b			
1	(b) F	Relationship bet			lified	Noneration of tra	tu			(d)	Corre	cted?
(a) Name of disqualified	person	person and o	rganız	ation	(0	c) Description of trai	isaciic	ווכ		Y(es	No
						_						
			-									
										\perp		
2 Enter the amount of tax	x incurred by the c	rganization mar	nagers	or disc	qualified persons du	ring the year under						
section 4958								> \$				
3 Enter the amount of ta	x, if any, on line 2,	above, reimburs	sed by	the or	ganization			> \$				
Part II Loans to ar	nd/or From Int	erested Per	sons	.								
Complete if the	e organization ansv	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	Form 990, Part IV, III	ne 26,	or if th	ne orga	anızatı	on	
reported an an	ount on Form 990	, Part X, line 5,	6, or 2	2								
(a) Name of	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	(g) In		proved ard or	1 (1) *	Vritten
interested person	with organization	of loan		n the ization?	principal amount		defa	ault?		nittee?	agree	ement?
			То	From			Yes No '		Yes	No	Yes	No
										<u> </u>		
			<u> </u>						<u></u>	<u> </u>		<u> </u>
							<u></u>		ļ <u>.</u>			<u> </u>
								<u> </u>				<u> </u>
	_						<u> </u>					<u> </u>
		l						<u> </u>				
Total					▶ \$							
Part III Grants or A	ssistance Bei	nefiting Inte	reste	d Pe	rsons.							
Complete if the	organization ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 27							
(a) Name of interested	d person	(b) Relationship			(c) Amount of	(d) Type			•	e) Purp		f
		interested per		ıd	assistance	assistar	ice		;	assista	ance	
		the organiz	ation		· · · · · · · · · · · · · · · · · · ·							
		- 										

332131 09-25-13

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

Schedule L (Form 990 or 990-EZ) 2013

SCHEDULE M (Form 990)

Noncash Contributions

WASHINGTON AREA WOMEN'S FOUNDATION

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

52-2028612

Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contri	ted on	(d) Method of de noncash contrib	etermını	-	S
			items contributed	Form 990, Part VI	II, line 1g				
1	Art · Works of art		 				-		
2	Art - Historical treasures								
3	Art · Fractional interests								
4	Books and publications								
5	Clothing and household goods					<u></u>			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property	X	3	123,	061	FMV			
9	Securities · Publicly traded		3	143,	501.	L M A			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								-
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial						-		
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	- 77	1	7	260	FMV			
25	Other (PURSES)	X	1 1						
26	Other (TENNIS TOURNA)	X	1	·		FMV			
27	Other (RESORT STAY)	X	1	·		FMV			
28	Other ► (ACTIVEWEAR)	X	l	1	500.	FMV			
29	Number of Forms 8283 received by the organiz		= =		00			0	
	for which the organization completed Form 828	33, Paπ IV, I	Donee Acknowled	gement [29				
30a	During the year, did the organization receive by	y contributio	on any property re	ported in Part I, line	es 1 - 28, t	that it must hold for		Yes	No
	at least three years from the date of the initial of	contribution	, and which is not	required to be use	d for exen	npt purposes for			
	the entire holding period?						30a		<u> </u>
b	If "Yes," describe the arrangement in Part II							1	
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any non-standa	rd contrib	utions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sel	l noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colum	nn (a) is ch	necked,			
	describe in Part II.			_	<u>.</u>	 	<u> </u>		
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2013)

Schedule M (Form 990) (2013) WASHINGTON AREA WOMEN'S FOUNDATION 52-2028612 Page
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information
PART I, OTHER TYPES OF PROPERTY:
TENNIS CLASSES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 360.
(D) METHOD OF DETERMINING REVENUE: FMV
TENNIS TOURNAMENT TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.
(D) METHOD OF DETERMINING REVENUE: FMV
GIFT CARDS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 100.
(D) METHOD OF DETERMINING REVENUE: FMV
SCHEDULE M, PART I, COLUMN (B):
EXPLANATION: THE AMOUNTS LISTED IN COLUMN (B) ARE THE NUMBER OF
CONTRIBUTIONS RECEIVED.

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-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization WASHINGTON AREA WOMEN'S FOUNDATION	Employer identification number 52-2028612
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	MISSION:
1. "CATALYZE INVESTMENT" (SEE PART III FOR DESCRIPTION);	
2. "EDUCATE" (SEE PART III FOR DESCRIPTION);	
3. "ADVOCATE": INFLUENCE PUBLIC POLICIES THAT ENABLE AND	SUPPORT
ECONOMIC SECURITY;	
4. "GENERATE RESOURCES": ACQUIRE AND RETAIN THE NECESSARY	FINANCIAL,
HUMAN, SOCIAL, AND POLITICAL CAPITAL NECESSARY TO SUSTAIN	OUR WORK AT
ITS HIGHEST QUALITY; AND	
5. ENGAGE IN "TRUSTWORTHY STEWARDSHIP" OF THOSE RESOURCES	} •
WASHINGTON AREA WOMEN'S FOUNDATION CONNECTS OUR REGION WI	TH A GLOBAL
MOVEMENT THAT RECOGNIZES THAT PROMOTING WOMEN'S AND GIRLS	S' PROSPERITY
IS KEY TO STRONGER, MORE RESILIENT AND HEALTHIER COMMUNIT	'IES.
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE DRAFT 990 WAS PREPARED BY THE SAME FIRM	THAT AUDITED THE
FINANCIAL STATEMENTS. THE DRAFT WAS REVIEWED BY THE PRESI	DENT AND THE
FINANCE COMMITTEE. THE FINAL 990 WAS DISTRIBUTED ELECTRON	IICALLY TO ALL
BOARD MEMBERS FOR REVIEW PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: ALL BOARD MEMBERS AND KEY EMPLOYEES ARE REQU	JIRED TO COMPLETE A
CONFLICT OF INTEREST FORM, WHICH ASKS THEM TO LIST ANY KN	OWN OR POTENTIAL
CONFLICTS AND ALSO ASKS THEM TO ATTEST THAT THEY WILL ALE	RT THE BOARD OR
COMMITTEE OF ANY UNANTICIPATED CONFLICTS THAT ARISE DURING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Scheen	IG THE COURSE OF dule O (Form 990 or 990-EZ) (2013)

Name of the organization WASHINGTON AREA WOMEN'S FOUNDATION	Employer identification number 52-2028612
THEIR WORK WITH WAWF. WHEN A CONFLICT ARISES, THE CONFLIC	TED MEMBER RECUSES
HIM/HERSELF FROM ANY DISCUSSIONS AND DECISION-MAKING INVO	LVING THE
CONFLICT. THE ORGANIZATION HAS A SIMILAR POLICY FOR EMPLO	YEES OF THE
ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: THE PRESIDENT'S SALARY WAS SET IN CONSULTATI	ON WITH A
REPUTABLE STRATEGIC HUMAN RESOURCES CONSULTING FIRM THAT	PROVIDED
BENCHMARKING FIGURES BY CONDUCTING A FORMAL REVIEW OF COM	PARABLE SALARIES
THROUGH CONSULTATION WITH PEER ORGANIZATIONS AND A NATION	AL DATABASE. THE
CONSULTING FIRM PRESENTED ITS DATA TO THE BOARD. THE EXEC	UTIVE COMMITTEE
REFERRED TO THIS DATA PRIOR TO FINALIZING THE PRESIDENT'S	CONTRACT. IN
SUBSEQUENT YEARS, COMPENSATION ADJUSTMENTS WILL BE EVALUA	TED ON PERFORMANCE
AND THE FINANCIAL POSITION OF THE ORGANIZATION. THE CONTR	ACT AND SALARY
HISTORY ARE DOCUMENTED AND MAINTAINED IN THE PRESIDENT'S	H.R. FILE. THE
LAST COMPENSATION REVIEW PROCESS TOOK PLACE IN MAY 2014.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	TS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DE-OBLIGATION OF PRIOR YEAR FUNDING	-10,514.
	