### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and endin	g	-	
B c	heck if pplicable:	C Name of organization		D Employer identific	cation number
	¬Address				
	_change	SHE SHOULD KUN		20.4	01.0042
X	Name _change ∏Initial	Doing Business As			210843
	_return □Termin-	Number and street (or P.O. box if mail is not delivered to street address)  Room.	/suite	E Telephone number	
	ated Amende	1900 L STREET, NW 500			) 393-8164
	Jreturn ∃Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$	544,301.
	⊥tiòn pending			H(a) Is this a group re	Yes X No
		SAME AS C ABOVE		for affiliates? <b>H(b)</b> Are all affiliates inc	
	-01/01/01	mpt status: X 501(c)(3)	527	` '	list. (see instructions)
		WWW.WCFONLINE.ORG	] 021	H(c) Group exemptio	,
			Year (		State of legal domicile: DC
		Summary	Tour	or formation: 2000 N	Totalo or logar dominono.
		Briefly describe the organization's mission or most significant activities: INCREAS	E N	UMBER OF WO	MEN RUNNING
nce	·	FOR OFFICE & BREAK DOWN BARRIERS CANDIDATES	FA	CE WHEN THE	Y RUN.
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more	than 25% of its net as	ssets.
ove		lumber of voting members of the governing body (Part VI, line 1a)		1 1	11
Š		lumber of independent voting members of the governing body (Part VI, line 1b)			11
es {		otal number of individuals employed in calendar year 2011 (Part V, line 2a)			14
iviti	6 T	otal number of volunteers (estimate if necessary)		6	11
Activities & Governance	<b>7</b> a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b١	let unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		309,993.	543,874.
		Program service revenue (Part VIII, line 2g)		0.	0.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		613.	0. 427.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		310,606.	544,301.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		202,157.	336,970.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b T	Fortal fundraising expenses (Part IX, column (D), line 25)  58,937.		<u> </u>	
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,237.	121,215.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		328,394.	458,185.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		<17,788.	> 86,116.
let Assets or und Balances			Be	ginning of Current Year	End of Year
sets	<b>20</b> T	otal assets (Part X, line 16)		16,052.	95,152.
at As nd B	<b>21</b> T	otal liabilities (Part X, line 26)		20,455.	13,439.
<u>~</u> 교	22	let assets or fund balances. Subtract line 21 from line 20		<4,403.	> 81,713.
		Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-	ies of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and beliet, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pro	eparer	lias any knowledge.	
C: ~		Signature of officer		Date	
Sigr Her		YELENA BAKALEVA, CHIEF OPERATING OFFICER			
Her	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		FRANK H. SMITH Frank H. Smith	$\sim$  1	1/14/12 if self-employed	□ P00639053
Prep	-	Firm's name RAFFA, P.C.		Firm's EIN	52-1511275
Use		Firm's address 1899 L STREET, NW, SUITE 900			
		WASHINGTON, DC 20036		Phone no. (	202) 822-5000
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	t III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	SHE SHOULD RUN, FOUNDED IN 2005 AS A 501(C)(3) SISTER ORGANIZATION OF
	WOMEN'S CAMPAIGN FORUM (WCF), IS DEDICATED TO DRAMATICALLY INCREASING
	THE NUMBER OF WOMEN IN PUBLIC LEADERSHIP BY ELIMINATING AND OVERCOMING BARRIERS TO SUCCESS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 81,319 • including grants of \$ ) (Revenue \$
	COMMUNICATIONS: SHE SHOULD RUN'S PUBLIC WEBSITE IS DESIGNED TO INCREASE
	THE AWARENESS OF THE LACK OF WOMEN'S PARTICIPATION IN PUBLIC LIFE BY
	PROVIDING EDUCATIONAL TOOLS, VITAL CONTACTS AND ACCESS TO
	GROUNDBREAKING RESEARCH. SHE SHOULD RUN REACHES OUT TO ITS CONTACTS
	WITH NEW INFORMATION AND UPDATES ON NEW RESEARCHES.
4b	(Code:) (Expenses \$ 64,978 • including grants of \$) (Revenue \$)
710	NAME IT CHANGE IT: A NON-PARTISAN PROJECT OF SHE SHOULD RUN, WOMEN'S
	MEDIA CENTER, AND POLITICAL PARITY. TOGETHER, WE WORK TO END SEXIST AND
	MISOGYNISTIC COVERAGE OF WOMEN CANDIDATES BY ALL MEMBERS OF THE
	PRESS-FROM BLOGGERS TO RADIO HOSTS TO TELEVISION PUNDITS.
	F6 F00
4c	(Code:) (Expenses \$ 56,598 • including grants of \$) (Revenue \$)  SHE SHOULD RUN IN ACTION: SHE SHOULD RUN'S SIGNATURE PROGRAM, SHE
	SHOULD RUN IN ACTION WAS CREATED TO GET MORE WOMEN TO THINK ABOUT
	RUNNING AND HELP THEM MAKE A DECISION. THOUGH WOMEN ARE LESS LIKELY TO
	RUN FOR OFFICE THEN MEN, WHEN THEY DO DECIDE TO RUN, THEY ARE HAVE AN
	EQUAL CHANCE OF WINNING THEIR RACE. SHE SHOULD RUN IN ACTION INFORMS
	INDIVIDUALS ABOUT THE STATE OF WOMEN IN PUBLIC OFFICE AND MOBILIZES
	THEM TO TAKE ACTION. OUR ONLINE MOVEMENT PROVIDES A TOOL TO FORMALLY
	ASK WOMEN TO CONSIDER ENTERING PUBLIC LIFE. THE RESULT IS A POWERFUL,
	NONPARTISAN PIPELINE OF WOMEN EAGER TO LEARN MORE ABOUT A CAREER IN
	POLITICS, FROM SCHOOL BOARDS TO STATE LEGISLATURES TO CONGRESS.
4d	
	(Expenses \$ 71,700 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 274,595.
	Form <b>990</b> (2011)

132002 02-09-12

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## Form 990 (2011) SHE SHOULD R Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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,			7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
b	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
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		Х
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	ا ا		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

Form **990** (2011)

## Form 990 (2011) SHE SHOULD RUN Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	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		\ <sub>37</sub>	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		Х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	- 22
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	If "Yes," complete Schedule N, Part I	31		х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

# Form 990 (2011) SHE SHOULD RUN Part V Statements Regarding Other IRS Filings and Tax Compliance

Service the number reported in Box 3 of Form 1008. Enter 0- if not applicable   1a   12   1b   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response to any question in this Part V						
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in the completion of the comparization condrive with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2s. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calender year ending with or within the year covered by this return.  14 b If at least one is reported on line 2s, did the organization file all required federal employment returns?  2b X Note. If the sum of lines 1s and 2s in greater than 250, you may be required to e-file est instructions)  3b If the organization have unrelated business gross income of \$1,000 or more during the year?  3a If the organization have unrelated business gross income of \$1,000 or more during the year?  3a If the organization have unrelated business gross income of \$1,000 or more during the year?  3a If the organization have unrelated business gross income of \$1,000 or more during the year?  3a If the organization have unrelated business gross income of \$1,000 or more during the year?  3a If the organization have unrelated business gross income of \$1,000 or more during the year?  3a If the organization and the organization that was an interest in, or a signature or other authority or a financial accountly such as a bank account, securities account, or other financial accountly?  4a If yes, 'enter the name of the foreign country, lew as a bank account, securities account, or other financial accountly?  5a If yes, 'enter the name of the foreign country, lew as a bank account, securities account, or other financial accountly?  5a If yes, 'enter the mane of the foreign country, lew as a shall account the security of the year of the organization shall were annual gross receipts that are normally greater than \$100,000, and did the organization solicity and year and year through the year and year through the year and year through the year and year and year and year and year and year						Yes	No	
b Enter the number of Forms W2G included in line 1a. Enter of Irind applicable OIst the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. 14  2b. X  2a. 14  2b. If all least one is reported on line 2a, did the organization that all elequined federal employment tax returns?  2b. If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  2c. 14  2b. If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  2c. 15  2c. 16  2d. X	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12				
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize wheners?  2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-//le (see instructions)  3a I with the sum of lines 1a and 2a is greater than 250, you may be required to e-//le (see instructions)  3b I if "Yes," has it filed a Form 990 if for the year? If "No," provide an explanation in Schedule O  3b I "Yes," and it filed a Form 990 if for the year? If "No," provide an explanation in Schedule O  3b I "Yes," and it filed a Form 990 it for the year? If "No," provide an explanation in Schedule O  3b I "Yes," an ording the calendar year, did the organization have an interest n, or a signature or other authority over, a financial account in a foreign country. Per see instructions for filing requirements for Form 1D F00.22.1, Report of Foreign Banks and Financial Accounts.  5b I "Yes," an ordinary profity the organization that at was or is a party to a prohibited tax whether transaction?  5c I "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible?  6a I "Yes," or organization state were not tax deductible?  6b If "Yes," in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c I If "Yes," indicate the number of Forms 8282 filed during the year  6c I If "Yes," indicate the number of Forms 8282 filed during the year  6c I If "Yes," indicate the number of Forms 8282 filed during the year  6c I If "Yes," indicate the number of Forms 8282 filed during the year  6c I If the organization received a contribution of qual	b		1b	0				
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return.  12	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable	gaming				
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2 is its greater than 250, you may be required to e-file (see instructions)  3a		(gambling) winnings to prize winners?			1c	Х		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b Did the organization and control in the sum of lines 1 and 28 is greater than 250, you may be required to e-fife (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a A 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 accountly?  4a A tany time there the name of the foreign country   ▶  5b If Yes, inter the name of the foreign country   ▶  5ce instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did the organization aparty to a prohibited tax shelter transaction?  5b X  5c Did his very particular than a security of the organization solicit any contributions that were not tax deductible?  6c Did How granization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d Did the organization receive a payment in excess to 1575 made party is a contribution and party for goods and services provided to the payor?  7d Did the organization receive any funds, clinicity or indirectly, to pay premiums on a personal benefit contract?  7d If Yes, indicate the number of Forms 8282 filed during the year  8 Did the organization verceive any funds, clinicity or indirectly, to pay premiums on a personal benefit contract?  7d If the organization receive any funds, clin	2a			Î				
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 ~ felf(see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a A Tarny time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a A tarny time the name of the foreign country   Such as a bank account, securities account, or other financial account?  5b If "Yes," return the name of the foreign country   Such as a bank account, securities account, or other financial accounts.  5c Was the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization as party to a prohibited tax shelter transaction?  5c If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, "I did the organization in clude 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, "I did the organization notify the donor of the value of the goods on services provided?  7b If Yes," did the organization notify the donor of the value of the goods on services provided?  7c Vaganization selection and party to goods and services provided to the payor?  7d If "Yes," indicate the number of Forms 8982 filed during the year  6 Did the organization received a pary funds, directly or indirectly, on a personal benefit contract?  7d If Yes, "I did the organization in exceived a contribution of qualified intelectual property, of which it was required.  7f If the organization in exceived a contribution of qualified intelectual property, of the organization file Form 899 as requ		filed for the calendar year ending with or within the year covered by this return	2a	14				
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							X	
	b	It "Yes," has it filed a Form 720 to report these payments? It "No," provide an explanation in Schedule	e Ο			000	0044	

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

	Check if Schedule O contains a response to any question in this Part VI			X					
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								
	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 1b 1								
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		Х					
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?									
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		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
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					
Sec	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							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	<u> </u>						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
Тба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v					
	taxable entity during the year?	16a		X					
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								
200	exempt status with respect to such arrangements?	16b							
	List the states with which a copy of this Form 990 is required to be filed NONE								
17 10		voilab	lo						
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	ıvallab	ie						
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request								
10	·	۰. ا	oia!						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	ı ımar	icial						
20	statements available to the public during the tax year.	ion: ►							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza YELENA BAKALEVA - (202) 393-8164	.1011.	_						
	1900 L STREET, NW, NO. 500, WASHINGTON, DC 20036								
3200									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Ĭ		((	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	Position (do not check more box, unless person is officer and a director				h an	compensation	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARGARET H. KAVALARIS										
CHAIR	5.00	Х		Х	<u> </u>	<u> </u>		0.	0.	0.
(2) GEORGIA BERNER	4 00	3,7		3,5					0	0
TREASURER	4.00	Х		Х	$\vdash$			0.	0.	0.
(3) ELSA LIMBACH	4 00	x		v				0.	0.	0
SECRETARY  (4) RICK DIEGEL	4.00	_		Х	⊢			0.	0.	0.
(4) RICK DIEGEL DIRECTOR	2.00	x						0.	0.	0.
(5) LAUREN EMBREY	2.00							0.	<u> </u>	
DIRECTOR	2.00	x						0.	0.	0.
(6) SARAH FINLAYSON										
DIRECTOR	2.00	Х						0.	0.	0.
(7) WENDY MACKENZIE		l							•	
DIRECTOR	3.00	Х			▙			0.	0.	0.
(8) WINSOME MCINTOSH DIRECTOR	3.00	x						0.	0.	0.
(9) DEBORAH MCMANUS DIRECTOR	3.00	х						0.	0.	0.
(10) CLAIRE SILBERMAN DIRECTOR	3.00	x						0.	0.	0.
(11) SUSAN WALLACE	3.00				<u> </u>			0.	0.	
DIRECTOR	2.00	х						0.	0.	0.
(12) SIOBHAN BENNETT PRESIDENT AND CEO	17.00			х				63,800.	0.	2,200.

Form 990 (2011)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per	(do box		(C Posi heck i ss per	ition more rson	l than is bot	one h an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensatio	n	an	(F) timate	
	week (describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer B	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ations c		other pensa om the anizati d relate anizatio	e ion ed
						L		63.000				2 2	00
1b Sub-total c Total from continuation sheets to Part V								63,800.		0.		2,2	00.
d Total (add lines 1b and 1c)						<u></u>		63,800.		0.		2,2	00.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wh	no r	eceived more than \$100	,000 of reportab	le			0
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr/						.,	
rendered to the organization? If "Yes," com-	plete Schedul	e J f	or su	ıch į	pers	son .					5	Х	
1 Complete this table for your five highest co	•	-								pens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng w	vith	or w	ithir 	n the organization's tax ( <b>B)</b>	year.		(C	٠,	
Name and business	address	N	ONE	C				Description of s	ervices	C	compe		า
Total number of independent contractors (i     \$100,000 of compensation from the organi		ot li	mite	d to		se lis	stec	d above) who received m	nore than			990 <i>(c</i>	2011)

Pa	rt VII	Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S, G		Fundraising events						
# ja			1d					
in's		Government grants (contribut						
rigis		All other contributions, gifts, gran	· ·					
lte d		similar amounts not included abo	ve 1f	543,874.				
E O	q	Noncash contributions included in lines		36,243.				
a S	_	Total. Add lines 1a-1f		<b>&gt;</b>	543,874.			
				Business Code	-			
ا بو	2 a		1					
ا ک	b							
Program Service Revenue	С							
am eve	d							
Pa	е							
P.	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)	,	· •				
	4	Income from investment of ta						
	5	Royalties						
		·	(i) Real	(ii) Personal				
	6 a	Gross rents	V	,				
	b							
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	· ·	( )				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
Other Revenue		Gross income from fundraisin including \$	g events (not	,				
š		contributions reported on line						
ı,		Part IV, line 18	,					
Ę	h	Less: direct expenses						
Ö		Net income or (loss) from fund		<b>&gt;</b>				
		Gross income from gaming ac	-					
	Ju	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from garr		<b>•</b>				
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		<b>•</b>				
t		Miscellaneous Revenu		Business Code				
ŀ	11 2	OTHER REVENUE		900099	427.			427.
	b							+
	C		<u>.</u>					
		All other revenue						1
		Total. Add lines 11a-11d			427.			
	12	Total revenue. See instructions.			544,301.	0.	0	. 427.
13200 01-23	9			····· F	,			Form <b>990</b> (2011)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	olete columns (B), (C), and (D).  Check if Schedule O contains a response	se to any question in thi	s Part IX		
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and		схропосо	general expenses	охроносо
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	66,000.	40,228.	17,658.	8,114
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	223,468.	137,006.	59,432.	27,030
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	21,860.	12,806.	6,044.	3,010 3,276
10	Payroll taxes	25,642.	15,346.	7,020.	3,276
11	Fees for services (non-employees):				
а	Management				
b	Legal	347.		347.	
С	Accounting	9,104.		9,104.	
d	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	19,624.	2,676.	8,848.	8,100
12	Advertising and promotion			,	•
13	Office expenses	37,115.	28,258.	398.	8,459
14	Information technology	13,809.	4,568.	8,730.	511
15	Royalties				
16	Occupancy				
17	Travel	7,780.	6,859.	484.	437
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,190.	16,079.	1,111.	
20	Interest			,	
 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
 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	CATERING	12,041.	9,068.	2,973.	
b	PAYROLL FEES	2,234.	2,000	2,234.	
C	DIRECT EXPENSES	1,500.	1,500.		
d	MISCELLANEOUS	299.	201.	98.	
	All other expenses	172.		172.	
25	Total functional expenses. Add lines 1 through 24e	458,185.	274,595.	124,653.	58,937
<u>23                                    </u>	Joint costs. Complete this line only if the organization				20,201
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-23-12				Form <b>990</b> (201

Form **990** (201

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,750.	1	19,952.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net	10,302.	3	31,807.		
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe					
		of Schedule L		5			
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru		·		6	
ets	7	Notes and loans receivable, net		i i i		7	
Assets	8	Inventories for sale or use				8	
4	9					9	5,982.
	I	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	21,684.			
	b	Less: accumulated depreciation		0.	0.	10c	21,684.
	11	Investments - publicly traded securities		11	,		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	15,727.
	16	Total assets. Add lines 1 through 15 (must equ			16,052.	16	95,152.
	17	Accounts payable and accrued expenses			2,485.	17	13,439.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
G	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo					
ig		highest compensated employees, and disqualif		· · · · · · · · · · · · · · · · · · ·			
Ë		-fO-landula I	-			22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		i i		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D			17,970.	25	0.
	26	Total liabilities. Add lines 17 through 25			20,455.	26	13,439.
		Organizations that follow SFAS 117, check h					
S		lines 27 through 29, and lines 33 and 34.					
၁င	27	Unrestricted net assets			<24,079.	>27	65,055.
alaı	28	Temporarily restricted net assets			19,676.	28	16,658.
Ä	29	Democratic methods of set and set a				29	
Ĕ		Organizations that do not follow SFAS 117, c		▶ ☐ and			
Net Assets or Fund Balances		complete lines 30 through 34.		, unu			
ţs c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
ţ	32	Retained earnings, endowment, accumulated in		T T		32	
Š	33				<4,403.	1	81,713.
	34	Total net assets or fund balances  Total liabilities and net assets/fund balances			16,052.	34	95,152.
	J 34	TOTAL HADIILIES AND HEL ASSETS/TUND DAIANCES .			10,032.	34	70,102.

Form **990** (2011)

⊢orm	1990 (2011) SILE SHOOLD KON	70 <del>4</del> 710	043	Pag	ge 📭		
Pa	rt XI Reconciliation of Net Assets			,			
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{01.}{85.}$		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3			16.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<	4,4	03.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8:	1,7	13.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				

Form **990** (2011)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

								0-4210	843				
Part	Ι	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.				
The or	gani	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🖺		A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
з 🗆		A hospital or	al or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or o	perated by	a govern	mental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 📙	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🛚	ζ	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general ¡	public desc	ribed ir	า
_	_	section 170(	b)(1)(A)(vi). (Comple	ete Part II.)									
8 📙	_	A community	trust described in <b>s</b>	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 L		An organizati	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross re	ceipts f	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (	2) no more	than 33	1/3% of its	support	from gross	investr	ment
		income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınization a	after June 3	30, 197	5.
_	_	See section	<b>509(a)(2).</b> (Complete	e Part III.)									
10 📙	4	An organizati	ion organized and or	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	4).				
11 L		•		perated exclusively for the						•			or
			· · · · · ·	ations described in secti		-		2). See <b>se</b> e	ction 509(	<b>a)(3).</b> Che	eck the box	that	
			· · · · ·	organization and compl		_					1		
Г	$\neg$	a		* *	Тур		•	-		d∟	Type III - (		
e∟		, ,	•	at the organization is not		•	•	•			•		า
			-	han one or more publicly		-				9(a)(1) or	section 50s	I(a)(2).	
f				tten determination from t									
~			rganization, check th										
g				organization accepted ar lirectly controls, either al								Yes	No
				upported organization?								163	140
				n described in (i) above?								$\Box$	
				person described in (i) o									
h				about the supported or							[119()		
			g		9	(-)-							
(i) Na	me	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	ı notify the	(vi) ls	the	(vii) An	nount of	:
		nization	(, =	organization (described on lines 1-9		sted in your			organizátio	on in col.   ed in the		port	
				above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S	.?		•	
				(see instructions))	Yes	No	Yes	No	Yes	No			
[otal													

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	316,658.	167,425.	113,012.	309,993.	543,874.	1450962.
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	316,658.	167,425.	113,012.	309,993.	543,874.	1450962.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						521,590.
6	Public support. Subtract line 5 from line 4.						929,372.
	ction B. Total Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	<b>(d)</b> 2010	(e) 2011	(f) Total
7	Amounts from line 4	316,658.	167,425.	113,012.	309,993.	543,874.	1450962.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		592.	374.			966.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			1,751.	613.	427.	2,791.
11	Total support. Add lines 7 through 10						1454719.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	63.89 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	65.66 %
16a	33 1/3% support test - 2011. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2010. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		<b>&gt;</b>
b	10% -facts-and-circumstances tes	-			•		
	more, and if the organization meets the						
	organization meets the "facts-and-circ						\
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						dule A (Form 990	

#### 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	low, picage com	oloto i art II.)				
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and		,	, ,	` '	,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		, ,	, ,	, ,	, ,	.,
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the	he organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and <b>stop here</b>	-			•		
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2011 (lir	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 201	1 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 20	<b>)10</b> Schedule A,	Part III, line 17			18	%
<b>19a 33 1/3% support tests - 2011.</b> If the o					33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2010. If the o	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	<b>&gt;</b>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization Employer identification number SHE SHOULD RUN 20-4210843

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.				
Special	Rules					
X	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections )(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	total contributions	)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.				
	contributions for us If this box is checked purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, see exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively to the contributions of \$5,000 or more during the year.				

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

#### SHE SHOULD RUN

20-4210843

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$30,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

#### SHE SHOULD RUN

20-4210843

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$19,634.	Person X Payroll X Noncash X  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$16,609.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number** 

#### SHE SHOULD RUN

20-4210843

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	412 SHARES OF H.J. HEINZ CORP.		
		\$\$	01/25/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	4 SHARES- APPLE CORP;12 SHARES-TIME WARNER CABLE CORP; 13 SHARES- AMAZON CORP;7 SHARES- GOOGLE CORP	\$16,609 <b>.</b>	06/14/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
123453 01-23	3-12	\$Schedule B (Form 9	190, 990-EZ, or 990-PF) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number SHE SHOULD RUN 20-4210843 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

SHE SHOULD RUN

Employer identification number 20 – 421 0843

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
_	conservation easements.		
Par	t III Organizations Maintaining Collections of	-	other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	,	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	•	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $^{132051}_{01\text{-}23\text{-}12}$ 

Schedule D (Form 990) 2011

	t III   Organizations Maintaining C	מוט א טוט Collections of A	rt. Historical T	reasures, or O	ther Simil	ar Asse		
3	Using the organization's acquisition, accessi							-
3	(check all that apply):	on, and other record	is, check any or th	e following that are	a sigrillicarit	use of its	Collectio	II ILEITIS
а								
b	Scholarly research	e e		criange programs				
	Preservation for future generations	е						
C 1	_	alloctions and explain	n have thave further	the erganization's	womnt nurn	ooo in Dar	+ VIV	
4 5	Provide a description of the organization's conclusion buring the year, did the organization solicit of					use III Fai	L AIV.	
3	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arran							
ı uı	reported an amount on Form 990, Pai		ete ii tile organizat	ion answered Tes	10 1 01111 990	o, raitiv,	iii le 9, Oi	
12	Is the organization an agent, trustee, custodi		liany for contribution	one or other assets	not included			
Ia	on Form 990, Part X?						Yes	□ No
h	If "Yes," explain the arrangement in Part XIV						J 162	NO
b	ii res, explain the arrangement in Fart Aiv	and complete the lo	mowing table.				Amoun	+
•	Paginning balance				1c		Amoun	L .
	Beginning balance							
	Additions during the year							
f	Distributions during the year							
22	Ending balance  Did the organization include an amount on Fe						Yes	□ No
	If "Yes," explain the arrangement in Part XIV.		211				J 162	NO
	t V Endowment Funds. Complete in		swered "Ves" to F	orm 990 Part IV lir	ne 10			
	2 1 2 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1	(a) Current year	(b) Prior year	(c) Two years bac		vears hack	(e) Four	years back
12	Beginning of year balance	(a) Ourrent year	(b) i noi yeai	(C) Two yours bus	( <b>u)</b> 111100	youro buok	(e) rou	youro buon
h	Contributions							
0	Net investment earnings, gains, and losses							
4	Grants or scholarships							
u	Other expenditures for facilities							
-	·							
f	and programs							
	Administrative expenses							
g 2	End of year balance		o (lino 1a, column	(a)) hold as:				
2	Board designated or quasi-endowment		e (iiile 19, coluitiii	(a)) Held as.				
a	Permanent endowment	%						
	Temporarily restricted endowment	% %						
·	The percentages in lines 2a, 2b, and 2c shou	-						
32	Are there endowment funds not in the posse		ation that are held	and administered f	or the organi	zation		
Ja	by:	331011 Of the organiza	ation that are neid	and administered is	or the organi	Zation	i	Yes No
	(i) unrelated organizations						3a(i)	163 140
	(ii) related organizations						3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R2				3b	
4	Describe in Part XIV the intended uses of the						_ <u></u>	
Pai	t VI Land, Buildings, and Equipm							
	Description of property	(a) Cost or o	<del></del>	st or other (c	) Accumulate	-d	(d) Boo	k value
	bescription of property	basis (investr			depreciation		( <b>u</b> ) 500	it value
12	Land	<del>'</del>	, , , , , , ,	` /				
	Buildings							
	Leasehold improvements							
	Equipment							
	Other			21,684.			2	1,684.
	. Add lines 1a through 1e. (Column (d) must e						2	1,684.

Schedule D (Form 990) 2011

Part VII	Investments - Other Securities. Se	e Form 990, Part X, lin	ne 12.		¥
(8	a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuatest or end-of-year mark	
(1) Financia	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(H)					
(I)					
	n) must equal Form 990, Part X, col (B) line 12.)				
	Investments - Program Related. Se	ee Form 990, Part X, li	ne 13.		
	(a) Description of investment type	(b) Book value	Co	(c) Method of valuatest or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	n) must equal Form 990, Part X, col (B) line 13.)				
Part IX	Other Assets. See Form 990, Part X, line	15			
i dit ix		Description			(b) Book value
(1) DU	E FROM AFFLIATE	•			15,727.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					45 505
	mn (b) must equal Form 990, Part X, col (B) line			<b>&gt;</b>	15,727.
Part X	Other Liabilities. See Form 990, Part X,	line 25.	(le) De els velve		
1.	(a) Description of liability		(b) Book value		
	eral income taxes				
(2)		+			
(3)		+			
(4)					
(5) (6)					
(7)					
(8)					
(9)		+			
(10)		+			
(11)					
	mn (b) must equal Form 990, Part X, col (B) line	25.)			
2. FIN 48 (AS	mn (b) must equal Form 990, Part X, col (B) line C 740) Footnote. In Part XIV, provide the text of the footnote to C 740).	the organization's financial s	statements that reports the organ	ization's liability for uncertain	n tax positions under

SHE	СП	OUL	$\mathbf{r}$	RUN
SHE	ЭН	OUL	11)	RUN

	dule D (Form 990) 20				210843 Page 4
Par	rt XI Reconcili	iation of Change in Net Assets from Form 990 to Audited Fir	nancial Sta	atements	
1		n 990, Part VIII, column (A), line 12)			
2		rm 990, Part IX, column (A), line 25)			
3		or the year. Subtract line 2 from line 1			
4		ns (losses) on investments			
5		and use of facilities			
6		es			
7		ments	7		
8	Other (Describe in F	/			
9		(net). Add lines 4 through 8			
10		or the year per audited financial statements. Combine lines 3 and 9		_	
Par		iation of Revenue per Audited Financial Statements With Re			
1		s, and other support per audited financial statements		1	
2		on line 1 but not on Form 990, Part VIII, line 12:			
а		s on investments 2a			
b		and use of facilities			
С		year grants		_	
d		Part XIV.)			
е	Add lines 2a throug				
3		om line 1		3	
4		on Form 990, Part VIII, line 12, but not on line 1:			
а		ses not included on Form 990, Part VIII, line 7b		_	
b		Part XIV.)			
	Add lines 4a and 4b				
5	Total revenue. Add	lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
		iation of Expenses per Audited Financial Statements With Ex			
1		d losses per audited financial statements		1	
2		on line 1 but not on Form 990, Part IX, line 25:			
а		and use of facilities2a			
b		ents2b			
С					
d		Part XIV.)			
е	Add lines 2a throug				
3		om line 1		3	
4		on Form 990, Part IX, line 25, but not on line 1:			
		ses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in F	Part XIV.)			
	Add lines 4a and 4b			4c	
		Id lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	•	ental Information			
		ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			•
		art XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to			
PAF	KT X, LINE	2: SHE SHOULD RUN PERFORMED AN EVALUATI	ON OF U	UNCERTA	TN
m 3 3	, DOGTETONO	T HOD WILE WEAR ENDED DECEMBED 21 2011	33ID DEG	TEDMENT.	ID MII3M
TAZ	POSITIONS	S FOR THE YEAR ENDED DECEMBER 31, 2011,	AND DE'	LEKMINE	D THAT
		NAMEDO MILA MOULD DEGLIDE DEGOCALETON		- COMPT	
THE	ERE WERE NO	NATTERS THAT WOULD REQUIRE RECOGNITION	IN THI	E COMBI	NED
FIN	NANCIAL STA	ATEMENTS OR THAT MAY HAVE ANY EFFECT ON	ITS TA	X-EXEMP	T.
STA	ATUSES.				
			_		

## SCHEDULE J (Form 990)

Department of the Treasury

### **Compensation Information**

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

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

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SHE SHOULD RUN

➤ Attach to Form 990.

Employer identification number 20-4210843

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	X 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	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		Х
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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.			
5	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:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
7		_		_ v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_ v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	ı

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

Schedule J (Form 990) 2011

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E) Total of columns	(F)		
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported as deferred in prior Form 990	
	(i)								
1	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
16	(י) (ii)								
IU	(")					l .			

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

### **Noncash Contributions**

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

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SHE SHOULD RUN

Employer identification number 20-4210843

Pai	t I Types of Property							
	, ,,	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	( <b>d)</b> Method of de noncash contribu	etermin	•	
		арріісавіс		Form 990, Part VIII, line 1g	Horioasii contribi	ation a	Tiourit	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	36,243.	FAIR MARKET	' VA	LUE	
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							
25	Other ( )							
26	Other ()							
27	Other • ()							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for c	contributions				
	for which the organization completed Form 82		-					
		,,	,				Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rea	oorted in Part I, lines 1-28 tha	at it must hold for			
	at least three years from the date of the initial							
						30a		Х
h	If "Yes," describe the arrangement in Part II.					Jour		
31	Does the organization have a gift acceptance	nolicy that r	equires the review	of any non-standard contrib	utions?	31		Х
	Does the organization hire or use third parties					<u> </u>		
<b></b> u			_	cit, process, or seir noncasir		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is ch	ecked,			
-	describe in Part II.	(3)	) <sub>[-</sub>	,	,			
ΙНΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 99	n	Schedule M	(Eorm	990) /	2011

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

SHE SHOULD RUN 20-4210843 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SHE SHOULD RUN CONDUCTS ACTION-ORIENTED RESEARCH AND PILOTS TARGETED PROGRAMS THAT PREPARE WOMEN TO BECOME MORE POLITICALLY ACTIVE, INCREASE THEIR ENGAGEMENT IN KEY POLITICAL PROCESSES, AND READY THEM FOR PUBLIC LEADERSHIP ROLES. AT SHE SHOULD RUN, WE NOT ONLY IDENTIFY BARRIERS TO WOMEN'S POLITICAL EQUALITY - WE FIND SOLUTIONS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: NATIONAL AWARENESS INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 33,802. FELLOWSHIP **EXPENSES \$ 33,342.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. OTHER PROGRAMS **EXPENSES \$ 3,576.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. WEBINAR EXPENSES \$ 980. INCLUDING GRANTS OF \$ 0. REVENUE FORM 990, PART VI, SECTION A, LINE 4: THE BOARD OF DIRECTORS APPROVED THE CHANGE OF NAME FROM WOMEN'S CAMPAIGN FORUM FOUNDATION TO SHE SHOULD RUN IN THE ORGANIZATIONAL BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990 IS REVIEWED BY

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

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

THE FINANCE AND OPERATIONS DIRECTOR AND THEN PRESENTED TO THE CEO AND SHE SHOULD RUN'S ENTIRE GOVERNING BODY. AFTER THEY HAVE REVIEWED IT, THE EDITS ARE SUBMITTED TO THE PREPARER. THE FINAL DRAFT FORM 990 IS REVIEWED BY THE FINANCE & OPERATIONS DIRECTOR TO ENSURE THAT ALL THE EDITS ARE CAPTURED, AND THEN IT IS SIGNED BY THE CEO AND MAILED TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: WHEN A NEW DIRECTOR JOINS SHE SHOULD RUN, THEIR RELATIONS WITH OTHER ORGANIZATIONS ARE REVIEWED BY THE BOARD OF DIRECTORS' NOMINATING COMMITTEE IN A VIGOROUS REVIEW PROCESS BEFORE THEN NOMINATING A NEW MEMBER TO THE BOARD OF DIRECTORS. THIS REVIEW INCLUDES DETERMINING WHETHER OR NOT THE INDIVIDUAL HAS ANY POTENTIAL CONFLICT OF INTEREST ISSUES. FOR EMPLOYEES, A SIMILAR REVIEW IS CONDUCTED BY THE EXECUTIVE OFFICERS, WITH REFERRAL TO THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE IF REQUIRED, TO ASCERTAIN ANY CONFLICTS FROM EXTERNAL ACTIVITIES OR TIES. AS A PROCEDURE, WHEN NEW MAJOR CONTRACTS ARE SIGNED THROUGH THE YEAR, THEY ARE PRESENTED TO THE BOARD OF DIRECTORS TO ENSURE NO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: KEY EMPLOYEES' COMPENSATION IS DETERMINED AND APPROVED BY THE PRESIDENT/CEO. THE INFORMATION IS INCLUDED IN THE ANNUAL BUDGET APPROVED BY THE BOARD OF DIRECTORS.

AN ANNUAL COMPENSATION REVIEW FOR THE PRESIDENT/CEO IS DONE BY A SPECIALLY APPOINTED BOARD COMMITTEE WITH WRITTEN INPUT FROM THE BOARD OF DIRECTORS AND STAFF WITH THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE DETERMINING ANY RAISES AND ADDITIONAL REIMBURSEMENTS NEEDED ANNUALLY.

SHE SHOULD RUN	20-4210843
FORM 990, PART VI, SECTION C, LINE 19: SHE SHOULD RUN MAK	ES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	TEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST. ADDITIONALLY, GOVERNING DOCUM	ENTS ARE SENT TO
THE STATES WHERE SHE SHOULD RUN IS REGISTERED TO FUNDRAIS	E.

Form 8868 (Rev. 1-2012)				Page 2			
• If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	s box	<b>►</b> X			
Note. Only complete Part II if you have already been granted	an automatic	3-month extension on a previously fi	iled Form 8868.				
• If you are filing for an Automatic 3-Month Extension, com	plete only Pa	art I (on page 1).					
Part II Additional (Not Automatic) 3-Month	n Extensio	n of Time. Only file the origin	nal (no copies neede	d).			
		Enter filer's	identifying number, see	instructions			
Type or Name of exempt organization or other filer, see ins							
print WCF FOUNDATION, INC.							
File by the D/B/A WOMEN'S CAMPAIGN FOR	X 20-4210	843					
due date for filing your Number, street, and room or suite no. If a P.O. bo	Social security number (S	SSN)					
return. See 1900 L STREET, NW, NO. 500							
instructions. City, town or post office, state, and ZIP code. For WASHINGTON, DC 20036	a foreign add	dress, see instructions.					
Enter the Return code for the return that this application is for	(file a separa	te application for each return)		0 1			
Application	Return	Application		Return			
Is For	Code	Is For	Code				
Form 990	01						
Form 990-BL	02	Form 1041-A		08			
Form 990-EZ	01	Form 4720		09			
Form 990-PF	04	Form 5227	10				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11				
Form 990-T (trust other than above)	06	Form 8870		12			
STOP! Do not complete Part II if you were not already gran	nted an autor	matic 3-month extension on a prev	viously filed Form 8868.				
THE ORGANIZAT							
• The books are in the care of ▶ 1900 L STREET	r, NW,		ON, DC 20036				
Telephone No. ► 202-393-8164	_	FAX No. ▶					
• If the organization does not have an office or place of busing	ness in the U	nited States, check this box					
• If this is for a Group Return, enter the organization's four d	igit Group Ex	emption Number (GEN) I	If this is for the whole grou	ıp, check this			
box ▶ . If it is for part of the group, check this box ▶		ach a list with the names and EINs of	f all members the extension	on is for.			
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2012.					
5 For calendar year $2011$ , or other tax year beginning		, and endin	19	·			
6 If the tax year entered in line 5 is for less than 12 month	is, check reas	son: Initial return	Final return				
Change in accounting period							
State in detail why you need the extension							
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A							
COMPLETE AND ACCURATE RETURN	٧.						
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069, e	enter the tentative tax, less any		0			
nonrefundable credits. See instructions.	8a \$	0.					
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 60							
tax payments made. Include any prior year overpaymer		0.					
previously with Form 8868.	8b \$	<u> </u>					
c Balance due. Subtract line 8b from line 8a. Include you		0.					
EFTPS (Electronic Federal Tax Payment System). See in		at he completed for Doct II	8c   \$	0.			
		st be completed for Part II		and holiat			
Under penalties of perjury, I declare that I have examined this form, in it is true, correct, and complete, and that I am authorized to prepare the	iciuding accom nis form	panying schedules and statements, and t	o the best of my knowledge a	ilia bellef,			
. 00			Date > 8-9-1	2			
Signature Title	► CPA		Date -				

Form 8868 (Rev. 1-2012)