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# Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public

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

Inspection

| Sign Here Signature of officer  WALTER SISSON, VP OF FINANCE & ADMINISTRATION Type or print name and title  Preparer's signature Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  WASHINGTON, DC 20005  Pale  Date  Check if self-employed self-employed self-employed self-employed self-employed.  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  Preparer's washington and title  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  Preparer's washington and title  Preparer's identifying number (see instructions)  | A            | For th                                   | e 2008 ca                           | endar year, or tax year be              | ginning                                   | and                  | ending         |                          |               |                                 |
|--|--------------|--|-------------------------------------|---|---|----------------------|----------------|--------------------------|---------------|---------------------------------|
| Second    |              | applicat                                 | use IRS                             | C Name of organization                  |   |                      |                | D Employer ide           | entificati    | ion number                      |
| See   See   AUTON PKW   2015   102   103   234   9810   250   1455   AUTON PKW   2015   103   234   9810   250     | [ <u>X</u>   | Addn<br>chan<br>Name                     | ess label or<br>ge print or<br>type |   | E AND TELECOMMU                           | NICATIO              | NS             | 36                       | 5–381         | 4358                            |
| CHANTILLY, VA 20151-1102   Hop preferring   No.   SAME AS C ABOVE   No.   SA   |              | initial<br>  return<br>  Term<br>  ation | See<br>Specific<br>Instruc-         |   |   |                      |                | E Telephone nu           | mber<br>03)2  |                                 |
| Name and address of principal officer/PLANTA DAENWAN   Holb Are all affaites included?   Yes   No   No   No   No   No   No   No   N  |              | ireturr<br>Appli                         | Ca-                                 | CHANTILLY, VA                           | 20151-1102                                |                      |                |                          | oup retur     | n                               |
| Website: ▶ WWW. WICT. ORG  |              | ·  | SAM                                 | E AS C ABOVE                            |   |                      |                | 1                        |               |                                 |
| Bert   Summary   | J            | <br>Websi                                | ite: ► WW                           | W.WICT.ORG/                             |   |                      |                | H(c) Group exer          | nption ni     | umber 🕨                         |
| B   Breffy describe the organization's mission or most significant activities: WICT DEVELOPS WOMEN LEADERS WHO TRANSFORM OUR INDUSTRY.   2   Check this box ▶  |              |  |                                     |   | rust Association                          | Other >              | L Year         | of formation 197         | 9 <b>M</b> St | ate of legal domicile I.        |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  Current Year  Current Year  700, 946. 681, 017.  700, 946. 681, 017.  3,759, 403.  3,759, 403.  10 Investment pacome (Part VIII, line 1h)  11 Other revenue (Part VIII, column (A), line 3, 4, and 7c)  12 Total revenue (Part VIII, column (A), line 12)  13 Grants and explier amounts paid (Part IX, Column (A), line 4)  14 Benefits phato odd the blog's part IX, column (A), line 4)  15 Salanes, dhet.compensation, employee pelefits (Part IX, column (A), lines 5-10)  16 Professional fundraising expenses (Part IX, column (A), line 1e)  17 Other expenses (Part IX, column (A), line 1e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total labilities (Part X, line 26)  22 Total assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Part II Signature Block  Preparer's  Signature of officer  WALTER SISSON, VP OF FINANCE & ADMINISTRATION  Type or print name and title  Preparer's  Signature of officer  Tate AND TRYON  WASHINGTON, DC 20005  Phone no ► (202) 293-2200  Phone no ► (202) 293-2200  |              | τ  | Briefly des                         | scribe the organization's mis           |   | rities: WICT         | DEVEL          | OPS WOMEN                | LEA           | DERS WHO                        |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  Current Year  Current Year  700, 946. 681, 017. 71, 940. 195, 118. 71, 9  | Jan          | 2  |                                     |   |   | ******               |                | Abor DEN/ of the s       |               |                                 |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  Current Year  Current Year  700, 946. 681, 017. 71, 940. 195, 118. 71, 9  | Ver          | l _                                      |                                     |   |   |                      | sea or more    | man 25% of its a         | 1 - 1         | 2                               |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  700,946.6681,017.  700,946.6693,949.  700,946.6693,949 | ğ            | 4  |                                     |   |   |                      |                | •                        |               |                                 |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  700,946.6681,017.  700,946.6693,949.  700,946.6693,949 | နှင့်        | 5  |                                     | _                                       |   | ,                    |                |                          | 5             |                                 |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  700,946.6681,017.  700,946.6693,949.  700,946.6693,949 | ξ            | 6  | Total num                           | ber of volunteers (estimate             | if necessary)                             |                      |                |                          | 6             |                                 |
| B Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  700,946.6681,017. 700,946.6681,017. 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1a) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines of frequents (Part IV, polymn (A), lines 13) 13 Grants and empliar amounts paid (Part IV, polymn (A), lines 13) 14 Benefits pictor oxid Neghbers (Part IV, polymn (A), lines 13) 15 Salanes, dhed compensation, employee bejefits (Part IX, column (A), lines 5-10) 16a Professiodal functioning expenses (Part IX, column (A), line 14e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Otal liabilities (Part X, line 26) 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 23 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Net assets or fund balances. Subtract line 21 from line 20 21 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or | Ç            | 7a                                       | Total gros                          | s unrelated business reveni             | ue from Part VIII, line 12, colu          | mn (C)               |                |                          | 7a            |                                 |
| 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2h) 10 Investment is acome (Part VIII, column (A), lines 3, 4, and 7c) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 1-3) 13 Grants and explirar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits pairo or oright replays (Part IX, column (A), lines 1-3) 15 Salanes, chier compensation, employee be perfits (Part IX, column (A), lines 5-10) 16 Professiopal functioning expenses (Part IX, column (A), line 1-1e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Net assets or fund balances. Subtract line 21 from line 20 24 Part IX Signature Block  25 Under penalties of perjury, I discher 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. Decident from the sheet of my knowledge and belief, it is true, correct, and complete. Decident from the sheet of my knowledge and belief, it is true, correct, and complete. Decident from the sheet of my knowledge and belief, it is true, correct, and complete. Decident from the sheet of my knowledge and belief, it is true, correct, and complete. Decident from the sheet of my knowledge and belief, it is true, correct, and correct, and complete. Decident from the sheet of my knowledge and belief, it is true, correct, and correct, and complete. Decident from the sheet of my knowledge and belief, it is true, correct, and correct, and complete. Decident from the sheet of my knowledge and belief, it is true, correct, and correct, and correct of officer  2 Part IX Signature of officer  2 Part IX Signature of officer  3 TATE AND TRYON  3 TATE AND TRYON  4 TATE AND TRYON  4   | _            | _ b                                      | Net unrela                          | ted business taxable incom              | ne from Form 990-T, line 34               |                      |                |                          | 7ь            |                                 |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment (accome (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII, column (A), lines 4, 692, 949 . 13 Grants and expillar amounts paid (Part IX, polumn (A), lines 1-3) 14 Benefits painty oxfol five(bight 9ftpr) (X, column (A), lines 1-3) 15 Salares, other compensation, employee pelefits (Part IX, column (A), lines 5-10) 16 Professional fundingsing-fees (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundraising expenses (Part IX, column (D), line 25) 19 Total sexpenses (Part IX, column (A), lines 12-11, 11f24f) 19 Total expenses (Part IX, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Net assets or fund balances. Subtract line 21 from line 20 27 Total assets (Part X, line 26) 28 Net assets or fund balances. Subtract line 21 from line 20 29 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Signature Block 24 Under penalties of perluy. I decidere 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. Decider of my knowledge and belief, it is true, correct, and complete. Decider of my knowledge and belief, it is true, correct, and complete. Decider of my knowledge and belief, it is true, correct, and correct of my knowledge and belief, it is true, correct, and correct of my line and title  25 Preparer's signature 26 Preparer's signature 27 TATE AND TRYON 28 Signature of officer 28 Signature of officer 29 Signature of office  |              |  |                                     |   |   |                      |                |                          |               |                                 |
| 11 Other reversule (Part Vitt polyment (A) littles 5-64, 8c, 9c, 10c, and 11e) 12 Total revenule and these throught 1 must equal Part Vill, column (A), line 12) 13 Grants and empiliar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits plants or or or the plants of Part IX, column (A), lines 1-3) 15 Salaries, chier compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundrising expenses (Part IX, column (A), line 12) 17 Other expenses (Part IX, column (A), line 15) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 Junta Part II Signature Block 25 Signature of officer 26 WALTER SISSON, VP OF FINANCE & ADMINISTRATION 26 Total assets (Part X, line 16) 27 Junta (Part X, line 16) 28 Signature of officer 29 WASHINGTON, DC 20005 20 Phone no (202) 293-2200  | ē            | 8  | Contributi                          | ons and grants (Part VIII, lin          | e 1h) .                                   |                      |                | 700,94                   | 6.            |                                 |
| 11 Other reversule (Part Vitt polyment (A) littles 5-64, 8c, 9c, 10c, and 11e) 12 Total revenule and these throught 1 must equal Part Vill, column (A), line 12) 13 Grants and empiliar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits plants or or or the plants of Part IX, column (A), lines 1-3) 15 Salaries, chier compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundrising expenses (Part IX, column (A), line 12) 17 Other expenses (Part IX, column (A), line 15) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 Junta Part II Signature Block 25 Signature of officer 26 WALTER SISSON, VP OF FINANCE & ADMINISTRATION 26 Total assets (Part X, line 16) 27 Junta (Part X, line 16) 28 Signature of officer 29 WASHINGTON, DC 20005 20 Phone no (202) 293-2200  | ē            | 9  | Program s                           | ervice revenue (Part VIII, lin          | e 2g)                                     | -                    | .              |                          | _             |                                 |
| 11 Other reversule (Part Vitt polyment (A) littles 5-64, 8c, 9c, 10c, and 11e) 12 Total revenule and these throught 1 must equal Part Vill, column (A), line 12) 13 Grants and empiliar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits plants or or or the plants of Part IX, column (A), lines 1-3) 15 Salaries, chier compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundrising expenses (Part IX, column (A), line 12) 17 Other expenses (Part IX, column (A), line 15) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 Junta Part II Signature Block 25 Signature of officer 26 WALTER SISSON, VP OF FINANCE & ADMINISTRATION 26 Total assets (Part X, line 16) 27 Junta (Part X, line 16) 28 Signature of officer 29 WASHINGTON, DC 20005 20 Phone no (202) 293-2200  | ě            | 10                                       |                                     |   |   |                      |                |                          |               |                                 |
| 13 Grants and emiliar amounts paid (Part N., Column (A), lines 1-3) 14 Benefits paictor oxion heighbeins (Part N., Column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fund melangine sees (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Lines penses of perjury, I declare that I have examined this return, including ecompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Preparer's Signature of officer  WALTER SISSON, VP OF FINANCE & ADMINISTRATION Type or print name and title  Preparer's Signature of officer  WALTER SISSON, VP OF FINANCE & ADMINISTRATION Type or print name and title  Preparer's Signature of officer  WALTER SISSON, VP OF FINANCE & ADMINISTRATION Type or print name and title  Preparer's Signature of officer  WALTER SISSON, VP OF FINANCE & ADMINISTRATION Type or print name and title  Preparer's Signature of officer  WALTER SISSON, VP OF STREET, NW SUITE 900  WASHINGTON, DC 20005  | _            | l  |                                     |   |   |                      |                |                          |               |                                 |
| 14 Benefits packet on the Registration X, Column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   497, 492. 1,560,344.     16 Professional functioning expenses (Part IX, column (D), line 25)   244,237.     17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-241   496,752. 3,247,548.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   996,089. 4,808,987.     19 Revenue less expenses. Subtract line 18 from line 12   594,217.   <116,047.     18 Reginning of Year   End of Year   2,701,326. 4,034,164.     19 Total assets (Part X, line 16)   2,701,326. 4,034,164.     10 Total liabilities (Part X, line 26)   2,586,875. 3,114,680.     10 Part II   Signature Block   |              | _  |                                     |   |   | n (A), line 12)      |                |                          |               |                                 |
| 15 Salaries, chief compensation, employee begefits (Part IX, column (A), lines 5-10) 16 Professional fund historing dees (Part IX, column (A), line 115) 17 Other expenses (Part IX, column (A), lines 511) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block 24 Jan 20 25 Signature Block 25 Jan 24 Jan 23 Jan 24 Jan 24 Jan 24 Jan 25 Jan 24 Jan 25 Jan 24 Jan 25 Jan 24 Jan 25 Jan  |              |  | Benefits p                          | aicoto ordol Meglogra gran              | X, column (A), line 4)                    |                      |                |                          |               |                                 |
| Total expenses (Part IX, column (A), lines 11a-11d, 11i-24i)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perfury, 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  WALTER SISSON, VP OF FINANCE & ADMINISTRATION  Type or print name and title  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ad | es           |  | Salaries, c                         | ther compensation, employ               | ee bejefits (Part IX, column (            | (A), lines 5-10)     |                | 497,49                   | 12.           | 1,560,344                       |
| Total expenses (Part IX, column (A), lines 11a-11d, 11i-24i)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perfury, 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  WALTER SISSON, VP OF FINANCE & ADMINISTRATION  Type or print name and title  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ad | ens          |  |                                     |   |   | 044.04               | _              |                          |               |                                 |
| Total expenses (Part IX, column (A), lines 11a-11d, 11i-24i)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perfury, 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  WALTER SISSON, VP OF FINANCE & ADMINISTRATION  Type or print name and title  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ad | ď            |  |                                     |   |   | 244,2.               | 37.            |                          |               |                                 |
| 19 Revenue less expenses. Subtract line 18 from line 12   594,217.   | ш            | ļ.                                       |                                     |   |   |                      | <u> </u>       |                          |               |                                 |
| Beginning of Year End of Year  2,701,326. 4,034,164.  2,701,326. 4,034,164.  114,451. 919,484.  2,586,875. 3,114,680.  Part II Signature Block  Under penalties of perjun, 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  WALTER SISSON, VP OF FINANCE & ADMINISTRATION  Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed). address, and ZiP+4  WASHINGTON, DC 20005  Phone no (202)293-2200  |              |  |                                     |   |   | ne 25) .             |                |                          |               |                                 |
| Part II Signature Block  Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature   Sign  |              | 19                                       | Revenue I                           | ess expenses. Subtract line             | 18 from line 12                           |                      |                | 594,21                   | .7.           | <116,047                        |
| 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature   Sign  | ts or        |  |                                     |   |   |                      |                |                          |               |                                 |
| Part II Signature Block  Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature   Sign  | SSE          | 20                                       |                                     |   |   |                      | <u> </u>       |                          |               |                                 |
| 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature   Sign  | et           | 21                                       |                                     |   |   | •                    | _              |                          |               |                                 |
| 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Sign   | 꾩            | 22                                       |                                     |   | t line 21 from line 20 .                  | <del> </del>         |                | _2,586,87                | 2.1           | 3,114,680                       |
| Sign Here Signature of officer WALTER SISSON, VP OF FINANCE & ADMINISTRATION Type or print name and title  Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4  WASHINGTON, DC 20005    Date   Date   Check if self-employed   Preparer's identifying number (see instructions)    Date   Preparer's identifying number (see instructions)   | <del>,</del> | HT 11                                    | <del></del>                         |   | remined this enturn including accompa     | anvina schedules on  | d statements : | and to the best of my kn | oudodeo       | and hartises as in the same     |
| Sign Here Signature of officer  WALTER SISSON, VP OF FINANCE & ADMINISTRATION  Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  WASHINGTON, DC 20005  Date  Check if self-employed self-employed self-employed self-employed address, and ZIP + 4  Phone no (202) 293-2200   | 7            |  | and complet                         | te. Declaration of preparer (other than | officer) is based on all information of v | which preparer has a | ny knowledge   | and to the best of my ki | owied ge ar   | id bester, it is true, correct, |
| Signature of officer  WALTER SISSON, VP OF FINANCE & ADMINISTRATION  Paid Preparer's signature  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  WASHINGTON, DC 20005  Date  I J S par O  Check if self-employed self-employed self-employed address, and ZIP + 4  Phone no ► (202)293-2200  | ര            |  | . /,                                | Idle Lin                                | 100                                       |                      |                | 11-10-                   | 2010          | )                               |
| WALTER SISSON, VP OF FINANCE & ADMINISTRATION  Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  WASHINGTON, DC 20005  Preparer's ADMINISTRATION  Check if self-employed employed employed    Preparer's identifying number (see instructions)    Preparer's identifying number (see instructions)  | Sigr         | 1  | Sign                                | ature of officer                        | 710                                       |                      |                | Date                     | ×010          |                                 |
| Preparer's signature  Preparer's Signature  Preparer's Signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Preparer's WASHINGTON, DC 20005  Date 1/5/pt/0 Check if self-employed   Self- | -Herd<br>-   | е  |                                     |   | D OF FINANCE &                            | титиса               | דית א מיתיב    |                          |               |                                 |
| Preparer's signature  Preparer's Signature  Preparer's Signature  Preparer's Signature  Preparer's Signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Preparer's Signature  I J 5 pc/ Check if self-employed self-employed self-employed self-employed address, and ZIP + 4  Preparer's Signature  I J 5 pc/ Check if self-employed self- | 7            |  |                                     |   | P OF FINANCE &                            | ADMINIC              | DIKATI         | ON                       |               |                                 |
| Use Only   Self-employed), address, and ZIP + 4   NW SUITE 900   Phone no ► (202)293-2200  | <u> </u>     |  | December                            |   |   | Date                 | Che            | eck if                   | Preparer's in | dentifying number               |
| Use Only   Self-employed), address, and ZIP + 4   NW SUITE 900   Phone no ► (202)293-2200  | ₽ald         |  | signature                           | Seelress                                | J. Wron                                   | 1 //                 | self           | ·                        | see instruc   | tions)                          |
| Use Only   Self-employed), address, and ZIP + 4   NW SUITE 900   Phone no ► (202)293-2200  | Prep         | arer's                                   | Firm's name                         |   |   |                      |                |                          |               |                                 |
| ZiP+4 WASHINGTON, DC 20005 Phone no ► (202)293-2200  |              | Only                                     | yours n                             | . INTE MAD I                            |   | E 900                |                | EIN                      |               |                                 |
| 1110110110 1 1000  |              |  | address, and                        |   |   |                      |                | Phone no                 | <b>120</b>    | 21293-2200                      |
|  |              | the II                                   | ·                                   |   |   | tions)               |                | 1 cuona no               | 120           | X Yes No                        |

| Form | 990'(2008) WOMEN IN CABLE AND TELECOMMUNICATIONS 36-3   | 814358                                | Page 2        |
|------|---|---------------------------------------|---------------|
| Pa   | rt III Statement of Program Service Accomplishments (see instructions)  |                                       |               |
| 1    | Briefly describe the organization's mission: WICT DEVELOPS WOMEN LEADERS WHO TRANSFORM OUR INDUSTRY.  |                                       |               |
|      |   |                                       |               |
|      |   |                                       |               |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?                        | Yes                                   | X No          |
|      | If "Yes", describe these new services on Schedule O.  | F                                     | [35]          |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes", describe these changes on Schedule O. | L Yes                                 | X No          |
| 4    | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.   |                                       |               |
|      | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an                                    | d                                     |               |
|      | allocations to others, the total expenses, and revenue, if any, for each program service reported.  |                                       |               |
| 4a   | (Code: ) (Expenses \$ 605,671. including grants of \$ ) (Revenue \$   | 695.                                  | 919.)         |
| 70   | WICT'S LEADERSHIP CONFERENCE:   |                                       | ,             |
|      | OVER 600 ATTENDEES AT A TWO DAY CONFERENCE ON LEADERSHIP FOR  | WOMEN .                               | AТ            |
|      |   | CABLE                                 |               |
|      | TELECOMMUNICATIONS INDUSTRY. WOMEN AND MEN LEARN ABOUT BEST   |                                       | ES            |
|      |   | HOW TO                                |               |
|      | MANAGE A TEAM OF EMPLOYEES FROM DIFFERENT DEPARTMENTS.  |                                       |               |
|      |   |                                       |               |
|      |   | <del> </del>                          |               |
|      |   |                                       |               |
|      |   |                                       |               |
|      |   |                                       |               |
| 4b   | BETSY MAGNESS LEADERSHIP INSTITUTE:   | · · · · · · · · · · · · · · · · · · · | 200.)         |
|      | KNOWN AS BMLI, THIS PROGRAM SUPPORTS 52 WOMEN IN THE CURRENT  |                                       |               |
|      | OVER 250 INSTITUTE GRADUATES. BMLI IS DESIGNED TO ELEVATE WO  |                                       |               |
|      | IN THE CABLE AND TELECOMMUNICATIONS INDUSTRY. STRUCTURED INT  |                                       |               |
|      |   | ORTUNIT                               | <u> 10</u>    |
|      | SHIFT PERSPECTIVES WITHIN AN EMPOWERING LEARNING COMMUNITY E FELLOWS TO MAKE THE TRANSITION FROM EFFECTIVE MANAGERS TO EN                                     |                                       |               |
|      |   | ELLOWS                                |               |
|      | EMERGE WITH A COMMITTED PASSION TO SHARE WHAT THEY'VE LEARNE  |                                       |               |
|      | THEIR TEAMS, COMPANIES AND THE INDUSTRY AS A WHOLE.   | <u> </u>                              |               |
|      |   |                                       |               |
|      |   |                                       |               |
| 4c   | (Code: ) (Expenses \$ 120,988. including grants of \$ ) (Revenue \$ RISING LEADERS PROGRAM:   |                                       | 255.)         |
|      | WICT'S RISING LEADERS PROGRAM (RLP) SEEKS INDUSTRY PROFESSION   |                                       | 0             |
|      | ARE READY TO CHALLENGE THEIR SKILLS AND TAKE THE NEXT STEP T  |                                       |               |
|      | DESIGNING THEIR INDIVIDUAL LEADERSHIP BLUEPRINT. DURING AN  | <del></del>                           |               |
|      | WEEK-LONG IMMERSION PROGRAM, PARTICIPANTS WILL TAKE PART IN   |                                       |               |
|      | ANALYSIS, CASE STUDY WORK, CABLE BUSINESS ACUMEN AND TACTICA  |                                       |               |
|      | LEADERSHIP SKILL DEVELOPMENT. THIS PROGRAM IS LIMITED TO TWO 30 WOMEN. PARTICIPANTS ACCEPTED INTO RLP HAVE DEMONSTRATED TO                                    |                                       | 3 UF          |
|      | POTENTIAL, AS WELL AS THEIR DESIRE, FOR LEADERSHIP AND CAREE  |                                       |               |
|      | ADVANCEMENT. THEY MUST BE APPROVED AND SUPPORTED BY THEIR C   |                                       | S TO          |
|      | PARTICIPATE IN RLP AS THIS IS A COMPETITIVE APPLICATION BASE  |                                       |               |
|      |   |                                       | - <del></del> |
| 4d   | Other program services. (Describe in Schedule O.)   |                                       |               |
|      | (Expenses \$ 1,468,314 · including grants of \$ ) (Revenue \$ )   |                                       |               |
| 4e   | Total program service expenses ▶\$ 2,782,020. (Must equal Part IX, Line 25, column (B).)  |                                       |               |

832002 12-18-08

|     | 1990 (2008) WOMEN IN CABLE AND TELECOMMUNICATIONS 36-3814   | <u> 358</u>   | <u> </u> | age 3        |
|-----|---|---------------|----------|--------------|
| Pa  | rt IV Checklist of Required Schedules   |               |          | <del>,</del> |
|     |   |               | Yes      | No           |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |               | ١        |              |
|     | If "Yes," complete Schedule A   | 1_            | X        | L            |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2             | Х        | <u> </u>     |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                   | _             |          |              |
| _   | public office? If "Yes," complete Schedule C, Part I  | 3_            |          | X            |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                       | 4             |          | X            |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and                          | _             | NI/      | 7            |
| •   | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  | 5             | N/       | <u> </u>     |
| 6   | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice                               |               |          | X            |
| 7   | on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                     | 6_            | <b></b>  |              |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | ۱ ـ           |          | X            |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7             |          |              |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III |               |          | X            |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide                       | 8_            | <b>-</b> |              |
| 9   | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                           | _             |          | x            |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                   | 10            | х        | A            |
| 11  | Did the organization rold assets in term, permanent, or quasirendownients in res, complete schedule b, rait v                                     | <del></del> - |          |              |
| ••  | If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable   | 11            | х        |              |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was                          |               | -        | l            |
|     | prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12            | х        |              |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13            |          | Х            |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.?  | 14a           |          | X            |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                           | 140           |          |              |
| •   | and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I  | 14b           |          | х            |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity               |               |          | <u> </u>     |
|     | located outside the United States? If "Yes," complete Schedule F, Part II   | 15            |          | х            |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals                    |               |          |              |
|     | located outside the United States? If "Yes," complete Schedule F, Part III  | 16            |          | х            |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I                            | 17            |          | X            |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                        | 18            | X        |              |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                     | 19            |          | X            |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20            |          | Х            |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                       | 21            |          | Х            |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                      | 22            |          | Х            |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J                                     | 23            | Х        |              |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                           |               |          |              |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.                        |               |          |              |
|     | If "No", go to question 25  | 24a           |          | X            |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b           |          |              |
| 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?   | 24c           |          |              |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d           |          |              |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a                                |               |          |              |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a           |          | X            |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a                          |               |          |              |
|     | prior year? If "Yes," complete Schedule L, Part I   | 25b           |          | Х            |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified                    |               |          |              |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26            |          | X            |

Form **990** (2008)

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

#### Part IV Checklist of Required Schedules (continued)

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:                  |     |     |    |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an  |     |     |    |
|    | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other |     |     |    |
|    | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV   | 28a |     | X  |
| b  | Have a family member who had a direct or indirect business relationship with the organization?                               |     |     |    |
|    | If "Yes," complete Schedule L, Part IV   | 28b |     | X  |
| С  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional    |     |     |    |
|    | corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV                                    | 28c |     | X  |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                     | 29  |     | X  |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |     |    |
|    | contributions? If "Yes," complete Schedule M   | 30  |     | X  |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations?   |     |     |    |
|    | If "Yes," complete Schedule N, Part I  | 31  |     | X  |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete             | 1   |     |    |
|    | Schedule N, Part II  | 32  |     | X  |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                   | 1   |     |    |
|    | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | X  |
| 34 | Was the organization related to any tax-exempt or taxable entrty?  | }   |     |    |
|    | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34  |     | X  |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                    |     |     |    |
|    | If "Yes," complete Schedule R, Part V, line 2  | 35  | ļ   | X  |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | -   |     |    |
|    | If "Yes," complete Schedule R, Part V, line 2  | 36  |     | X  |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization             |     |     |    |
|    | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                 | 37  |     | X  |

Form **990** (2008)

| Par | Statements Regarding Other IRS Filings and Tax Compliance  |          |     | ·  |
|-----|--|----------|-----|--|
|     | 1 1 E  |          | Yes | No   |
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of   |          |     |  |
|     | U.S. Information Returns. Enter U il not applicable  |          |     |  |
| þ   | Enter the number of Forms W-2G included in line 1a. Enter 0-11 not applicable  |          |     |  |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |          |     |  |
|     | (gambling) winnings to prize winners?  | 1c       |     | ļ  |
|     | 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 follow  | 2ь       | X   |  |
|     | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 20       |     |  |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)   | 20       |     | х  |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 3a<br>3b |     | -  |
|     | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 30       |     | <del>                                     </del> |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  | 4a       |     | Х  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 70       |     |  |
|     | If "Yes," enter the name of the foreign country:   |          |     |  |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and  |          |     |  |
| _   | Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a       |     | X  |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | X  |
|     | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  |          |     |  |
| C   | Tax Shelter Transaction?   | 5c       |     |  |
| ß.  | Did the organization solicit any contributions that were not tax deductible?   | 6a       |     | Х  |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |          | _   |  |
| U   | were not tax deductible?   | 6ь       |     |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |          |     |  |
|     | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  | 7a       | X   |  |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       | X   |  |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |          |     |  |
|     | to file Form 8282?   | 7c       |     | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |          |     |  |
| е   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal  |          |     |  |
|     | benefit contract?  | 7e       |     | X_   |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 71       |     | X  |
| 9   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |     | ļ  |
|     | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | 7h       | ļ   | ļ  |
| 8   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)   |          |     |  |
|     | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have   |          |     |  |
|     | excess business holdings at any time during the year?  | 8        | ļ   | ļ  |
| 9   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  N/A  | _        |     |  |
| а   | Did the organization make any taxable distributions are trees exercise trees.  | 9a       |     | <del> </del>                                     |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b       |     | <del> </del>                                     |
| 10  | Section 501(c)(7) organizations. Enter: N/A  |          |     |  |
| a   | Initiation fees and capital contributions included on Part VIII, line 12   |          |     |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |     |  |
|     | Section 501(c)(12) organizations. Enter: N/A   |          |     |  |
|     | Gross income from members or shareholders  |          |     |  |
|     | Gross income from other sources (Do not net amounts due or paid to other sources against   |          |     |  |
|     | amounts due or received from them.)  | 10-      | 1   |  |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes" enter the amount of tax-exempt interest received or accrued during the year N/A   12b | 12a      | -   | 1  |
| ь   | If "Yes." enter the amount of tax-exempt interest received or accrued during the year N/A 12b  | t        | 1   | .£   |

Form **990** (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec      | tion A. Governing Body and Management   |         |       |          |
|----------|---|---------|-------|----------|
|          |   |         | Yes   | No       |
|          | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,  |         |       |          |
|          | processes, or changes in Schedule O. See Instructions.  |         |       |          |
| 1a       | Enter the number of voting members of the governing body 1a 25  |         |       |          |
| b        | Enter the number of voting members that are independent   |         |       |          |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |         |       | v        |
|          | officer, director, trustee, or key employee?  | 2       |       | <u>X</u> |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |         |       | v        |
| _        | of officers, directors or trustees, or key employees to a management company or other person?   | 3       | Х     | <u>X</u> |
| 4        | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   | 4       |       | X        |
| 5        | Did the organization become aware during the year of a material diversion of the organization's assets?   | 5<br>6  | Х     |          |
| 6        | Does the organization have members or stockholders?   | 0       |       |          |
| 7a       | Does the organization have members, stockholders, or other persons who may elect one or more members of the   | 7a      | Х     |          |
|          | governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b      |       | Х        |
| ь<br>8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year   | 7.5     |       |          |
| 0        | by the following:   |         |       |          |
| а        | The governing body?   | 8a      | х     |          |
| ь        | Each committee with authority to act on behalf of the governing body?   | 8b      | X     |          |
| 9a       | Does the organization have local chapters, branches, or affiliates?   | 9a      | X     |          |
|          | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,   |         |       |          |
| •        | and branches to ensure their operations are consistent with those of the organization?  | 9ь      | х     |          |
| 10       | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must  |         |       |          |
| • •      | describe in Schedule O the process, if any, the organization uses to review the Form 990  | 10      |       | X        |
| 11       | Is there any officer, director or 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   | 11      |       | X        |
| Sec      | tion B. Policies  |         |       |          |
|          |   |         | Yes   | No       |
| 12a      | Does the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | X     |          |
| b        | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise   |         |       |          |
|          | to conflicts? .   | 12b     |       | <u>X</u> |
| C        | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |         |       |          |
|          | in Schedule O how this is done  | 12c     | Х     |          |
| 13       | Does the organization have a written whistleblower policy?  | 13      | Х     |          |
| 14       | Does the organization have a written document retention and destruction policy?   | 14      | X     |          |
| 15       | Did the process for determining compensation of the following persons include a review and approval by independent  |         |       |          |
|          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision:   |         |       |          |
| а        | The organization's CEO, Executive Director, or top management official?   | 15a     | X     |          |
| b        | Other officers or key employees of the organization?  | 15b     | Х     |          |
| 46       | Describe the process in Schedule O. (see instructions)  |         |       |          |
| 109      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   | 40-     |       | Х        |
| <b>L</b> | taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation  | 16a     |       |          |
| D        | In yes, has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's |         |       |          |
|          | exempt status with respect to such arrangements?  | 16b     | 1     |          |
| Sac      | tion C. Disclosure  | 100     |       |          |
| <u> </u> | List the states with which a copy of this Form 990 is required to be filed >IL  |         |       |          |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available  | for     |       |          |
|          | public inspection. Indicate how you make these available. Check all that apply.   | .01     |       |          |
|          | Own website X Another's website X Upon request  |         |       |          |
| 19       | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as  | nd fina | ncial |          |
|          | statements available to the public.   |         |       |          |
| 20       | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza  | ion: 🕨  |       |          |
|          | WALTER SISSON - (703)234-9810   |         |       |          |
|          | 14555 AVION PKWY, STE 250, CHANTILLY, VA 20151  |         |       |          |
| 332008   |   | F       | 990/  | 00001    |

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee. |             |                                |  |          |              |                              |          |                 |                               |                    |  |  |
|--|-------------|--------------------------------|--|----------|--------------|------------------------------|----------|-----------------|-------------------------------|--------------------|--|--|
| (A)  | (B)         |                                |  | (0       | C)           |                              |          | (D)             | (E)                           | (F)                |  |  |
| Name and Title   | Average     |                                | Position   |          |              |                              |          | Reportable      | Reportable                    | Estimated          |  |  |
|  | hours       | (cl                            | hect   | all      | that apply)  |                              |          | compensation    | compensation                  | amount of          |  |  |
|  | per<br>week | B                              | }  |          |              |                              | ł        | from<br>the     | from related<br>organizations | other compensation |  |  |
|  | WEEK        | 튭                              |  |          |              | B                            | 1        | organization    | (W-2/1099-MISC)               | from the           |  |  |
|  |             | 18                             | Egg.   |          |              | 50                           |          | (W-2/1099-MISC) |                               | organization       |  |  |
|  |             | 표                              | E G  |          | e e          | 1 E 8                        |          |                 |                               | and related        |  |  |
|  |             | individual trustee or director | institutional trustee                            | Officer  | Key employee | Highest compensated employee | Ē        |                 |                               | organizations      |  |  |
|  |             | _                              | _  | 0        | ×_           | Ŧ 6                          | 1-       |                 |                               | <del></del>        |  |  |
| BENITA FITZGERALD MOSLEY   | 40.00       | ١.,                            |  | ١.,      |              |                              |          | 272 054         |                               | 25 622             |  |  |
| PRESIDENT & CEO  | 40.00       | Х                              | <u> </u>   | Х        |              | <u> </u>                     | <u> </u> | 273,954.        | 0.                            | 25,609.            |  |  |
| JENNIFER DANGAR  | 4 00        |                                |  |          |              |                              |          |                 |                               |                    |  |  |
| CHAIR  | 4.00        | X                              | _  | _        |              | ļ                            | L.,      | 0.              | 0.                            | 0.                 |  |  |
| ELLEN EAST   |             | l                              |  |          |              |                              |          |                 |                               |                    |  |  |
| VICE CHAIR   | 4.00        | X                              |  | ļ        |              | <u> </u>                     | ļ        | 0.              | 0.                            | 0.                 |  |  |
| LYNNE CONSTANTINI  | 4 00        | ١                              |  |          |              |                              |          |                 |                               |                    |  |  |
| SECRETARY  | 4.00        | X                              | <u> </u>   |          |              | _                            |          | 0.              | 0.                            | 0.                 |  |  |
| SHERITA CEASAR   |             | l                              |  |          |              |                              |          |                 |                               |                    |  |  |
| TREASURER  | 4.00        | X                              |  |          |              | <u> </u>                     | L        | 0.              | 0.                            | 0.                 |  |  |
| SHIRLEY POWELL   |             | Ì                              |  |          |              |                              |          |                 |                               |                    |  |  |
| APPOINTED  | 4.00        | X                              | _  |          |              |                              | <u> </u> | 0.              | 0.                            | 0.                 |  |  |
| JEANNINE SOMMER  |             | l                              |  |          |              |                              |          |                 |                               |                    |  |  |
| CHAPTER DEVELOPMENT DIRE   | 4.00        | X                              | <u> </u>   |          |              | _                            | <u> </u> | 0.              | 0.                            | 0.                 |  |  |
| LISA CHANG   | 4 00        | ۱                              |  |          |              |                              |          |                 |                               | •                  |  |  |
| AT-LARGE DIRECTORS   | 4.00        | X                              |  |          |              | -                            |          | 0.              | 0.                            | 0.                 |  |  |
| SANDRA COLONY  | 4 00        |                                |  |          |              |                              |          |                 |                               | 0                  |  |  |
| AT-LARGE DIRECTORS   | 4.00        | X                              | _  | _        |              |                              |          | 0.              | 0.                            | 0.                 |  |  |
| DENISE DENSON  | 4 00        | ١,,                            |  |          |              |                              |          |                 |                               | •                  |  |  |
| AT-LARGE DIRECTORS   | 4.00        | X                              | _  | _        | _            | -                            | <u> </u> | 0.              | 0.                            | 0.                 |  |  |
| NICOLE GRUENEBAUM  | 4 00        | ١.,                            |  |          |              |                              |          |                 |                               | •                  |  |  |
| AT-LARGE DIRECTORS   | 4.00        | X                              |  | <u> </u> | ļ            |                              |          | 0.              | 0.                            | 0.                 |  |  |
| LANDEL HOBBS   | 4 00        | .,                             |  |          |              |                              |          |                 |                               | 0                  |  |  |
| AT-LARGE DIRECTORS   | 4.00        | X                              |  | _        |              |                              | -        | 0.              | 0.                            | 0.                 |  |  |
| PAMELA MACKENZIE   | 4 00        | .,                             |  |          |              |                              |          |                 |                               | 0                  |  |  |
| AT-LARGE DIRECTORS   | 4.00        | X                              |  | _        | _            |                              | ├        | 0.              | 0.                            | 0.                 |  |  |
| KATHY PAYNE  | 4 00        | ١,,                            |  |          |              |                              |          |                 |                               | 0                  |  |  |
| AT-LARGE DIRECTORS   | 4.00        | X                              |  |          |              | <u> </u>                     | _        | 0.              | 0.                            | 0.                 |  |  |
| SALAAM COLEMAN SMITH   | 4 00        |                                |  |          |              |                              |          |                 |                               | •                  |  |  |
| AT-LARGE DIRECTORS   | 4.00        | X                              | <del>                                     </del> |          |              | <del> </del>                 | ├-       | 0.              | 0.                            | 0.                 |  |  |
| WALTER SISSON  | 40.00       |                                | ļ  | ١., ا    |              |                              |          | 121 522         |                               | C 122              |  |  |
| VP, FINANCE & ADMINISTRA   | 40.00       | _                              | ⊢-   | Х        | _            | _                            | ⊢        | 131,533.        | 0.                            | 6,122.             |  |  |
| PARTHAVI DAS   | 40.00       |                                |  |          |              | ,                            |          | 101 700         | _                             | 11 120             |  |  |
| SVP, STRATEGY & INITIATI   | 40.00       | L                              | <u> </u>   | L        | L            | X                            | Ц_       | 121,720.        | 0.                            | 11,138.            |  |  |

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|           | VII Section A. Officers, Directors, Tru         | stees. Kev Er    | nole                           | ovee                  | s. a    | nd ł     | liah                         | est      | Compensated Employe       | es (continued)  | -        |                       |            |
|-----------|---|------------------|--------------------------------|-----------------------|---------|----------|------------------------------|----------|---------------------------|-----------------|----------|-----------------------|------------|
| <u> </u>  | (A)   | (B)              |                                |                       | ((      |          |                              |          | (D)                       | (E)             |          | (F)                   |            |
|           | Name and title                                  | Average          |                                | 1                     | Posi    |          |                              |          | Reportable                | Reportable      |          | Estimate              | ed         |
|           | Trains and this                                 | hours            | (с                             | heck                  |         |          |                              | ly)      | compensation              | compensation    |          | amount                |            |
|           |   | per              | 8                              |                       |         |          |                              |          | from                      | from related    |          | other                 |            |
|           |   | week             | ig i                           |                       |         | į        | -                            |          | the                       | organizations   |          | mpensa                |            |
|           |   |                  | 8                              | 器                     |         |          | ag S                         |          | organization              | (W-2/1099-MISC) |          | from th               |            |
|           |   |                  | individual trustee or director | institutional frustee | Officer | <b>8</b> | Highest compensated employee |          | (W-2/1099-MISC)           |                 |          | rganizat<br>and relat |            |
|           |   |                  | ig i                           | 冀                     | l ba    | Ē        | ist c                        | Þ        |                           |                 |          | rganizati             |            |
|           |   |                  | 重                              | 喜                     | €       | ₹.       | ₹5                           | Ē        |                           |                 |          | •                     |            |
|           |   |                  |                                | <del> </del>          |         | -        | $\vdash$                     | $\vdash$ |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          |                              |          |                           |                 |          |                       |            |
|           |   |                  | <u> </u>                       | 一                     |         |          |                              |          |                           |                 | _        |                       |            |
|           |   |                  |                                |                       |         |          |                              | ļ        |                           |                 | ł        |                       |            |
|           |   |                  |                                | Г                     |         |          |                              |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          |                              |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          |                              |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          | ł                            |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          |                              |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          | <u> </u>                     |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          |                              |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          | <u> </u>                     | L        |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          |                              |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          | <u> </u>                     |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         | ĺ        |                              |          |                           |                 |          |                       |            |
|           |   |                  | <u> </u>                       |                       | L_      |          |                              |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          |                              |          |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          | <u> </u>                     | <u>L</u> |                           |                 |          |                       |            |
|           |   |                  |                                |                       |         |          | }                            |          |                           |                 |          |                       |            |
|           |   |                  |                                | <u> </u>              |         |          | <u> </u>                     |          |                           |                 | _        | 40 0                  |            |
| <u>1b</u> | Total   |                  |                                |                       |         |          | <u> </u>                     |          | 527,207.                  |                 | ).       | 42,8                  | <u>69.</u> |
| 2         | Total number of individuals (including those    | n 1a) who re     | cerv                           | ed n                  | nore    | tha      | n \$1                        | 00,6     | 000 in reportable         |                 | _        |                       | _          |
|           | compensation from the organization              |                  |                                |                       |         |          |                              |          |                           |                 | <u> </u> | Yes                   | No No      |
| _         | <b>-</b>  |                  |                                |                       |         |          |                              |          |                           |                 | -        | 163                   | 110        |
| 3         | Did the organization list any former officer,   |                  | stee                           | e, ke                 | y en    | olqr     | yee,                         | or t     | nignest compensated en    | nployee on      | _        |                       | v          |
| _         | line 1a? If "Yes," complete Schedule J for s    |                  |                                |                       |         |          |                              |          |                           |                 | _3       |                       | X          |
| 4         | For any individual listed on line 1a, is the su | •                |                                |                       |         |          |                              |          | •                         | ne organization | _        | v                     |            |
| _         | and related organizations greater than \$150    |                  |                                |                       |         |          |                              |          |                           | ,               | 4        | X                     | <u> </u>   |
| 5         | Did any person listed on line 1a receive or a   | •                |                                |                       | rom     | any      | uni                          | elat     | ed organization for servi | ces rendered to | _        |                       | v          |
|           | the organization? If "Yes," complete Sched      | ule J for such . | pers                           | son                   |         |          |                              |          |                           |                 | 5        |                       | Х          |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address   | (B) Description of services              | (C)<br>Compensation |
|---|--|---------------------|
| COBALT 10 PRINCE STREET, ALEXANDRIA, VA 22314   | SOFTWARE DATABASE PROGRAMS, CONSULTING   | 399,072.            |
| CENTER FOR CREATIVE LEADERSHIP PO BOX 26300, GREENSBORO, NC 27410   | PROVIDES LEADERSHIP TRAINING THROUGH A V | 350,310.            |
| SUSQTECH PO BOX 825, WINCHESTER, VA 22604   | PROVIDES SOFTWARE, WEBSITE DEVELOPMENT,  | 148,360.            |
|   |  |                     |
|   |  |                     |
| 2 Total number of independent contractors (including those in 1) who received m from the organization ► 3 | ore than \$100,000 in compensation       |                     |

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| Do<br>7b,       | All other organizations must complement include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.                        | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
|-----------------|--|-----------------------|------------------------------|-------------------------------------|--|
| 1               | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                      |                       |                              |                                     |  |
| 2               | Grants and other assistance to individuals in the U.S. See Part IV, line 22  | 1,095.                | 1,095.                       |                                     |  |
| 3               | Grants and other assistance to governments, organizations, and individuals outside the U.S.  |                       |                              |                                     |  |
|                 | See Part IV, lines 15 and 16   |                       |                              |                                     |  |
| 4               | Benefits paid to or for members  |                       |                              |                                     |  |
| 5               | Compensation of current officers, directors, trustees, and key employees   | 437,218.              | 223,615.                     | 182,997.                            | 30,606                                 |
| 6               | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and                                 |                       |                              |                                     |  |
| _               | persons described in section 4958(c)(3)(B)  Other salaries and wages   | 905,918.              | 463,192.                     | 377,375.                            | 65,351                                 |
| 7<br>8          | Pension plan contributions (include section 401(k)   | 303,310.              | 103/132.                     | 37773733                            | 00/001                                 |
|                 | and section 403(b) employer contributions)   | 217,208.              | 115,256.                     | 87,095.                             | 14,857                                 |
| 9               | Other employee benefits  | 217,200.              | 115,250.                     | 67,093.                             | 14,037                                 |
| 10              | Payroll taxes .  |                       |                              |                                     |  |
| 11              | Fees for services (non-employees):   |                       |                              |                                     |  |
| a               | · · · · · · · · · · · · · · · · · · ·  | 41,675.               | 101.                         | 41,574.                             |  |
| b               | <u> </u>   | 29,620.               | 101.                         | 29,620.                             |  |
| C               | Accounting   | 23,020.               |                              | 25/0201                             |  |
|                 | Lobbying Professional fundraising services See Part IV, line 17  |                       |                              |                                     |  |
| e               |  | 30,373.               |                              | 30,373.                             |  |
| f               | Investment management fees Other   | 1,124,237.            | 678,939.                     | 315,298.                            | 130,000                                |
| 9<br>12         | Advertising and promotion  | 2/12/20/0             | 0.07223                      |                                     |  |
| 12<br>13        | Office expenses .  | 316,928.              | 211,093.                     | 103,790.                            | 2,045                                  |
| 14              | Information technology   | 123,638.              | 102,585.                     | 21,049.                             | 4                                      |
| 14<br>15        | Royalties  | 220,000               |                              |                                     |  |
| 16              | Occupancy  | 350,133.              |                              | 350,133.                            |  |
| 17              | Travel   | 270,062.              | 202,317.                     | 66,371.                             | 1,374                                  |
| 18              | Payments of travel or entertainment expenses   |                       |                              |                                     |  |
| 10              | for any federal, state, or local public officials  |                       | :                            |                                     |  |
| 19              | Conferences, conventions, and meetings   | 397,348.              | 384,076.                     | 13,272.                             |  |
| 20              | Interest .   |                       |                              |                                     |  |
| 21              | Payments to affiliates   |                       |                              |                                     |  |
| 22              | Depreciation, depletion, and amortization  | 55,634.               | 7,105.                       | 48,529.                             |  |
| 23              | Insurance  | 12,570.               |                              | 12,570.                             |  |
| 24              | Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total |                       |                              |                                     |  |
| _               | expenses shown on line 25 below ) SPEAKERS/FACILITATOR   | 195,925.              | 195,925.                     |                                     |  |
| a               | DDTMETMO   | 111,254.              | 107,942.                     | 3,312.                              |  |
| b               | DANK BEEC  | 69,018.               |                              | 69,018.                             |  |
| d               | MADECOTAL DEEC   | 48,702.               | 48,702.                      |                                     |  |
| e               | DUEC /CLIBCOD I DELONG   | 26,925.               | 13,744.                      | 13,181.                             |  |
| f               |  | 43,506.               | 26,333.                      | 17,173.                             |  |
| 25              | Total functional expenses. Add lines 1 through 24f   | 4,808,987.            | 2,782,020.                   | 1,782,730.                          | 244,237                                |
| <u>25</u><br>26 | Joint Costs. Check here if following   |                       | •                            | •                                   |  |
|                 | SOP 98-2 Complete this line only if the organization   |                       |                              |                                     |  |
|                 | reported in column (B) joint costs from a combined   |                       |                              |                                     |  |
|                 | educational campaign and fundraising solicitation  |                       |                              |                                     |  |

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| Pai                         | t X           | Balance Sneet  |                                       | ,                              | —Т-      |                                       |
|-----------------------------|---------------|--|---------------------------------------|--------------------------------|----------|---------------------------------------|
| ·                           |               |  |                                       | (A)<br>Beginning of year       |          | (B)<br>End of year                    |
|                             | 1             | Cash - non-interest-bearing                                |                                       |                                | 1        | 1,113,511.                            |
|                             | 2             | Savings and temporary cash investments                     |                                       | 2,275,357.                     | 2        | 308,387.                              |
|                             | 3             | Pledges and grants receivable, net                         |                                       |                                | 3        |                                       |
|                             | 4             | Accounts receivable, net                                   | <u>.</u>                              | 43,554.                        | 4        | 209,502.                              |
|                             | 5             | Receivables from current and former officers, d            | rectors, trustees, key                |                                |          |                                       |
|                             |               | employees, or other related parties. Complete F            |                                       |                                | 5        |                                       |
|                             | 6             | Receivables from other disqualified persons (as            |                                       |                                | [        |                                       |
|                             |               | 4958(f)(1)) and persons described in section 49            | 58(c)(3)(B). Complete                 |                                |          |                                       |
|                             |               | Part II of Schedule L                                      |                                       |                                | 6        |                                       |
| ţ                           | 7             | Notes and loans receivable, net                            |                                       | 7                              |          |                                       |
| Assets                      | 8             | Inventories for sale or use                                |                                       |                                | 8        | 16,259.<br>198,572.                   |
| Ä                           | 9             | Prepaid expenses and deferred charges                      |                                       | 13,758.                        | 9        | 198,572.                              |
|                             | 10a           | Land, buildings, and equipment: cost basis                 | 10a 1,114,334.                        |                                |          |                                       |
|                             | ь             | Less: accumulated depreciation. Complete                   |                                       |                                |          |                                       |
|                             |               | Part VI of Schedule D                                      | 10b 447,131.                          | 0.                             | 10c      | 667,203.<br>1,513,983.                |
|                             | 11            | Investments - publicly traded securities                   |                                       |                                | 11       | 1,513,983.                            |
|                             | 12            | Investments - other securities. See Part IV, line          | 368,657.                              | 12                             |          |                                       |
|                             | 13            | Investments - program-related. See Part IV, line           | 11                                    |                                | 13       |                                       |
|                             | 14            | Intangible assets  |                                       | 14                             | 6,747.   |                                       |
|                             | 15            | Other assets. See Part IV, line 11                         |                                       | 0.                             | 15       | 0.                                    |
|                             | 16            | Total assets. Add lines 1 through 15 (must equ             | al line 34)                           | 2,701,326.                     | 16       | 4,034,164.                            |
|                             | 17            | Accounts payable and accrued expenses                      |                                       | 59,451.                        | 17       | 685,421.                              |
|                             | 18            | Grants payable   |                                       | 18                             |          |                                       |
|                             | 19            | Deferred revenue   | 55,000.                               | 19                             | 234,063  |                                       |
|                             | 20            | Tax-exempt bond liabilities                                |                                       | 20                             |          |                                       |
| ç                           | 21            | Escrow account liability. Complete Part IV of So           |                                       | 21                             |          |                                       |
| i <u>t</u> ie               | 22            | Payables to current and former officers, director          |                                       |                                |          |                                       |
| Liabilities                 |               | highest compensated employees, and disqualif               |                                       | 22                             |          |                                       |
|                             | 02            | of Schedule L Secured mortgages and notes payable to unrel |                                       | 23                             |          |                                       |
|                             | 23            | Unsecured notes and loans payable to united                | ateo timo parties                     |                                | 24       |                                       |
|                             | 24<br>25      | Other liabilities. Complete Part X of Schedule D           |                                       |                                | 25       |                                       |
|                             | 26            | Total liabilities. Add lines 17 through 25                 | •                                     | 114,451.                       | 26       | 919,484                               |
|                             | 20            | Organizations that follow SFAS 117, check h                | ere X and complete                    |                                |          | · · · · · · · · · · · · · · · · · · · |
| ra.                         |               | lines 27 through 29, and lines 33 and 34.                  | ere P (ZZ) una complete               |                                |          |                                       |
| ĕ                           | 27            | Unrestricted net assets                                    |                                       | 2,025,738.                     | 27       | 2,524,359                             |
| Net Assets or Fund Balances | 28            | Temporarily restricted net assets                          |                                       | 104,757.                       |          | 133,941                               |
| 8                           | 29            | Permanently restricted net assets                          |                                       | 456,380.                       | 29       | 456,380                               |
| Ę                           | 20            | Organizations that do not follow SFAS 117, or              | heck here                             |                                |          |                                       |
| Ē                           |               | complete lines 30 through 34.                              | incor note and                        |                                |          |                                       |
| S<br>S                      | 30            | Capital stock or trust principal, or current funds         |                                       |                                | 30       |                                       |
| Se                          | 31            | Paid-in or capital surplus, or land, building, or e        | · · · · · · · · · · · · · · · · · · · |                                | 31       |                                       |
| Ž                           | 32            | Retained earnings, endowment, accumulated in               |                                       |                                | 32       |                                       |
| Š                           | 33            | Total net assets or fund balances                          | icome, or other lands                 | 2,586,875.                     | 33       | 3,114,680                             |
|                             | 34            | Total liabilities and net assets/fund balances             |                                       | 2,701,326.                     | 34       | 4,034,164                             |
| Pa                          | nt XI         |  | <u> </u>                              |                                |          |                                       |
|                             |               |  |                                       | ¬                              |          | Yes No                                |
| 1                           |               | ounting method used to prepare the Form 990:               | Cash X Accrual                        | Other                          |          |                                       |
| 2a                          |               | e the organization's financial statements compile          |                                       | accountant?                    |          | 2a X 2b X                             |
| b                           |               | e the organization's financial statements audited          | •                                     |                                |          | ·                                     |
| С                           |               | es" to lines 2a or 2b, does the organization have          |                                       |                                | e audīt, | 1 1 1 1 1                             |
| _                           |               | w, or compilation of its financial statements and          |                                       |                                | -l- A !  | <del></del>                           |
| 3а                          |               | result of a federal award, was the organization re         | equired to undergo an audit or at     | Joils as set torth in the Sing | jie Audi | 1 37                                  |
| _                           |               | and OMB Circular A-133?                                    |                                       | •                              |          |                                       |
| <u>_ь</u>                   | <u> If 'Y</u> | es," did the organization undergo the required at          | dn or audits?                         |                                |          | 3b   _                                |

832011 12-18-08

Form **990** (2008)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization

WOMEN IN CABLE AND TELECOMMUNICATIONS

| Employer identification number | 36-3814358 |

| Pŧ   | rt I  | Reason   | for Public Char         | ity Status (All organiz       | zations mu                                  | st complet                                       | e this par         | t.) (see ins                 | tructions)              |                |              |         |          |  |
|------|-------|--|-------------------------|-------------------------------|---|--|--------------------|------------------------------|-------------------------|----------------|--------------|---------|----------|--|
| The  | organ | ization is not a   | a private foundation    | because it is: (Please ch     | neck only o                                 | ne organiz                                       | ation.)            |                              |                         |                |              |         |          |  |
| 1    |       |  |                         | s, or association of chur     |   |  |                    | (b)(1)(A)(i)                 | ١.                      |                |              |         |          |  |
| 2    |       | A school des   | scribed in section 17   | 0(b)(1)(A)(ii). (Attach Sc    | chedule E.)                                 |  |                    |                              |                         |                |              |         |          |  |
| 3    |       |  |                         | tal service organization      |   |  | 170(b)(1)          | <b>(A)(iii)</b> . (At        | tach Sche               | dule H.)       |              |         |          |  |
| 4    | 一     |  |                         | operated in conjunction       |   |  |                    |                              |                         |                | he hospital' | s nam   | e,       |  |
|      |       | city, and stat   |                         |                               |   | •  |                    |                              |                         |                |              |         |          |  |
| 5    |       | •  |                         | benefit of a college or u     | niversity ov                                | wned or op                                       | erated by          | a governi                    | nental uni              | describe       | ed in        |         |          |  |
|      |       | _  | (b)(1)(A)(iv). (Comple  |                               |   |  | -                  |                              |                         |                |              |         |          |  |
| 6    |       |  |                         | ent or governmental uni       | it describe                                 | d in sectio                                      | n 170(b)(          | 1)(A)(v).                    |                         |                |              |         |          |  |
| 7    | X     |  | _                       | eives a substantial part      |   |  |                    |                              | r from the              | general p      | oublic desci | ıbed ıı | n        |  |
|      |       |  | (b)(1)(A)(vi). (Comple  |                               |   |  | -                  |                              |                         |                |              |         |          |  |
| 8    |       |  |                         | ection 170(b)(1)(A)(vi).      | (Complete                                   | Part II.)  |                    |                              |                         |                |              |         |          |  |
| 9    |       | -  |                         | eives: (1) more than 33       |   |  | rom contr          | ibutions, m                  | nembershij              | o fees, an     | nd gross rec | eipts f | from     |  |
|      |       |  |                         | nctions - subject to certe    |   |  |                    |                              |                         |                |              |         |          |  |
|      |       |  |                         | axable income (less sec       |   |  |                    |                              |                         |                |              |         |          |  |
| ,    |       |  | 509(a)(2). (Complete    |                               |   | ·  |                    | ·                            |                         |                |              |         |          |  |
| 10   |       | An organizat   | ion organized and or    | perated exclusively to te     | est for publ                                | ıc safety. S                                     | See <b>sec</b> tio | on 509(a)(4                  | l). (see ins            | tructions)     | )            |         |          |  |
| 11   |       | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or |                         |                               |   |  |                    |                              |                         |                |              |         |          |  |
|      |       | more publicly  | y supported organiza    | itions described in secti     | on 509(a)(                                  | 1) or sectio                                     | n 509(a)(          | 2). See <b>se</b> c          | tion 509(a              | a)(3). Che     | ck the box   | that    |          |  |
|      |       | describes the  | e type of supporting    | organization and compl        | lete lines 1                                | 1e through                                       | 11h.               |                              |                         |                |              |         |          |  |
|      |       | а 🔲 Туре   | I b 🗔                   | Type II •                     | с 🔲 Тур                                     | e III • Func                                     | tionally in        | tegrated                     |                         | d 🗀            | Type III - C | Xher    |          |  |
| e    |       | By checking  | this box, I certify tha | t the organization is not     | t controlled                                | directly of                                      | r indirectly       | y by one o                   | r more disc             | qualified p    | persons oth  | er tha  | n        |  |
|      |       | foundation m   | nanagers and other the  | han one or more publich       | y supporte                                  | d organiza                                       | itions des         | cribed ın s                  | ection 509              | (a)(1) or s    | section 509  | (a)(2). |          |  |
| f    |       | If the organiz   | ation received a writ   | ten determination from        | the IRS the                                 | at it is a Ty                                    | pe I, Type         | II, or Type                  | e III                   |                |              |         |          |  |
|      |       | supporting o   | rganization, check th   | nis box                       |   |  |                    |                              |                         |                |              |         |          |  |
| 8    |       | Since Augus  | t 17, 2006, has the o   | rganization accepted ai       | ny gift or c                                | ontribution                                      | from any           | of the follo                 | owing pers              | sons?          | i            | ·       |          |  |
|      |       | (i) A perso  | n who directly or ind   | rectly controls, either a     | lone or tog                                 | ether with                                       | persons o          | described                    | în (II) and (i          | iii) below,    |              | Yes     | No       |  |
|      |       | the gov  | eming body of the su    | upported organization?        |   |  |                    |                              |                         |                | 11g(i)       |         | <b></b>  |  |
|      |       | (ii) A family  | member of a persor      | n described ın (i) above?     | ?   |  |                    |                              |                         |                | 11g(ii)      |         | <b>_</b> |  |
|      |       | (iii) A 35%  | controlled entity of a  | person described in (i)       | or (ii) abov                                | e?   |                    |                              |                         |                | 11g(iii)     |         | L        |  |
| h    |       | Provide the f  | ollowing information    | about the organizations       | s the organ                                 | ızation suş                                      | oports.            |                              |                         |                |              |         |          |  |
|      |       |  | T                       |                               | T   |  |                    |                              | T                       |                |              |         |          |  |
| (i)  | Name  | of supported   | (ii) EIN                | (iii) Type of<br>organization |   | organization                                     |                    | u notify the<br>tion in col. | (vi) Is<br>organization | the            | (vii) Am     | iount o | f        |  |
|      | orga  | anization  |                         | (described on lines 1-9       | in col (i) listed in you governing document |  |                    | r support?                   | (i) organiz<br>U S      | ed in the      | sup          | port    |          |  |
|      |       |  |                         | above or IRC section          | Yes   | No   | Yes                | No                           | Yes                     | No             |              |         |          |  |
|      |       |  | <del> </del>            | (see instructions))           | 163   | 110  |                    |                              |                         |                |              |         |          |  |
|      |       |  |                         |                               |   |  |                    | ŀ                            |                         |                |              |         |          |  |
|      | ·     |  |                         |                               | <del> </del>                                |  |                    |                              | <del> </del>            | <del>  </del>  |              |         |          |  |
|      |       |  |                         |                               |   |  |                    | 1                            |                         | 1              |              |         |          |  |
|      |       |  |                         |                               | <del> </del>                                |  |                    | <del> </del>                 | <del> </del>            | <del> </del> - |              |         |          |  |
|      |       |  |                         |                               |   |  |                    |                              |                         |                |              |         |          |  |
|      |       |  |                         |                               | <del> </del>                                |  | <del> </del>       | <del> </del>                 | <del> </del>            | ├──-           |              |         |          |  |
|      |       |  |                         |                               |   |  |                    |                              |                         |                |              |         |          |  |
|      |       | <del></del>  |                         | <del> </del>                  | <del> </del>                                | <del>                                     </del> |                    | <del> </del>                 |                         | <del> </del>   |              |         |          |  |
|      |       |  | [                       |                               |   | [  |                    |                              |                         |                |              |         |          |  |
|      |       |  |                         |                               |   |  |                    | <u> </u>                     |                         |                |              |         |          |  |
| Tota | al .  |  |                         |                               |   |  |                    |                              |                         |                |              |         |          |  |
|      |       | Privacy Act ar   | od Panenwork Redu       | ction Act Notice, see t       | he Instruc                                  | tions for F                                      | orm 990            | <del></del>                  | Schedul                 | e A (For       | n 990 or 99  | 0-EZ)   | 2008     |  |

Schedule A (Form 990 or 990-EZ) 2008 WOMEN IN CABLE AND TELECOMMUNICATIONS 36-3814358 Page 2

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 1.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2008 (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 528,400. 700,946. 681,017. 2911213. 374,440. 626,410. include any "unusual grants.") 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 528,400. 700,946. 626,410. 681,017. 374,440. 4 Total. Add lines 1 · 3 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) 645,068. 2266145. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 681,017. 626,410. 528,400. 700,946. 374,440. 2911213. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 89,700 | 174,973 | 236,215. 191,188. 32,607. 724,683. and income from similar sources 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 14,895. 1,931. 16,826. assets (Explain in Part IV.) 3652722. 11 Total support. Add lines 7 through 10 8,970,662. 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 62.0414 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 61.60 15 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ► X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. 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 17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization

Schedule A (Form 990 or 990-EZ) 2008

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

b 10% -facts-and-circumstances test - 2007. 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 IV how the

| Scho  | edule A (Form 990 or 990 EZ) 2008  | Organizations        | Described in                          | Section 509(a)                               | (2) (Complete only | if you checked the b | Page 3<br>ox on line 9 of Part I ) |
|-------|--|----------------------|---------------------------------------|--|--------------------|----------------------|------------------------------------|
| Sec   | tion A. Public Support   |                      |                                       |  |                    |                      |                                    |
|       | endar year (or fiscal year beginning in)   | (a) 2004             | (b) 2005                              | (c) 2006                                     | (d) 2007           | (e) 2008             | (f) Total                          |
|       | 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 bus-   |                      |                                       |  |                    |                      |                                    |
|       | iness under section 513  |                      |                                       |  |                    |                      |                                    |
| 4     | Tax revenues levied for the organ-   |                      |                                       |  |                    |                      |                                    |
|       | ization's benefit and either paid to   |                      |                                       |  |                    |                      |                                    |
|       | or expended on its behalf  |                      |                                       |  | ļ                  |                      |                                    |
| 5     | The value of services or facilities  |                      |                                       |  |                    |                      |                                    |
| ·     | furnished by a governmental unit to  |                      |                                       |  |                    |                      |                                    |
|       | the organization without charge  |                      |                                       |  |                    |                      |                                    |
| 6     | Total. Add lines 1 · 5   |                      |                                       |  |                    |                      |                                    |
| _     | Amounts included on lines 1, 2, and  |                      |                                       |  |                    |                      |                                    |
| , ,   | 3 received from disqualified persons   |                      |                                       |  |                    |                      |                                    |
| b     | Amounts included on lines 2 and 3 received   |                      |                                       | <del></del>                                  |                    | <del> </del>         | <u> </u>                           |
| •     | from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000                                      |                      |                                       |  |                    |                      |                                    |
| c     | Add lines 7a and 7b  |                      |                                       |  |                    |                      |                                    |
| 8     | Public support (Subtract line 7c from line 6)  |                      |                                       |  | <u> </u>           |                      |                                    |
| Sec   | ction B. Total Support   |                      |                                       |  |                    |                      |                                    |
| Calc  | endar year (or fiscal year beginning in)   | (a) 2004             | <b>(b)</b> 2005                       | (c) 2006                                     | (d) 2007           | (e) 2008             | (f) Total                          |
| 9     | Amounts from line 6  |                      |                                       |  |                    |                      |                                    |
| 10a   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                  |                      |                                       |  |                    |                      |                                    |
| b     | Unrelated business taxable income  |                      |                                       |  |                    |                      |                                    |
|       | (less section 511 taxes) from businesses   |                      |                                       |  |                    |                      |                                    |
|       | acquired after June 30, 1975   |                      | <u> </u>                              |  | <u> </u>           |                      |                                    |
| · c   | Add lines 10a and 10b  |                      |                                       |  |                    |                      |                                    |
| 11    |  |                      |                                       |  |                    |                      |                                    |
| 12    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                      |                                       |  |                    |                      |                                    |
| 13    | Total support (Add lines 9, 10c, 11, and 12.)  |                      | <u>I </u>                             | <u></u>                                      | <u> </u>           | 1                    | <u> </u>                           |
| 14    | First five years. If the Form 990 is fo  | r the organization'  | s first, second, thi                  | rd, fourth, or fifth t                       | ax year as a sect  | on 501(c)(3) organi  | zation,                            |
|       | check this box and stop here   |                      | · · · · · · · · · · · · · · · · · · · | <u>.                                    </u> |                    |                      | <b>_</b>                           |
|       | ction C. Computation of Publ   |                      |                                       |  | <u> </u>           | - <del></del>        |                                    |
| 15    | Public support percentage for 2008 (   | line 8, column (f) c | divided by line 13,                   | column (f))                                  |                    | 15                   | %                                  |
| 16    |  |                      |                                       |  |                    | 16                   | %                                  |
| Se    | ction D. Computation of Inve   | stment Incom         | e Percentage                          | )  |                    | <del></del>          |                                    |
| 17    |  |                      |                                       |  |                    | 17                   | %                                  |
| 18    | Investment income percentage from  |                      |                                       |  |                    | 18                   | %                                  |
|       | 33 1/3% support tests - 2008. If the   |                      |                                       |  | e 15 is more than  | 33 1/3%, and line    | 17 is not                          |
| . • • | more than 33 1/3%, check this box a  |                      |                                       |  |                    |                      | ▶□                                 |
| ,     | 33 1/3% support tests - 2007. If the   |                      |                                       |  |                    |                      | and                                |
| •     | line 18 is not more than 33 1/3%, che  |                      |                                       |  |                    |                      |                                    |
| 20    | Private foundation. If the organization  |                      |                                       |  |                    |                      | _ ▶ □                              |
|       | ato to an  |                      |                                       |  |                    |                      |                                    |

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

WOMEN IN CABLE AND TELECOMMUNICATIONS

Employer identification number 36-3814358

| Pa  | rt I Organizations Maintaining Donor Advise                       |   | s or Accounts. Complete if the                   |
|-----|---|---|--|
|     | organization answered "Yes" to Form 990, Part IV, lin             |   |  |
|     |   | (a) Donor advised funds                         | (b) Funds and other accounts                     |
| 1   | Total number at end of year                                       |   |  |
| 2   | Aggregate contributions to (during year)                          |   |  |
| 3   | Aggregate grants from (during year)                               |   |  |
| 4   | Aggregate value at end of year                                    |   |  |
| 5   | Did the organization inform all donors and donor advisors in      | writing that the assets held in donor advi      | sed funds  |
|     | are the organization's property, subject to the organization's    | exclusive legal control?                        | Yes No   |
| 6   | Did the organization inform all grantees, donors, and donor a     |   | e used only                                      |
|     | for charitable purposes and not for the benefit of the donor      | or donor advisor or other impermissible p       | rrvate benefit?                                  |
| Pa  |   |   |  |
| 1   | Purpose(s) of conservation easements held by the organizat        |   |  |
|     | Preservation of land for public use (e.g., recreation or          |   | storically important land area                   |
|     | Protection of natural habitat                                     |   | fied historic structure                          |
|     | Preservation of open space  | 1 10001 Valion 01 00111                         | inda motorio di dotaro                           |
| 2   | Complete lines 2a-2d if the organization held a qualified cons    | servation contribution in the form of a con     | regretion assembnt on the lost day               |
| -   | of the tax year.  | servation contribution in the form of a cor     | iservation easement on the last day              |
|     | of the tax year.  |   | Hold at the End of the Vers                      |
| _   | Total number of accompation accompati                             |   | Held at the End of the Year                      |
| a   | Total number of conservation easements                            | •   | 2a   |
| D   | Total acreage restricted by conservation easements                |   | 2b   |
| C   | Number of conservation easements on a certified historic str      | · •   | 2c   |
| d   | Number of conservation easements included in (c) acquired         |   | 2d   |
| 3   | Number of conservation easements modified, transferred, re        | leased, extinguished, or terminated by th       | e organization during the taxable                |
|     | year ▶  |   |  |
| 4   | Number of states where property subject to conservation ea        | sement is located -                             |  |
| 5   | Does the organization have a written policy regarding the pe      | nodic monitoring, inspection, violations, a     | and  |
|     | enforcement of the conservation easements it holds?               |   | Yes No   |
| 6   | Staff or volunteer hours devoted to monitoring, inspecting, a     | and enforcing easements during the year         | <b></b>  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and        | enforcing easements during the year ▶           | \$   |
| 8   | Does each conservation easement reported on line 2(d) above       | ve satisfy the requirements of section 170      | D(h)(4)(B)(i)                                    |
|     | and section 170(h)(4)(B)(ii)?                                     |   | Yes No   |
| 9   | In Part XIV, describe how the organization reports conservat      | ion easements in its revenue and expens         | e statement, and balance sheet, and              |
| _   | include, if applicable, the text of the footnote to the organiza  |   |  |
|     | conservation easements.   |   | , the digameation of accounting to               |
| Pa  | rt III Organizations Maintaining Collections o                    | f Art. Historical Treasures, or C               | Other Similar Assets                             |
|     | Complete if the organization answered "Yes" to Form               | -   | And on mar Addetor                               |
|     | Ochipiete ii the diganization answered Tes to Femi                | 1 3 3 6, 1 4, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
| 4.  | K4b   |   |  |
| ıa  | If the organization elected, as permitted under SFAS 116, no      | •   |  |
|     | treasures, or other similar assets held for public exhibition, e  |   | ublic service, provide, in Part XIV, the text of |
| _   | the footnote to its financial statements that describes these     |   |  |
| b   | If the organization elected, as permitted under SFAS 116, to      | •   |  |
|     | or other similar assets held for public exhibition, education, of | or research in furtherance of public service    | e, provide the following amounts relating to     |
|     | these items:  |   |  |
|     | (i) Revenues included in Form 990, Part VIII, line 1              | •   | ► \$<br>► \$                                     |
|     | (ii) Assets included in Form 990, Part X                          |   | <b>▶</b> \$                                      |
| 2   | If the organization received or held works of art, historical tre | easures, or other similar assets for financi    | al gain, provide                                 |
|     | the following amounts required to be reported under SFAS 1        |   |  |
| а   | Revenues included in Form 990, Part VIII, line 1                  |   | <b>&gt;</b> \$                                   |
| b   | Assets included in Form 990, Part X                               | ·   | · · · <b>\$</b>                                  |
| _   |   |   | ·  |
| LHA | For Privacy Act and Paperwork Reduction Act Notice, see           | e the Instructions for Form 990.                | Schedule D (Form 990) 2008                       |

Schedule D (Form 990) 2008

| Sche | dule D (Form 990) 2008 WOMEN IN CABLE AND TELECOMMUNICATION   |                | <u> 36-</u> : | <u>3814358</u>   | Page 4       |
|------|---|----------------|---------------|------------------|--------------|
| Pai  | t XI Reconciliation of Change in Net Assets from Form 990 to Financial State                                      | ments          |               |                  |              |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)  | 1              |               | 4,692            |              |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)   | 2              |               | 4,808            | <u>.987.</u> |
| 3    | Excess or (deficit) for the year. Subtract line 2 from line 1   | 3              |               | <116             | 047.         |
| 4    | Net unrealized gains (losses) on investments  | 4              |               |                  |              |
| 5    | Donated services and use of facilities  | 5              |               |                  |              |
| 6    | Investment expenses .   | 6              |               |                  |              |
| 7    | Prior period adjustments  | 7              |               |                  |              |
| 8    | Other (Describe in Part XIV)  | 8              |               | 643              | 852.         |
| 9    | Total adjustments (net). Add lines 4-8  | 9              |               | 643              | 852.         |
| 10   | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9                                  | 10             |               | 527              | ,805.        |
| Par  | t XII Reconciliation of Revenue per Audited Financial Statements With Rever                                       | ue per F       | letum         | · _              |              |
| 1    | Total revenue, gains, and other support per audited financial statements  |                | 1             | 5,206            | ,893.        |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                |               |                  |              |
| a    | Net unrealized gains on investments . 2a  |                |               |                  |              |
| ь    | Donated services and use of facilities 2b   |                | 1             |                  |              |
| c    | Recoveries of prior year grants 2c  |                |               |                  |              |
| d    |   | 4,326.         | 1 1           |                  |              |
|      | Add lines 2a through 2d   |                | 2e            | 544              | . 326        |
| _    |   |                | 3             | 544<br>4,662     | 567          |
| 3    | Subtract line 2e from line 1  |                | 3             | 4,002            | , 507.       |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | 0,373.         |               |                  |              |
| a    |   | 0,3/3.         | - 1           |                  |              |
| Ь    | Other (Describe in Part XIV)  |                | - 1           | 20               | 272          |
|      | Add lines 4a and 4b   |                | 4c            | 30<br>4,692      | 040          |
| 5    | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)                                 |                | 5  <br>Date:  |                  | , 940 .      |
|      | t XIII Reconciliation of Expenses per Audited Financial Statements With Expe                                      | nses per       | T             | m = 222          | 040          |
| 1    | Total expenses and losses per audited financial statements  |                | 1             | 5,322            | 940.         |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |                |               |                  |              |
| a    | Donated services and use of facilities 2a 2a  | <del></del>    | - 1           |                  |              |
| þ    | Prior year adjustments . 2b   |                |               |                  |              |
| C    | Losses reported on Form 990, Part IX, line 25   | 1 206          | - 1           |                  |              |
| d    |   | 4,326.         | 1 1           |                  | 226          |
| е    | Add lines 2a through 2d .   |                | 2e            |                  | <u>,326.</u> |
| 3    | Subtract line 2e from line 1  |                | 3             | 4,778            | ,614.        |
| 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  | 0 <u>,373.</u> |               |                  |              |
| b    | Other (Describe in Part XIV)  |                |               |                  |              |
| C    | Add lines 4a and 4b   |                | 4c            |                  | <u>,373.</u> |
| _5   | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)                                |                | 5             | 4,808            | <u>,987.</u> |
| Par  | t XIV Supplemental Information  |                |               |                  |              |
| Com  | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa | rt IV, lines 1 | b and 2       | 2b; Part V, line | 4; Part      |
|      | rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.   |                |               |                  |              |
| PAF  | RT V, LINE 4: WICT'S ENDOWMENT FUND INCLUDES A PERMA  | NENTLY         | <b>.</b>      |                  |              |
|      |   |                |               |                  |              |
| RES  | TRICTED FUND THAT IS A TRADITIONAL DONOR-RESTRICTED   | ENDOW          | MEN'          | r FUND           |              |
|      |   |                |               |                  |              |
| EST  | ABLISHED TO SUPPORT WOMEN'S LEADERSHIP PROGRAMS.  |                |               |                  |              |
|      |   |                |               |                  |              |
|      |   |                |               |                  |              |
|      |   |                |               |                  |              |
| PAF  | T XI, LINE 8 - OTHER ADJUSTMENTS:   |                |               |                  | ·            |
| AD.  | USTMENT TO PRIOR YEAR NET ASSETS DUE TO MERGER: 643   | 852.           |               |                  |              |
|      | THE TO THE THE MET HOUSE DOD TO HENOMY. AT  | <del>-</del>   |               |                  |              |
|      |   |                |               |                  |              |
|      |   |                |               |                  |              |
| PAF  | T XII, LINE 2D - OTHER ADJUSTMENTS:   |                |               |                  |              |
|      |   |                | Sched         | ule D (Form 9    | 90) 2008     |

| Schedule D (Form 990) 2008 WOMEN IN CABLE AND TELECOMMUNICATIONS  | 36-3814358 Page 5 |
|---|-------------------|
| Schedule D (Form 990) 2008 WOMEN IN CABLE AND TELECOMMUNICATIONS  Part XIV Supplemental Information (continued) |                   |
| •   |                   |
| SPECIAL EVENT EXPENSES: 544326.   |                   |
|   |                   |
|   |                   |
|   |                   |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS:   |                   |
|   |                   |
| SPECIAL EVENT EXPENSES: 544326.   |                   |
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#### 1 SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008 Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

| Name of the organization  WOMEN               | IN CABLE AND TELECO  | MMI   | NTC   | ATTONS  |                      | 36-3814  | Number  |
|---|--|---|---|---|----------------------|--|---|
|   | 6. Complete if the organization answer   |   |   |   | line 17              |  |   |
| b If "Yes," list the ten highest paid inc     | e Solicita f Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p | tion of<br>tion of<br>fundral<br>(inclusion<br>forofess | non-g<br>gover<br>aising<br>ding o<br>sional to<br>agre | overnment grants rnment grants events fficers, directors, true fundraising services? ements under which | stees<br>,<br>the fu | Yes  |   |
| (i) Name of Individual or entity (fundraiser) | (ii) Activity  | have o  | Did<br>raiser<br>sustody<br>atrol of<br>outlons?        | (iv) Gross receipts from activity   | to (o                | Amount paid<br>r retained by)<br>undraiser<br>ed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|   |  | Yes   | No  |   |                      |  |   |
|   |  |   |   |   |                      |  |   |
|   |  |   |   |   |                      |  |   |
|   |  |   |   |   |                      |  |   |
|   |  | -   |   |   |                      |  |   |
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|   |  |   |   |   |                      |  |   |
|   |  | <del>                                     </del>        |   |   |                      |  | <del></del>   |
|   |  | <del>                                     </del>        | _   |   |                      | ····   | ····-   |
|   |  | <u> </u>  | <u> </u>  |   |                      |  |   |
| Total .                                       | , <u> </u>   |   |   |   |                      |  |   |
| 3 List all states in which the organization   | on is registered or licensed to solicit  | funds   | or has  | been notified it is ex  | empt                 | from registrati  | on or licensing.  |
|   |  |   |   |   |                      |  |   |
|   |  |   |   |   |                      |  | ··· <u> ····</u>  |
|   |  |   |   |   |                      |  |   |
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|   |  |   |   |   |                      |  |   |
|   |  |   |   |   |                      |  |   |
|   |  |   |   |   |                      |  |   |
|   |  |   |   | <del></del>   |                      |  |   |
| LHA For Privacy Act and Paperwork Re          | eduction Act Notice, see the Instru  | ctions  | for F   | orm 990.  | Sched                | ule G (Form 9  | 90 or 990-EZ) 2008                                      |

Schedule G (Form 990 or 990-EZ) 2008 WOMEN IN CABLE AND TELECOMMUNICATIONS 36-3814358 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other Events (b) Event #2 (a) Event #1 (d) Total Events NONE (Add col. (a) through GALA col. (c)) (event type) (event type) (total number) 1,453,750. 1,453,750. Gross receipts 330,000 330,000. Less: Charitable contributions 1,123,750 1,123,750. Gross revenue (line 1 minus line 2) Cash prizes Direct Expenses Non-cash prizes 243,571. 243,571. Rent/facility costs 300,755. 300,755. 7 Other direct expenses 544,326.) Direct expense summary. Add lines 4 through 7 in column (d) 579,424. Net income summary. Combine lines 3 and 8 in column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," Explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Schedule G (Form 990 or 990-EZ) 2008

| Schedule G (Form 990 or 990-EZ) 2008 WOMEN IN CABLE AND TELECOMMUNICATIONS 36-381                                      | <u>435</u> | 8 Pa | age 3 |
|--|------------|------|-------|
|  |            | Yes  | No    |
| 13 Indicate the percentage of gaming activity operated in:   |            |      |       |
| a The organization's facility  |            |      |       |
| b An outside facility  |            |      |       |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: |            |      |       |
|  |            |      |       |
| Name ▶   |            |      |       |
|  |            |      |       |
| Address  |            |      |       |
|  |            |      |       |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?       | 15a        |      |       |
|  |            |      |       |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount                        |            |      |       |
| of gaming revenue retained by the third party ►\$  |            |      |       |
| c If "Yes," enter name and address:  |            |      |       |
|  |            |      |       |
| Name ▶   |            |      |       |
| Address N  |            |      |       |
| Address ▶  |            |      |       |
| 16 Gaming manager information:   |            |      |       |
| 16 Gaming manager information:   |            |      |       |
| Name ▶   |            |      |       |
| Name V   |            | i    |       |
| Gaming manager compensation ▶ \$   |            |      |       |
|  |            |      |       |
| Description of services provided   |            |      |       |
|  |            |      |       |
|  |            |      |       |
|  |            |      |       |
| Director/officer Employee Independent contractor   |            |      |       |
| •  |            |      |       |
| 17 Mandatory distributions:  |            |      |       |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to            |            |      |       |
| retain the state gaming license?   | 17a        |      |       |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the |            |      |       |
| organization's own exempt activities during the tax year > \$  |            |      |       |

Schedule G (Form 990 or 990-EZ) 2008

#### SCHEDULE J (Form 990)

### **Compensation Information**

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WOMEN IN CABLE AND TELECOMMUNICATIONS

Employer identification number 36-3814358

| Pa | rt I Questions Regarding Compensation  |    |  |            |
|----|--|----|--|------------|
|    |  |    | Yes                                    | No         |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,     |    |  |            |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                 |    |  | ĺ          |
|    | First-class or charter travel Housing allowance or residence for personal use  |    |  |            |
|    | Travel for companions Payments for business use of personal residence  |    |  |            |
|    | Tax indemnification and gross-up payments Health or social club dues or initiation fees                                    |    |  |            |
|    | Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  |    |  |            |
| b  | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision        |    |  |            |
|    | of all of the expenses described above? If "No," complete Part III to explain  | 1b |  |            |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, |    |  |            |
|    | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  | 2  |  |            |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's         |    |  |            |
|    | CEO/Executive Director. Check all that apply.  |    |  |            |
|    | X Compensation committee X Written employment contract   |    |  |            |
|    | Independent compensation consultant  X Compensation survey or study  |    |  |            |
|    | Form 990 of other organizations  Approval by the board or compensation committee   |    |  |            |
|    |  |    |  |            |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a:  |    |  |            |
| а  | Receive a severance payment or change of control payment?  | 4a |  | X          |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                      | 4b |  |            |
| C  | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c | ļ                                      | Х          |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.              |    |  |            |
|    | Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.  |    |  |            |
| 5  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation          |    |  |            |
|    | contingent on the revenues of:   |    |  |            |
| 8  | The organization?  | 5a |  | X          |
| þ  | Any related organization?  | 5b |  | Х          |
|    | If "Yes," to line 5a or 5b, describe in Part III.  |    |  |            |
| 6  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation          |    |  |            |
|    | contingent on the net earnings of:   |    |  | U          |
| a  | The organization?  | 6a |  | X          |
| b  | Any related organization?  | 6b |  | <b>├</b> ┻ |
|    | If "Yes" to line 6a or 6b, describe in Part III.   |    | 1                                      |            |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments          | _  |  | <b>.</b>   |
|    | not described in lines 5 and 6? If "Yes," describe in Part III   | 7  |  | X          |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the            |    |  | X          |
|    | initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III                      | 8  | ــــــــــــــــــــــــــــــــــــــ | ┸~         |

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Schedule J (Form 990) 2008

36-3814358

Page 2

Schedule J (Form 990) 2008 WOMEN IN CABLE AND TELECOMMUNICATIONS 30-3014330

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

|                          |          | (B) Breakdown of V       | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation             | (0)                      | (0)                    | (E)                         | (F)  |
|--------------------------|----------|--------------------------|--|-----------------------------|--------------------------|------------------------|-----------------------------|--|
| (A) Name                 |          | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other<br>compensation | Deferred<br>compensation | Nontaxable<br>benefits | Total of columns (B)(i)-(D) | Compensation reported in prior Form 990 or Form 990-EZ |
| BENITA FITZGERALD MOSLEY | € €      | 216,599.                 | 44,878.  | 12,477.                     | 11,278.                  | 14,331.                | 299,563.                    | 0.0  |
|                          |          |                          |  |                             |                          |                        |                             |  |
|                          | (3)      |                          |  |                             |                          |                        |                             |  |
|                          | ε        |                          |  |                             |                          |                        |                             |  |
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|                          | € €      |                          |  |                             |                          |                        |                             |  |
|                          | <b>E</b> |                          |  |                             |                          |                        |                             |  |
|                          | Ξ        |                          |  |                             |                          |                        |                             |  |
|                          | ε        |                          |  |                             |                          |                        |                             |  |
|                          | 13       |                          |  |                             |                          |                        |                             |  |
|                          | ε        |                          |  |                             |                          |                        |                             |  |
|                          | Œ        |                          |  |                             |                          |                        |                             |  |
|                          | ε        |                          |  |                             |                          |                        |                             |  |
| )                        | (m)      |                          |  |                             |                          |                        |                             |  |
|                          | (1)      |                          |  |                             |                          |                        |                             |  |
|                          |          |                          |  |                             |                          |                        |                             |  |
|                          | Ξ        |                          |  |                             |                          |                        |                             |  |
|                          | Ξ        |                          |  |                             |                          |                        |                             |  |
|                          | 8        |                          |  |                             |                          |                        |                             |  |
|                          | Ξ        |                          |  |                             |                          |                        |                             |  |
|                          | 8        |                          |  |                             |                          |                        |                             |  |
|                          | Ξ        |                          |  |                             |                          |                        |                             |  |
|                          | Ξ        |                          |  |                             |                          |                        |                             |  |
|                          | (ii)     |                          |  |                             |                          |                        |                             |  |
|                          | ω        |                          |  |                             |                          |                        |                             |  |
|                          | $\odot$  |                          |  |                             |                          |                        |                             |  |
|                          | ε        |                          |  |                             |                          |                        |                             |  |
|                          | ▣        |                          |  |                             |                          |                        |                             |  |
|                          | ε        |                          |  |                             |                          |                        |                             |  |
|                          | (E)      |                          |  |                             |                          |                        |                             |  |
|                          |          |                          |  | ,                           |                          |                        | Schedu                      | Schedule J (Form 990) 2008                             |

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

| Name of the organization  WOMEN IN CABLE AND TELECOMMUNICATIONS                            | Employer identification number 36-3814358 |
|--|---|
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:                                       |   |
| PROFESSIONAL EDUCATION 227,545   |   |
| MEMBERSHIP 142,977   |   |
| OTHER PROGRAM SERVICES 1,097,792   |   |
| EXPENSES \$ 1468314. INCLUDING GRANTS OF \$ 0. REVENUE                                     | \$ 0.                                     |
|  |   |
| FORM 990, PART VI, SECTION A, LINE 4: THE WOMEN IN CABLE                                   | AND                                       |
| TELECOMMUNICATIONS MERGED INTO THE WOMEN IN CABLE AND TE                                   | LECOMMUNICATIONS                          |
| FOUNDATION EFFECTIVE JANUARY 1, 2008. THE CURRENT ORGANI                                   | ZATION IS THE                             |
| FOUNDATION, WHICH SUBSEQUENTLY CHANGED ITS NAME TO WOMEN                                   | IN CABLE                                  |
| TELECOMMUNICATIONS.  |   |
|  |   |
| FORM 990, PART VI, SECTION A, LINE 6: THE SEVEN MEMBERSH                                   | IP CLASSES ARE AS                         |
| FOLLOWS:   |   |
|  |   |
| REGULAR MEMBERSHIP- SUCH MEMBERS ARE ENTITLED TO ONE VOT                                   | 'E AND MAY HOLD                           |
| OFFICE AND SERVE ON THE NATIONAL OR CHAPTER LEVEL BOARD                                    | OF DIRECTORS.                             |
|  |   |
| EXECUTIVE MEMBERSHIP- THESE MEMBERS ARE ENTITLED TO ONE                                    | VOTE AND MAY HOLD                         |
| OFFICE AND SERVE ON THE NATIONAL OR CHAPTER LEVEL BOARD                                    | OF DIRECTORS.                             |
|  |   |
| CHARTER MEMBERSHIP- SUCH MEMBERS MAY UPGRADE THEIR STATU                                   | S TO EXECUTIVE IF                         |
| THEY MEET EXECUTIVE MEMBERSHIP CRITERIA.   |   |
|  |   |
| ENTRY LEVEL MEMBERSHIP- THESE MEMBERS DO NOT HAVE VOTING                                   | RIGHTS AND CANNOT                         |
| SERVE IN AN APPOINTED OR ELECTED OFFICE.   |   |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule O (Form 990) 2008                |

#### SCHEDULE O

(Form 990)

#### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 8 Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization 36-3814358 WOMEN IN CABLE AND TELECOMMUNICATIONS EXECUTIVE LIFE MEMBERSHIP- SUCH MEMBERS ARE ENTITLED TO ONE VOTE AND MAY HOLD OFFICE AND SERVE ON THE NATIONAL OR CHAPTER LEVEL BOARD OF DIRECTORS. HONORARY MEMBERSHIP- THOSE CONFERRED HONORARY MEMBERSHIP DO NOT RECEIVE A VOTE AND CANNOT SERVE IN AN APPOINTED OR ELECTED OFFICE. STUDENT MEMBERSHIP- STUDENT MEMBERS DO NOT HAVE VOTING RIGHTS OR THE RIGHTS TO SERVE IN AN APPOINTED OR ELECTED OFFICE. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE FOLLOWING CLASSES MAY USE THEIR VOTING RIGHTS TO ELECT NOMINEES FOR POSITIONS IN THE GOVERNING BODY: -REGULAR MEMBERS -EXECUTIVE MEMBERS -EXECUTIVE LIFE MEMBERS FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 TAX RETURN IN REVIEWED BY THE VP OF FINANCE & ADMINISTRATION AND BY THE OUTSIDE ACCOUNTING FIRM. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST COMPLETE A FORM DISCLOSING CONFLICTS, IF ANY, OR SUBMIT A STATEMENT THAT NO CONFLICTS EXIST. IF A CONFLICT OR POTENTIAL CONFLICT OF INTEREST IS DISCLOSED, IT IS UP TO THE EXECUTIVE COMMITTEE OF THE BOARD TO DETERMINE WHETHER A CONFLICT

RELATED TO THE TRANSACTION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

EXISTS. IF SO, A BOARD MEMBER IS NOT PERMITTED TO VOTE ON ANY DECISIONS

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury internal Revenue Service

#### Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

WOMEN IN CABLE AND TELECOMMUNICATIONS

Employer identification number 36-3814358

| FORM 990, PART VI, SECTION B, LINE 15: THE SALARY FOR THE EXECUTIVE,        |
|---|
| INCLUDING BASE SALARY, MERIT INCREASES, AND BONUSES IS NEGOTIATED AND       |
| AGREED UPON BY THE EXECUTIVE AND WICT'S CHAIRS FOLLOWING THE ANNUAL         |
| PERFORMANCE REVIEW. THE PERFORMANCE OF THE EXECUTIVE WILL BE REVIEWED       |
| ANNUALLY BY WICT'S CHAIRS PRIOR TO THE ANNIVERSARY DATE OF THE EMPLOYMENT   |
| AGREEMENT BASED ON PERFORMANCE CRITIERIA AND GOALS PROVIDED IN WRITING TO   |
| THE EXECUTIVE AT THE BEGINNING OF THE PERIOD UNDER REVIEW. THE PRIMARY      |
| ELEMENTS OF THE REVIEW WILL INCLUDE PERFORMANCE IN (A)BUDGET MANAGEMENT (B) |
| MEMBERSHIP GROWTH (C) FUNDRAISING AND (D)FURTHERING THE MISSION OF WICT.    |
|   |
| FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT    |
| OF INTEREST POLICY AND FINANCIAL STATEMENT ARE AVAILABLE UPON REQUEST.      |
|   |
| FORM 990, PART XI, LINE 2C  |
| THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE ANNUAL FINANCIAL      |
| AUDIT OF THE ORGANIZATION AS WELL AS THE SELECTION OF AN INDEPENDENT        |
| ACCOUNTANT. THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE REVIEW     |
| OF THE ORGANIZATION'S FINANCIAL STATEMENTS. WICT'S METHODS HAVE NOT         |
| CHANGED SINCE THE PRIOR YEAR.   |
|   |
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#### PLAN AND AGREEMENT OF MERGER BETWEEN

#### **WOMEN IN CABLE & TELECOMMUNICATIONS**

#### AND

#### WOMEN IN CABLE & TELECOMMUNICATIONS FOUNDATION

This Plan and Agreement of Merger, made and entered into this LLH day of November. 2007, by and between WOMEN IN CABLE & TELECOMMUNICATIONS FOUNDATION, an Illinois not-for-profit corporation ("FOUNDATION") and WOMEN IN CABLE & TELECOMMUNICATIONS, an Illinois not-for-profit corporation ("WICT"), said corporations being hereinafter sometimes referred to jointly as "constituent corporations,"

#### WITNESSETH:

WHEREAS, FOUNDATION is a not-for-profit corporation organized and existing under the laws of the State of Illinois, its Articles of Incorporation having been filed in the office of the Secretary of State of Illinois on August 27, 1991; and

WHEREAS, WICT is a not-for-profit corporation organized and existing under the laws of the State of Illinois, its Articles of incorporation having been filed in the office of the Secretary of State of Illinois on December 30, 1988; and

WHEREAS, the board of directors of each of the constituent corporations deems it advisable that WICT be merged into FOUNDATION on the terms and conditions hereinafter set forth, and in accordance with the applicable provisions of the General Not-for-Profit Corporation Act of the State of Illinois, which permit such mergers; and

WHEREAS, neither of the constituent corporations has members entitled to vote on mergers.

NOW, THEREFORE, in consideration of the premises and of the agreements, covenants and conditions hereinafter set forth, FOUNDATION and WICT, by their respective boards of directors, hereby agree each with the other as follows:

#### ARTICLE I

FOUNDATION and WICT shall be merged into a single corporation, in accordance with the provisions of the General Not-for-Profit Corporation Act of the State of Illinois, by WICT merging into FOUNDATION, and FOUNDATION shall be the surviving corporation of the merger.

#### ARTICLE II

Upon the merger becoming effective:

- The constituent corporations shall be a single corporation and the name of the survlying corporation shall be changed to Women in Cable Telecommunications,
- The separate existence of WICT shall cease, except to the extent provided for by the laws of the State of Illinois in the case of a corporation after its merger into another corporation.
- 3. The surviving corporation shall thereupon and thereafter possess all the rights, privileges, Immunities and franchises of each of the constituent corporations, and all property, real, personal and mixed, and debts due on whatever account, and all choses in action, and every other interest belonging to or due to each of the constituent corporations shall be taken and deemed to be transferred to and vested in FOUNDATION as the surviving corporation, without further act or deed; and the title to any real estate, or any interest therein, vested in any of the constituent corporations shall not revert to or be in any way impaired by reason of the merger but shall vest in the surviving corporation.
- 4. The surviving corporation shall thenceforth be responsible and liable for all of the liabilities and obligations of each of the constituent corporations; and any claim existing or action or proceeding pending by or against any of the constituent corporations may be prosecuted to judgment by the surviving corporation as if the merger had not taken place, or the surviving corporation may be substituted in place of the constituent corporations. Neither the rights of creditors nor any liens upon the property of any of the constituent corporations shall be impaired by the merger.
- 5. The Articles of Incorporation of FOUNDATION, as existing and constituted immediately prior to the effective date of the merger, shall be the Articles of Incorporation of the surviving corporation, with the following amendments:

Article 1 shall be amended to read as follows: "The name of the corporation is Women in Cable Telecommunications."

Article 4 shall be amended as follows:

Article 4(1) shall read: "The purpose of this corporation shall be, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or any corresponding provision of any future United States Internal Revenue law), to act as a professional society supporting career growth of women in the cable telecommunications industry through educational programs, research, and other activities appropriate for Section 501(c)(3) organizations."

Article 4(2) shall read: "The corporation shall be organized and operated exclusively within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or any corresponding provision of any future United States. Internal Revenue law), and no part of the net earnings of the corporation shall inure to the benefit of any director, officer, or other private person, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered."

Article 4(3) shall read: "Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the corporation, dispose of all the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations as shall at that time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or any corresponding provision of any future United States Internal Revenue law), as the Board of Directors shall determine."

Article 4(4) shall read: "No substantial part of the activities of the corporation shall consist of the carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in, (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office."

Article 4(5) shall be deleted.

Article 4(6) shall become new Article 4(5) and shall read: "The corporation shall not adopt any practice, policy or procedure which would result in discrimination on the basis of race, religion or creed."

- Each of the members of WICT shall be considered a member of FOUNDATION, without further action.
- 7. The effective date of the merger shall be deemed to be January 1, 2008.

#### ARTICLE [I]

The surviving corporation shall pay all expenses of carrying this Plan and Agreement of Merger into effect and accomplishing the merger provided for herein.

#### ARTICLE IV

The assets and liabilities of WICT, at the effective date of the merger, shall be taken on the books of the surviving corporation at the amounts at which they, respectively, shall, on such date, be carried on the books of WICT.

The officers and directors of the surviving corporation shall be the persons indicated in Exhibit B hereto, and such persons shall hold office until their respective successors are elected according to the bylaws of the surviving corporation.

#### ARTICLE VI

The address of the surviving corporation where copies of process may be served by the Illinois Secretary of State shall be 120 South Riverside Plaza, Suite 1200, Chicago, Illinois 60606.

#### **ARTICLE VII**

If at any time the surviving corporation shall consider or be advised that any further assignment or assurance in law is necessary or desirable to vest in the surviving corporation the title to any property or rights of any of the constituent corporations, the proper officers and directors of the constituent corporations shall execute and deliver all such proper assignments, conveyances and assurances in law and do all things necessary or proper to vest such property or rights in the surviving corporation, and otherwise to carry out the purposes of this Plan and Agreement of Merger.

#### ARTICLE VIII

Anything herein or elsewhere to the contrary notwithstanding, this Plan and Agreement of Merger may be abandoned by either of the constituent corporations by the adoption of an appropriate resolution by either board of directors abandoning the merger, at any time prior to the filing of the Articles of Merger by the Secretary of State of Illinois, and by notifying the other constituent corporation of the adoption of such resolution.

#### **ARTICLE IX**

This Plan and Agreement of Merger shall be submitted to the directors of FOUNDATION and the directors of WICT (nelther of the constituent corporations having members with the right to approve mergers), as provided by law, and shall take effect and be deemed to be the Plan and Agreement of Merger of said corporations upon the approval or adoption thereof by the vote of the board of directors of WICT and the board of directors of FOUNDATION in accordance with the requirements of the General Not-for-Profit Corporation Act of the State of Illinois, and upon the execution, filing and recording of such documents and the doing of such acts required to accomplish the merger under the provisions of the General Not-for-Profit Corporation Act of the State of Illinois.

IN WITNESS WHEREOF, FOUNDATION and WICT have caused this Plan and Agreement of Merger to be approved by their boards of directors and signed and acknowledged by their Presidents, and attested by their Secretaries, as of the day and year first above written.

| FOUNDATION  X By Hand Manual  Its: President  ATTEST: John M  X FOUNDATION Secretary                       | WICT Secretary  |
|--|---|
| City/County of Loudoun Commonwealth of Virginia Given under my hand this  16 day of Nevember, 2007,        | City/County of Loudoun<br>Commonwealth of Virginia<br>Given under my hand this.  16 th day of Novembet, 2007, |
| As President of FOUNDATION  as President of FOUNDATION  Notary Public  Notary registration number 33 753 9 | as President of WICT  Cay of M. July  Metary Public  Notary registration number 33 7 5 29                     |
| My commission expires _ \(\frac{\frac{7\pi_2\}\50\ll}{\}\)   | My commission expires 8/21/2007   |

I, Land Holds, Secretary of FOUNDATION, a corporation organized and/or existing under the General Not-for-Profit Corporation Act of the State of Illinois, hereby certify, as Secretary of FOUNDATION, that the Plan and Agreement of Merger to which this Certificate is attached was adopted by the board of directors of that corporation as provided for in Section 108.15 and Section 111.15 of the General Not-for-Profit Corporation Act of the State of Illinois, there being no members having voting rights as to mergers, and is the duly adopted agreement of FOUNDATION, pursuant to the provisions of the General Not-for-Profit Corporation Act of the State of Illinois.

Witness my hand this 16 day of November , 20 07.

I. Elen East. Secretary of WICT, a corporation organized and/or existing under the General Not-for-Profit Corporation Act of the State of Illinois, hereby certify, as Secretary of WICT, that the Plan and Agreement of Merger to which this Certificate is attached was adopted by the board of directors of that corporation, as provided for in Section 108.15 and Section 111.15 of the General Not-for-Profit Corporation Act of the State of Illinois, there being no members having voting rights as to mergers, and is the duly adopted agreement of WICT, pursuant to the provisions of the General Not-for-Profit Corporation Act of the State of Illinois.

Witness my hand this 16 day of November, 20 07

WICT Secretary

| Form 8868   | (Rev 4-2009)   |                            |                        | Page 2               |  |  |  |
|---|--|----------------------------|------------------------|----------------------|--|--|--|
| • If you a  | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check  | this box                   |                        | ► X                  |  |  |  |
|   | ly complete Part II if you have already been granted an automatic 3-month extension on a previous  |                            | n 8868.                |                      |  |  |  |
|   | are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).   |                            |                        |                      |  |  |  |
| Part II   | Additional (Not Automatic) 3-Month Extension of Time. Only file the original   | (no copie                  | s needed).             |                      |  |  |  |
| Type or print   | Name of Exempt Organization WOMEN IN CABLE AND TELECOMMUNICATIONS FOUNDATION   | En                         | nployer ider<br>36–381 | ntification number   |  |  |  |
| File by the extended due date for   | Number, street, and room or suite no If a P O. box, see instructions 14555 AVION PKWY, NO. 250   | . Fo                       | r IRS use or           |                      |  |  |  |
| filing the<br>return See<br>instructions  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CHANTILLY, VA 20151-1102   |                            | . /                    |                      |  |  |  |
| Check type of return to be filed (File a separate application for each return):  X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069 |  |                            |                        |                      |  |  |  |
| STOP! Do  | onot complete Part II if you were not already granted an automatic 3-month extension on a pro-   | eviously t                 | iled Form 8            | 868.                 |  |  |  |
| Teleph  If the o  If this is box ▶   4  | THE FOUNDATION  soks are in the care of 14555 AVION PKWY, STE 250 - CHANTILI  one No. (703)234-9810 FAX No.   reganization does not have an office or place of business in the United States, check this box  is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box and attach a list with the names and EINs  quest an additional 3-month extension of time until NOVEMBER 15, 2009.  calendar year 2008, or other tax year beginning and end  is tax year is for less than 12 months, check reason: Initial return  Final return  the in detail why you need the extension  E INFORMATION NECESSARY TO FILE A COMPLETE  D ACCURATE RETURN HAS NOT YET BEEN OBTAINED. | . If this is<br>of all mer | for the who            | le group, check this |  |  |  |
| non<br>b If th  | is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions. Is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit and any amount paid   | 8                          | \$                     |                      |  |  |  |
| c Bala  | viously with Form 8868.  ance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, depos  | 1                          |                        | N/A                  |  |  |  |
| with  | FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruc  | tions. 8                   | > [ \$                 | N/A                  |  |  |  |
| Under pena<br>t is true, co   | Signature and Verification<br>Ities of perjury, I declare that I have examined this form, including accompanying schedules and statements, an<br>irrect, and complete, and that I am authorized to prepare this form   | d to the bes               | t of my know           | ledge and belief,    |  |  |  |
| Signature I   | Seelseni h. Wood Title > CPA   | D                          | ite 🕨 🛭 8              | 19/09                |  |  |  |
| <del></del>   |  |                            |                        | m 8868 (Rev 4-2009)  |  |  |  |