

ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

PUBLIC DISCLOSURE COPY

RETURN OF EXEMPT ORGANIZATION

YEAR ENDED DECEMBER 31, 2017

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY D Employer identification number 77-0480427 E Telephone number (650) 352-7500 G Gross receipts \$ 28,531,462. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: K Form of organization: L Year of formation: M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: CATHLYN WHALEN, CFO. Preparer: PATRICIA J. MAYER, MOSS ADAMS LLP. Date: 11/13/18. PTIN: P00188643.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WE CONNECT, INSPIRE AND GUIDE WOMEN IN COMPUTING AND ORGANIZATIONS THAT VIEW TECHNOLOGY INNOVATION AS A STRATEGIC IMPERATIVE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 11,741,253. including grants of \$ 1,040,057.) (Revenue \$ 8,399,267.) THE GRACE HOPPER CELEBRATION ("GHC") FOR WOMEN IN COMPUTING IS THE WORLD'S LARGEST GATHERING OF TECHNICAL WOMEN IN COMPUTING...

4b (Code:) (Expenses \$ 3,838,606. including grants of \$ 15,741.) (Revenue \$ 2,945,933.) ORGANIZATIONAL TRANSFORMATION/PARTNERSHIPS - ABI RECOGNIZES THE IMPACT OF WOMEN TECHNOLOGISTS, AND HELPS INNOVATION DRIVEN ORGANIZATIONS BUILD BALANCED TEAMS...

4c (Code:) (Expenses \$ 1,649,777. including grants of \$ 74,870.) (Revenue \$ 925,383.) ANITAB COMMUNITIES ARE A NETWORK OF LOCALLY ORGANIZED COMMUNITIES THAT BRING WOMEN TECHNOLOGISTS TOGETHER IN CITIES AROUND THE WORLD...

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,158,264. including grants of \$ 590,662.) (Revenue \$ 496,121.)

4e Total program service expenses 20,387,900.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response or note to any line in this Part VI

Section 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.		
	1a 34		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 33		
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?		X
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?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

Section 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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JASON CONNELL - (650) 352-7500**
1501 PAGE MILL ROAD MS1105, PALO ALTO, CA 94304

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANCINE BERMAN CHAIR	1.00	X					0.	0.	0.	
(2) NORA DENZEL VICE CHAIR	1.00	X					0.	0.	0.	
(3) JAMES BECK TREASURER/VP/SECRETARY/BOARD MEMBER	1.00	X		X			0.	0.	0.	
(4) ROBIN ABRAMS TRUSTEE	1.00	X					0.	0.	0.	
(5) ADITYA AGARWAL TRUSTEE	1.00	X					0.	0.	0.	
(6) VIJAY ANAND TRUSTEE	1.00	X					0.	0.	0.	
(7) NICOLE ANASENES TRUSTEE	1.00	X					0.	0.	0.	
(8) DIANA BERSOHN TRUSTEE	1.00	X					0.	0.	0.	
(9) COLIN BODELL TRUSTEE	1.00	X					0.	0.	0.	
(10) MARK BREGMAN TRUSTEE	1.00	X					0.	0.	0.	
(11) JOY CHIK TRUSTEE	1.00	X					0.	0.	0.	
(12) DEBI COLEMAN TRUSTEE	1.00	X					0.	0.	0.	
(13) ALAN EUSTACE TRUSTEE	1.00	X					0.	0.	0.	
(14) AICHA EVANS TRUSTEE	1.00	X					0.	0.	0.	
(15) JEN FITZPATRICK TRUSTEE	1.00	X					0.	0.	0.	
(16) BRIANNA FUGATE TRUSTEE	1.00	X					0.	0.	0.	
(17) BARBARA HOLZAPFEL TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEAH JAMIESON TRUSTEE	1.00	X					0.	0.	0.	
(19) MARY LOU KELLEY TRUSTEE	1.00	X					0.	0.	0.	
(20) TRACY KEOGH TRUSTEE	1.00	X					0.	0.	0.	
(21) HILARY MASON TRUSTEE	1.00	X					0.	0.	0.	
(22) LUCILLE MAYER TRUSTEE	1.00	X					0.	0.	0.	
(23) DOROTHY NICHOLLS TRUSTEE	1.00	X					0.	0.	0.	
(24) MARGARET OATES TRUSTEE	1.00	X					0.	0.	0.	
(25) PANKAJ PATEL TRUSTEE	1.00	X					0.	0.	0.	
(26) BRIAN PAWLOWSKI TRUSTEE	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,996,581.	0.	230,582.	
d Total (add lines 1b and 1c)							2,996,581.	0.	230,582.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **28**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION RESOURCES GROUP, LLC P.O. BOX 419470, BOSTON, MA 02241	AUDIO VISUAL	1,713,553.
OPUS SOLUTIONS, LLC, 9000 SW NIMBUS AVE., BEAVERTON, OR 97008-7181	CONFERENCE SERVICES	1,672,274.
HARGROVE, INC. 1 HARGROVE DR., LANHAM, MD 20706	EVENT SERVICES	783,272.
LEADHERSHIP1, LLC 656 SUMMIT AVE., SAINT PAUL, MN 55105	PROGRAM RELATED FEES	344,750.
ARMANINO LLP, P.O. BOX 398285, SAN FRANCISCO, CA 94139-8285	PROFESSIONAL SERVICES	335,700.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **23**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) ANA PINCZUK TRUSTEE	1.00	X						0.	0.	0.	
(28) LISA SCHLOSSER TRUSTEE	1.00	X						0.	0.	0.	
(29) MIKE SCHROEPFER TRUSTEE	1.00	X						0.	0.	0.	
(30) KEVIN SCOTT TRUSTEE	1.00	X						0.	0.	0.	
(31) VALERIE TAYLOR TRUSTEE	1.00	X						0.	0.	0.	
(32) ANGELA TUCCI TRUSTEE	1.00	X						0.	0.	0.	
(33) MARIE WIECK TRUSTEE	1.00	X						0.	0.	0.	
(34) BRENDA DARDEN WILKERSON PRESIDENT & CEO (INCOMING)	50.00	X		X				89,104.	0.	11,199.	
(35) TELLE WHITNEY PRESIDENT & CEO (OUTGOING)	50.00	X		X				445,728.	0.	23,488.	
(36) ASHLEY CONARD TRUSTEE (THROUGH 8/2017)	1.00	X						0.	0.	0.	
(37) JODY MAHONEY SVP, BUSINESS DEVELOPMENT	50.00			X				273,178.	0.	26,923.	
(38) ELIZABETH AMES SVP, STRAT. MKTG, ALLIANCES/PROG.	50.00			X				261,723.	0.	13,984.	
(39) AUDREY VAN BELLEGHEM VP, OPERATIONS & VP AND GM GHC	50.00			X				250,332.	0.	808.	
(40) MARY KEMPSKI VP & CHIEF INFORMATION OFFICER	50.00			X				221,716.	0.	12,336.	
(41) FARIDEH ESHAGH VP, FINANCE (OUTGOING)	50.00			X				82,172.	0.	3,738.	
(42) LAURIE GREER SENIOR DIRECTOR, BUSINESS DEVELOPMEN	50.00				X			222,173.	0.	18,494.	
(43) CAROL GUSTAVESON SENIOR DIRECTOR, BUSINESS DEVELOPMEN	50.00				X			251,389.	0.	19,491.	
(44) JEANNE HULTQUIST SENIOR DIRECTOR, MARKETING & STRATEG	50.00				X			177,161.	0.	22,424.	
(45) JOSEPH MOUZON DIRECTOR, BUSINESS DEVELOPMENT	50.00					X		150,181.	0.	7,056.	
(46) EUGENIA GRATTO SENIOR DIRECTOR, MARKETING COMMUNICA	50.00					X		155,143.	0.	19,052.	
Total to Part VII, Section A, line 1c											

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	187,900.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,458,702.				
	g Noncash contributions included in lines 1a-1f: \$		26,653.				
	h Total. Add lines 1a-1f		15,646,602.				
	Program Service Revenue	2 a REGISTRATIONS	Business Code				
		900099	10,121,224.	10,121,224.			
b PROGRAM PARTNERSHIP		900099	1,730,233.	1,730,233.			
c ORG. TRANSFORMATION		900099	915,200.	915,200.			
d OTHER INCOME		900099	47.	47.			
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f		12,766,704.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		59,588.			59,588.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		58,568.					
		b Less: cost or other basis and sales expenses		0.			
		c Gain or (loss)		58,568.			
	d Net gain or (loss)		58,568.			58,568.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			28,531,462.	12,766,704.	0.	118,156.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	612,500.	612,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	964,238.	964,238.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	144,592.	144,592.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,505,268.	1,713,465.	690,526.	101,277.
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	5,406,045.	3,697,436.	1,490,066.	218,543.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	150,725.	103,088.	41,544.	6,093.
9 Other employee benefits	918,820.	628,422.	253,254.	37,144.
10 Payroll taxes	625,770.	429,758.	170,941.	25,071.
11 Fees for services (non-employees):				
a Management				
b Legal	88,706.		88,706.	
c Accounting	26,421.		26,421.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,296.		28,296.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,880,349.	2,159,411.	542,626.	178,312.
12 Advertising and promotion	1,088,246.	865,899.	164,941.	57,406.
13 Office expenses	664,753.	476,765.	140,736.	47,252.
14 Information technology	615,705.	377,659.	183,919.	54,127.
15 Royalties				
16 Occupancy	25,057.	11,374.	10,255.	3,428.
17 Travel	889,049.	640,473.	183,696.	64,880.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,494,284.	7,463,619.	18,677.	11,988.
20 Interest	2,403.	536.	1,663.	204.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,351.	22,289.	19,332.	7,730.
23 Insurance	85,196.	76,188.	6,535.	2,473.
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 O.)				
a CURRENCY EXCHANGE LOSS	188.	188.		
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	25,265,962.	20,387,900.	4,062,134.	815,928.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	905,690.	1	1,013,734.
	2 Savings and temporary cash investments	5,448,294.	2	286,164.
	3 Pledges and grants receivable, net	2,344,488.	3	2,986,060.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	170,616.	9	246,741.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 292,934.		
	b Less: accumulated depreciation	10b 238,759.	88,672.	10c 54,175.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	61,029.	15	7,075,612.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,018,789.	16	11,662,486.	
Liabilities	17 Accounts payable and accrued expenses	2,711,129.	17	1,737,625.
	18 Grants payable		18	
	19 Deferred revenue	582,368.	19	952,605.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,293,497.	26	2,690,230.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,475,040.	27	8,736,565.
	28 Temporarily restricted net assets	42,252.	28	27,691.
	29 Permanently restricted net assets	208,000.	29	208,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,725,292.	33	8,972,256.	
34 Total liabilities and net assets/fund balances	9,018,789.	34	11,662,486.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,531,462.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,265,962.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,265,500.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,725,292.
5	Net unrealized gains (losses) on investments	5	-18,536.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,972,256.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,523,946.	8,495,626.	11,540,755.	12,578,365.	15,646,602.	52,785,294.
2 Tax revenues levied for the organization'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	4,523,946.	8,495,626.	11,540,755.	12,578,365.	15,646,602.	52,785,294.
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)						2,821,139.
6 Public support. Subtract line 5 from line 4.						49,964,155.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	4,523,946.	8,495,626.	11,540,755.	12,578,365.	15,646,602.	52,785,294.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,466.	4,884.	2,282.	1,202.	59,588.	73,422.
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 VI.)						
11 Total support. Add lines 7 through 10						52,858,716.
12 Gross receipts from related activities, etc. (see instructions)					12	31,929,039.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	94.52 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	91.14 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

ANITA BORG INSTITUTE FOR WOMEN AND
TECHNOLOGY

Employer identification number

77-0480427

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2017)

Name of organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 485,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
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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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. 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 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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

Employer identification number 77-0480427

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and modified easements, and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	208,000.	208,000.	208,000.		
b Contributions				208,000.	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	208,000.	208,000.	208,000.	208,000.	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|--------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		292,934.	238,759.	54,175.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,175.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS	7,075,612.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,075,612.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	30,155,427.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-18,536.
b	Donated services and use of facilities	2b	294,562.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,347,939.
e	Add lines 2a through 2d	2e	1,623,965.
3	Subtract line 2e from line 1	3	28,531,462.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	28,531,462.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	26,653,536.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	294,562.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,093,012.
e	Add lines 2a through 2d	2e	1,387,574.
3	Subtract line 2e from line 1	3	25,265,962.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,265,962.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO FUND SCHOLARSHIPS FOR THE GRACE HOPPER CELEBRATION OF WOMEN IN
COMPUTING CONFERENCE.

PART X, LINE 2:

U.S. GAAP REQUIRES THE ORGANIZATION TO EVALUATE TAX POSITIONS TAKEN BY THE
ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN
AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED
UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITY. THE ORGANIZATION HAS
REVIEWED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS AND BELIEVES THAT IT HAS
APPROPRIATE SUPPORT FOR THE TAX POSITIONS TAKEN. THEREFORE, NO LIABILITY
HAS BEEN RECORDED.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTABLE TO ABI INDIA 1,344,061.

REVENUE NETTED AGAINST EXPENSES ON AFS 3,878.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,347,939.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ATTRIBUTABLE TO ABI INDIA 1,089,134.

REVENUE NETTED AGAINST EXPENSES ON AFS 3,878.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,093,012.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA	0	1	PROGRAM SERVICES	CONSULTANT FEES & GHC INDIA EXPENSES	372,991.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	COMMUNITY EVENTS	8,080.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		50,803.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		28,738.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		19,727.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		6,793.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		4,076.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		8,152.
3 a Sub-total	0	1			499,360.
b Total from continuation sheets to Part I	0	0			26,303.
c Totals (add lines 3a and 3b)	0	1			525,663.

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

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EVENT SPONSORSHIP FOR 4TH ANNUAL AFRICAN WOMEN IN TECH CONFERENCE	27,500.	WIRE	0.		BOOK VALUE
		MIDDLE EAST AND NORTH AFRICA	2017 ARABWIC 5TH ANNUAL INTERNATIONAL CONFERENCE ON ARAB WOMEN IN COMPUTING	7,500.	WIRE	0.		BOOK VALUE
		CENTRAL AMERICA AND THE CARIBBEAN	2017 LATINITY CONFERENCE SPONSORSHIP	10,000.	WIRE	0.		BOOK VALUE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
WOMEN OF VISION AWARD - CHANGE AGENT	SUB-SAHARAN AFRICA	1	7,000.	WIRE	0.		BOOK VALUE
WOMEN OF VISION AWARD - SOCIAL IMPACT	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	7,000.	WIRE	0.		BOOK VALUE
GHC SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	3	4,076.	WIRE	0.		BOOK VALUE
GHC SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	6	8,152.	WIRE	0.		BOOK VALUE
GHC SCHOLARSHIPS	EUROPE (INCLUDING ICELAND AND GREENLAND)	16	21,738.	WIRE	0.		BOOK VALUE
GHC SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	9	12,227.	WIRE	0.		BOOK VALUE
GHC SCHOLARSHIPS	NORTH AMERICA (CANADA AND MEXICO)	3	4,076.	WIRE	0.		BOOK VALUE
GHC SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	4	5,434.	WIRE	0.		BOOK VALUE
GHC SCHOLARSHIPS	SOUTH AMERICA	5	6,793.	WIRE	0.		BOOK VALUE

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GHC SCHOLARSHIPS	SOUTH ASIA	5	6,793.	WIRE	0.		BOOK VALUE
GHC SCHOLARSHIPS	SUB-SAHARAN AFRICA	12	16,303.	WIRE	0.		BOOK VALUE

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GHC SCHOLARSHIPS ARE AWARDED TO STUDENTS AND FACULTY WHO WOULD NOT

OTHERWISE HAVE THE OPPORTUNITY TO ATTEND THE GRACE HOPPER CELEBRATION.

STUDENT SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS WHO ARE ENROLLED FULL

TIME IN AN ACCREDITED DEGREE PROGRAM AT A COLLEGE OR UNIVERSITY AND HAVE

SHOWN SATISFACTORY PROGRESS IN PURSUING A DEGREE IN COMPUTER SCIENCE,

COMPUTER ENGINEERING, OR A RELATED TECHNICAL DISCIPLINE. FACULTY

SCHOLARSHIPS ARE AWARDED TO TEACHERS AT AN ACCREDITED COLLEGE OR

UNIVERSITY WHO TEACH IN DEGREE PROGRAMS INCLUDING COMPUTER SCIENCE,

COMPUTER ENGINEERING, OR A RELATED TECHNICAL DISCIPLINE. FACULTY SCHOLARS

MUST ALSO DEMONSTRATE AN ACTIVE INVOLVEMENT IN THE MENTORING OF FEMALE

COMPUTER SCIENCE STUDENTS. THESE CRITERIA ARE CLOSELY MONITORED BY THE

ANITA BORG INSTITUTE'S SELECTION COMMITTEE.

THE SYSTEMS PASS IT ON ("PIO") GRANTS HONOR ANITA BORG'S DESIRE TO CREATE

A NETWORK OF WOMEN TECHNOLOGISTS HELPING ONE ANOTHER. PIO GRANTS AIM TO

ADDRESS A WIDERANGE OF PROGRAM SERVICE INITIATIVES INCLUDING ASSISTANCE

WITH EDUCATIONAL FEES AND MATERIALS, FUNDING FOR TECHNICAL CONFERENCES,

AND PROJECTS THAT SEEK TO INSPIRE MORE FEMALE STUDENTS TO PURSUE

EDUCATION IN THE COMPUTING FIELD. GRANT DECISIONS ARE MADE BY A REVIEW

COMMITTEE BASED ON PUBLISHED CRITERIA. PIO GRANT RECIPIENTS ARE REQUIRED

TO PROVIDE A REPORT DESCRIBING THE RESULTS OF THE PROJECT AND HOW THE

MONEY WAS SPENT.

THE A. RICHARD NEWTON EDUCATOR ABIE AWARD RECOGNIZES EDUCATORS FOR

DEVELOPING INNOVATIVE TEACHING PRACTICES AND APPROACHES THAT ATTRACT

WOMEN TO COMPUTING, ENGINEERING, AND MATH. NOMINEES MUST DEMONSTRATE A

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

POSITIVE IMPACT ON K-12 OR UNDERGRADUATE EDUCATION IN THE AREAS OF
 COMPUTING, ENGINEERING, AND/OR MATH. THE SELECTION COMMITTEE EVALUATES
 NOMINEES BASED ON INNOVATION, IMPACT ON FEMALE STUDENTS, AND
 PARTICIPATION IN THEIR COMMUNITY. ABI, LOCAL/GHC1 SCHOLARSHIPS ARE AWARDED
 TO STUDENTS AND FACULTY WHO WOULD NOT OTHERWISE HAVE THE OPPORTUNITY TO
 ATTEND GRACE HOPPER CELEBRATION EVENTS IN CITIES AROUND THE WORLD.
 STUDENT SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS WHO ARE ENROLLED FULL
 TIME IN AN ACCREDITED DEGREE PROGRAM AT A COLLEGE OR UNIVERSITY AND HAVE
 SHOWN SATISFACTORY PROGRESS IN PURSUING A DEGREE IN COMPUTER SCIENCE,
 COMPUTER ENGINEERING, OR A RELATED TECHNICAL DISCIPLINE. FACULTY
 SCHOLARSHIPS ARE AWARDED TO TEACHERS AT AN ACCREDITED COLLEGE OR
 UNIVERSITY WHO TEACH IN DEGREE PROGRAMS INCLUDING COMPUTER SCIENCE,
 COMPUTER ENGINEERING, OR A RELATED TECHNICAL DISCIPLINE. FACULTY SCHOLARS
 MUST ALSO DEMONSTRATE AN ACTIVE INVOLVEMENT IN THE MENTORING OF FEMALE
 COMPUTER SCIENCE STUDENTS. THESE CRITERIA ARE CLOSELY MONITORED BY THE
 ANITA BORG INSTITUTE'S SELECTION COMMITTEE. THE STUDENT OF VISION ABIE
 AWARD HONORS YOUNG WOMEN DEDICATED TO CREATING A FUTURE WHERE THE PEOPLE
 WHO IMAGINE AND BUILD TECHNOLOGY MIRROR THE PEOPLE AND SOCIETIES FOR
 WHICH THEY BUILD IT. APPLICANTS SUBMIT A CREATIVE VIDEO AND ARE EVALUATED
 BASED ON THEIR VISION FOR THE FUTURE OF FEMALE TECHNOLOGY STUDENTS.
 RECIPIENTS ARE HONORED BY THE TECHNICAL WOMEN'S COMMUNITY AT THE GRACE
 HOPPER CELEBRATION.

PART 1, LINE 3 COLUMN F; PART II, LINE 1; PART III

THE ORGANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES ON
 THE ORGANIZATION'S FINANCIAL STATEMENTS AND CASH AND NONCASH GRANTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **ANITA BORG INSTITUTE FOR WOMEN AND
TECHNOLOGY**

Employer identification number
77-0480427

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HARVEY MUDD COLLEGE 301 PLATT BOULEVARD CLAREMONT, CA 91711	95-1911219	501C(3)	40,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UMBC FOUNDATION 620 W LEXINGTON ST, 2ND FLOOR BALTIMORE, MD 21201-1508	31-1678679	501C(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
MISSOURI S&T - DEPARTMENT OF COMPUTER SCIENCE - 301 W HIGH, SUITE 680 - JEFFERSON CITY, MO 65102	43-1341372	501C(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
NATIONAL CENTER FOR WOMEN & INFORMATION TECHNOLOGY - PO BOX NO. 322 - BOULDER, CO 80309-0322	68-0591481	501C(3)	20,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF CALIFORNIA, IRVINE FOUNDATION - 100 THEORY, SUITE 250 - IRVINE, CA 92617	95-2540117	501C(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	501C(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 19.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	47-0379839	501C(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF NORTH TEXAS - COMPUTER SCIENCE AND ENGINEERING - 1155 UNION CIRCLE, 311250 - DENTON, TX 76203	23-7232618	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF ROCHESTER 910 GENESEE STREET, SUITE 200 ROCHESTER, NY 14611-3847	16-0743209	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF TEXAS AT EL PASO PO BOX 250 AUSTIN, TX 78767-0250	74-1587488	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF VERMONT, DEPT OF COMPUTER SCIENCE - 411 MAIN STREET - BURLINGTON, VT 05401	45-1556038	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 19085-1676	23-1352688	501C(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
ARIZONA STATE UNIVERSITY PO BOX 2260 TEMPE, AZ 85280	86-6051042	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
BOARD OF REGENTS FOR THE UNIVERSITY OF WISCONSIN SYSTEM - 780 REGENT STREET - MADISON, WI 53706	39-1805963	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
NEW JERSEY INSTITUTE OF TECH., DEPT. OF COMPUTER SCIENCE - UNIVERSITY HEIGHTS - NEWARK, NJ 07102-1982	22-1714037	501C(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UC REGENTS - UCLA 1111 FRANKLIN ST., 12TH FL OAKLAND, CA 94607	95-6006143	GOV	70,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF MARYLAND COLLEGE PARK - 4603 CALVERT ROAD - COLLEGE PARK, MD 20740	52-2197313	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985	501C(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
SOFTWARE FREEDOM CONSERVATORY 137 MONTAGUE ST, SUITE 380 BROOKLYN, NY 11201-3548	41-2203632	501C(3)	19,500.	0.			EVENT SPONSORSHIP

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GHC SCHOLARSHIPS	613	914,330.	0.		
SYSTEMS PASS IT ON GRANTS	1	1,000.	0.		
WOMEN OF VISION AWARD - DENISE DENTON	1	7,000.	0.		
WOMEN OF VISION AWARD - ENTREPRENEURSHIP	1	7,000.	0.		
WOMEN OF VISION AWARD - LEADERSHIP	1	7,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GHC SCHOLARSHIPS ARE AWARDED TO STUDENTS AND FACULTY WHO WOULD NOT

OTHERWISE HAVE THE OPPORTUNITY TO ATTEND THE GRACE HOPPER CELEBRATION.

STUDENT SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS WHO ARE ENROLLED FULL

TIME IN AN ACCREDITED DEGREE PROGRAM AT A COLLEGE OR UNIVERSITY AND HAVE

SHOWN SATISFACTORY PROGRESS IN PURSUING A DEGREE IN COMPUTER SCIENCE,

COMPUTER ENGINEERING, OR A RELATED TECHNICAL DISCIPLINE. FACULTY

SCHOLARSHIPS ARE AWARDED TO TEACHERS AT AN ACCREDITED COLLEGE OR UNIVERSITY

WHO TEACH IN DEGREE PROGRAMS INCLUDING COMPUTER SCIENCE, COMPUTER

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
WOMEN OF VISION AWARD - RICHARD NEWTON EDUCATIONAL	1.	7,000.	0.		
WOMEN OF VISION AWARD - STUDENT OF VISION	1.	7,000.	0.		
WOMEN OF VISION AWARD - TECHNICAL LEADERSHIP	1.	12,000.	0.		
GOOGLE I/O AWARDS	1.	1,908.	0.		

Part IV Supplemental Information

ENGINEERING, OR A RELATED TECHNICAL DISCIPLINE. FACULTY SCHOLARS MUST ALSO

DEMONSTRATE AN ACTIVE INVOLVEMENT IN THE MENTORING OF FEMALE COMPUTER

SCIENCE STUDENTS. THESE CRITERIA ARE CLOSELY MONITORED BY THE ANITA BORG

INSTITUTE'S SELECTION COMMITTEE. THE SYSTEMS PASS IT ON ("PIO") GRANTS

HONOR ANITA BORG'S DESIRE TO CREATE A NETWORK OF WOMEN TECHNOLOGISTS

HELPING ONE ANOTHER. PIO GRANTS AIM TO ADDRESS A WIDE-RANGE OF PROGRAM

SERVICE INITIATIVES INCLUDING ASSISTANCE WITH EDUCATIONAL FEES AND

MATERIALS, FUNDING FOR TECHNICAL CONFERENCES, AND PROJECTS THAT SEEK TO

INSPIRE MORE FEMALE STUDENTS TO PURSUE EDUCATION IN THE COMPUTING FIELD.

GRANT DECISIONS ARE MADE BY A REVIEW COMMITTEE BASED ON PUBLISHED CRITERIA.

PIO GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A REPORT DESCRIBING THE

RESULTS OF THE PROJECT AND HOW THE MONEY WAS SPENT. WOMEN OF VISION

ENTREPRENEURSHIP AWARD RECOGNIZES A WOMAN WHO IS THE BUILDER OF AN

INNOVATIVE, GROUND-BREAKING AND GAME-CHANGING TECHNOLOGY STARTUP EITHER

WITHIN A LARGER ORGANIZATION OR INDEPENDENTLY.

WOMEN OF VISION LEADERSHIP AWARD RECOGNIZES A TECHNICAL WOMAN WHO LED AN

IMPORTANT TECHNOLOGY DEVELOPMENT OR INNOVATION, MADE SIGNIFICANT

CONTRIBUTIONS TO THE TECHNOLOGY INDUSTRY AND INSPIRED OTHERS WITH HER WORK.

BLACK WOMEN IN COMPUTING IS A COMMUNITY CREATED TO PROVIDE ONLINE SUPPORT

AND RESOURCES TO INCREASE THE NUMBER OF BLACK WOMEN IN COMPUTING RELATED

FIELDS. TRAVEL AWARDS TO ATTEND THE GRACE HOPPER CELEBRATION ARE GIVEN TO

WOMEN TECHNOLOGISTS WHO HAVE BEEN ABLE TO INSPIRE BLACK WOMEN IN COMPUTING

IN THEIR LOCAL COMMUNITIES. ABIE EMERGING LEADER AWARD IS PRESENTED IN

MEMORY OF DENICE DENTON, THE FIRST FEMALE DEAN OF AN ENGINEERING SCHOOL AT

A MAJOR U.S. RESEARCH UNIVERSITY. THIS AWARD IS PRESENTED TO A JUNIOR,

NON-TENURED FACULTY MEMBER FOR HIGH-QUALITY RESEARCH AND SIGNIFICANT IMPACT

ON DIVERSITY. THE ABIE SOCIAL IMPACT AWARD RECOGNIZES THOSE MAKING A

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

Employer identification number 77-0480427

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TELLE WHITNEY PRESIDENT & CEO (OUTGOING)	(i)	322,217.	80,600.	42,911.	22,270.	1,218.	469,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JODY MAHONEY SVP, BUSINESS DEVELOPMENT	(i)	220,105.	51,000.	2,073.	14,454.	12,469.	300,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH AMES SVP, STRAT. MKTG, ALLIANCES/PROG.	(i)	216,000.	39,000.	6,723.	12,990.	994.	275,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AUDREY VAN BELLEGHEM VP, OPERATIONS & VP AND GM GHC	(i)	210,000.	35,000.	5,332.	0.	808.	251,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY KEMPSKI VP & CHIEF INFORMATION OFFICER	(i)	207,543.	12,500.	1,673.	0.	12,336.	234,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAURIE GREER SENIOR DIRECTOR, BUSINESS DEVELOPMEN	(i)	160,259.	61,000.	914.	6,300.	12,194.	240,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CAROL GUSTAVESON SENIOR DIRECTOR, BUSINESS DEVELOPMEN	(i)	179,724.	70,000.	1,665.	7,882.	11,609.	270,880.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEANNE HULTQUIST SENIOR DIRECTOR, MARKETING & STRATEG	(i)	167,209.	9,100.	852.	0.	22,424.	199,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOSEPH MOUZON DIRECTOR, BUSINESS DEVELOPMENT	(i)	77,134.	35,000.	38,047.	0.	7,056.	157,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EUGENIA GRATTO SENIOR DIRECTOR, MARKETING COMMUNICA	(i)	144,001.	11,000.	142.	8,307.	10,745.	174,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTIANA JONAS DIRECTOR, BUSINESS DEVELOPMENT	(i)	120,717.	20,000.	92.	3,597.	10,526.	154,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SHIVA HEMATYAR DIRECTOR, BUSINESS DEVELOPMENT	(i)	119,949.	20,000.	116.	4,841.	20,539.	165,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

JOSEPH MOUZON, DIRECTOR OF BUSINESS DEVELOPMENT, RECEIVED A SEVERANCE

PAYMENT OF \$25,000 IN 2017.

PART I, LINE 7:

THE ORGANIZATION, AS APPROVED BY THE BOARD OF TRUSTEES, PAID INCENTIVE

COMPENSATION TO CERTAIN INDIVIDUALS BASED ON APPRAISALS OF WORK

PERFORMANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY** Employer identification number **77-0480427**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	5	26,653.	SELLING PRICE
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS A STRATEGIC IMPERATIVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ANNUAL COLLABORATION OF WOMEN TECHNOLOGISTS IN THE WORLD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ABI'S EFFORTS TO INCREASE THE IMPACT OF WOMEN ON ALL ASPECTS OF

TECHNOLOGY HAVE LED TO AN UNDERTAKING OF A NUMBER OF OTHER PROGRAM

SERVICE ACTIVITIES INCLUDING; THE GRACE HOPPER CELEBRATION IN INDIA,

WOMEN OF VISION, SYSTEMS, PROGRAM FOR WOMEN IN TECHNOLOGY AND

ACADEMICS. ALL OF WHICH AIM TO CONNECT, INSPIRE, AND GUIDE WOMEN IN

COMPUTING AND ORGANIZATIONS THAT VIEW TECHNOLOGY INNOVATION AS A

STRATEGIC IMPERATIVE.

EXPENSES \$ 3,158,264. INCLUDING GRANTS OF \$ 590,662. REVENUE \$ 496,121.

FORM 990, PART VI, SECTION A, LINE 3:

THE CHIEF FINANCIAL OFFICER POSITION WAS CONTRACTED BY ARMANINO LLP FROM

APRIL 2017 - DECEMBER 2017.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S AUDIT COMMITTEE IS DELEGATED (BY THE BOARD OF TRUSTEES)

WITH PRIMARY RESPONSIBILITY FOR REVIEWING AND APPROVING THE ORGANIZATION'S

FORM 990 BEFORE IT IS FILED WITH THE IRS. THE AUDIT COMMITTEE IS PROVIDED

WITH AN INITIAL DRAFT OF THE FORM 990. ANY COMMENTS OR QUESTIONS FROM AUDIT

COMMITTEE MEMBERS ARE REVIEWED DURING A REGULARLY SCHEDULED AUDIT COMMITTEE

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
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MEETING. AFTER THE FORM 990 HAS BEEN APPROVED BY AUDIT COMMITTEE MEMBERS,
 THE AUDIT COMMITTEE CHAIR THEN PRESENTS THE FORM 990 AND AUDITED FINANCIAL
 STATEMENTS TO THE ENTIRE BOARD OF TRUSTEES. ANY OPEN ITEMS, COMMENTS OR
 QUESTIONS ARE DOCUMENTED IN THE MINUTES TO THE MEETING. ONCE ALL QUESTIONS
 AND COMMENTS HAVE BEEN RESOLVED, THE CONTROLLER EMAILS A LINK TO THE FINAL
 FORM 990 TO ALL BOARD TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:
 THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
 COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EACH TRUSTEE AND EXECUTIVE
 OFFICER OF THE ORGANIZATION AND EACH MEMBER OF THE COMMITTEE WITH
 BOARD-DELEGATED POWERS ANNUALLY SIGN THE CONFLICT OF INTEREST STATEMENT AND
 DISCLOSURE FORM. IF ANY FORM SUBMITTED INDICATES A POTENTIAL CONFLICT OF
 INTEREST, THE FORM IS THEN FORWARDED TO THE BOARD AFFAIRS COMMITTEE,
 APPOINTED BY THE BOARD OF TRUSTEES, WHICH THEN REVIEWS THE FORM AND
 DETERMINES IF ANY CONFLICT OF INTEREST EXISTS AND TAKES THE APPROPRIATE
 ACTION AS OUTLINED IN THE ORGANIZATION'S POLICY.

FORM 990, PART VI, SECTION B, LINE 15:
 THE BOARD OF TRUSTEES REVIEWS AND DISCUSSES THE COMPENSATION PACKAGE
 RECOMMENDED BY THE EXECUTIVE COMMITTEE AND COMPENSATION DATA COMPILED
 REGARDING THE CEO'S COMPENSATION. VARIOUS FACTORS ARE CONSIDERED INCLUDING
 CEO'S PERFORMANCE REVIEWS, COMPENSATION DATA OBTAINED FROM VARIOUS
 RECRUITERS AND NON-PROFIT RESOURCES FOR SIMILARLY SITUATED CHARITABLE
 ORGANIZATIONS IN THE SAN FRANCISCO BAY AREA AND NATIONALLY, HISTORICAL
 COMPENSATION AND THE NEED FOR THE ORGANIZATION TO HAVE A TECHNICAL LEADER.
 THE BOARD THEN APPROVES AND PROPOSES A COMPENSATION PACKAGE WHICH IT DEEMS
 JUSTIFIED BASED ON THESE FACTORS. THE CEO DETERMINES COMPENSATION OF OTHER

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
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OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THIS IS DONE WITH THE HELP

OF OUTSIDE SALARY SURVEY DATA FROM OTHER NON-PROFIT ORGANIZATIONS,

NETWORKING WITH EXECUTIVES FROM OTHER NOT-FOR-PROFIT ORGANIZATIONS, AND

WITHIN THE ABI BUDGET CONSTRAINTS. IN ADDITION, THERE IS A COMPENSATION

COMMITTEE AND INTERNAL PROCEDURES REQUIRE THAT ALL NEW SALARIES AND ANY

SALARY CHANGES FOR OFFICERS AND KEY EMPLOYEES MUST BE APPROVED BY THE

COMPENSATION COMMITTEE. ALL PROCESSES ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE

MADE AVAILABLE UPON WRITTEN OR ORAL REQUEST. THE AUDITED FINANCIAL

STATEMENTS ARE ALSO POSTED ON THE ORGANIZATION'S WEBSITE. WE DO NOT MAKE

OUR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

RECRUITING:

PROGRAM SERVICE EXPENSES	90,317.
MANAGEMENT AND GENERAL EXPENSES	104,546.
FUNDRAISING EXPENSES	19,706.
TOTAL EXPENSES	214,569.

CONSULTING:

PROGRAM SERVICE EXPENSES	2,069,094.
MANAGEMENT AND GENERAL EXPENSES	438,080.
FUNDRAISING EXPENSES	158,606.
TOTAL EXPENSES	2,665,780.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,880,349.
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Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number (EIN) or 77-0480427
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1501 PAGE MILL ROAD, SUITE MS1105	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PALO ALTO, CA 94304-1314	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

JASON CONNELL

- The books are in the care of ▶ 1501 PAGE MILL ROAD MS1105 - PALO ALTO, CA 94304
Telephone No. ▶ (650) 352-7500 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2017 or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045