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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)

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

2009
Open to Public Inspection

A	For the	2009 ca	lendar year, or tax year beginning and ending						
	Check if		C Name of organization	D Employer identific	ation number				
_ {	applicable	e Please use IRS	NATIONAL CENTER FOR WOMEN AND						
_	Addre:	ss label or	THEODINATION MECHNOLOGY						
F	Name chang	type	Doing Business As	68-0	591481				
F	Initial	See	Number and street (or P.O. box if mail is not delivered to street address) Room/suit						
F	return Termir	Specific			303-735-6671				
\vdash	lated Amend	Instruc-			1,159,123.				
F	Ireturn □Applic	a-	City or town, state or country, and ZIP + 4	G Gross receipts \$					
_	⊥ltiòn pendir		BOULDER, CO 80309-0322	H(a) Is this a group re	Yes X No				
			ne and address of principal officer LUCINDA SANDERS	for affiliates?					
_			BOULDER 322 UCB, BOULDER, CO 80309-0322						
			us X 501(c) (3		list (see instructions)				
			W.NCWIT.ORG	H(c) Group exemption					
				ar of formation: 2004 N	State of legal domicile: CO				
P	art I	Summ	-						
e		-	scribe the organization's mission or most significant activities. THE MISSI						
aŭ	ı		ER FOR WOMEN AND INFORMATION TECHNOLOGY I						
Activities & Governance	ı		s box if the organization discontinued its operations or disposed of mo	1 1					
Š	1		of voting members of the governing body (Part VI, line 1a)	3	22				
ಹ	1		of independent voting members of the governing body (Part VI, line 1b)	4	22				
ies	5	Total num	nber of employees (Part V, line 2a)	5	0				
Ξį	6	Total num	nber of volunteers (estimate if necessary)	6	0				
Act	7a	Total gros	ss unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
	b	Net unrela	ated business taxable income from Form 990-T, line 34	7b	0.				
			<u> </u>	Prior Year	Current Year				
Đ,	<u></u> 8	Contribut	ions and grants (Part VIII, line 1h)	1,388,830.	1,154,320.				
ÜÓ	9	Program :	service revenue (Part VIII, line 2g)						
Ո Rèvenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	43,590.	4,803.				
e	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>.</u>					
Δ		Total reve	enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,432,420.	1,159,123.				
SF	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	658,824.	531,000.				
	44	Benefits (paid to or for members (Part IX, column (A), line 4)						
SEAPHINED	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,000.	<u>5,000.</u>				
S	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		· · · · · · · · · · · · · · · · · · ·				
	b	Total fund	draising expenses (Part IX, column (D), line 25)		<u> </u>				
Ä,	17		penses (Part IX, column (A), lines 11a-11d, 11f-24f)	461,294.	<u>685,533.</u>				
(C)	18	Total exp	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,125,118.	1,221,533.				
	19	Revenue	less expenses Subtract line 18 from line 12 🖺 AUG 172010 Ö	307,302.	<62,410.>				
Net Assets or Find Ralances				Beginning of Current Year	End of Year				
Sets	20	Total ass	ets (Part X, line 16) OGDEN, UT	2,398,615.	2,336,145.				
±AS BAS	21	Total liabi	ilities (Part X, line 26)	3,363.	3,30 <u>5</u> .				
캺	22	Net asset	is or fund balances Subtract line 21 from line 20	2,395,252.	2,332,840.				
P	art II	, , , , , , , , , , , , , , , , , , , 	ture Block						
		Under pena and comple	alties of perjury, I declare that I have examined this return, including accompanying schedules and statement ete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowled; loe	ge and belief, it is true, correct,				
				·	_ /				
Sig	ın	 	sucurally Sanders	}//∝	(//0				
He	re	Sigi	nature of officer	Date /					
			CINDA SANDERS, CEO & CO-FOUNDER						
		Тур	e or print name and title						
Da:	d	Preparer's			er's identifying number structions)				
Pai		signature	mula . Sugar	employed >	·				
	parer's	Firm's nam yours if	e (or KINGSBERY-BARIS-VOGEL-NUTTALL CPAS,	P.C. EIN ►					
use	Only	self-employ	/ed). 1401 PEARL STREET MALL, SUITE 300						
		address, ar ZIP + 4	BOULDER, CO 80302-5319	Phone no. ► 3	03-444-2240				
Ma	v the II	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No				

INFORMATION TECHNOLOGY Form 990 (2009) 68-0591481 Page 2 Part III Statement of Program Service Accomplishments SEE SCHEDULE O FOR CONTINUATION Briefly describe the organization's mission. THE MISSION OF THE NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY IS TO ENSURE THAT WOMEN ARE FULLY REPRESENTED IN THE INFLUENTIAL WORLD OF INFORMATION TECHNOLOGY/COMPUTING. WHILE OTHER ORGANIZATIONS ARE FOCUSED ON THE BROADER ISSUES OF SCIENCE, MATH, AND Did the organization undertake any significant program services during the year which were not listed on X Yes No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 236,713. including grants of \$) (Revenue \$ PACESETTERS - PACESETTERS IS A NEW PROGRAM FOCUSED ON DIVERSIFYING PARTICIPATION IN IT ORGANIZATIONS THROUGH THE ACCELERATED RECRUITMENT AND RETENTION OF WOMEN. MEETINGS ARE HELD AROUND THE COUNTRY AND CURRENTLY INCLUDE 80 MEMBERS. 154,915. including grants of \$) (Expenses \$ MESSAGING, MEETINGS AND OUTREACH - EXPENDITURES TO DEVELOP NATIONAL STRATEGY FOR INCREASING WOMEN'S PARTICIPATION IN THE IT FIELD. MESSAGING AND OUTREACH INCLUDES COMPREHENSIVE WEB SITE DEVELOPMENT TO SUPPORT ALLIANCE MEMBERS AS WELL AS RESOURCE DISTRIBUTION, ALLIANCE BUILDING, PUBLIC RELATIONS, PRESS DEVELOPMENT, AND CREATION OF AN AUDIO PODCAST SERIES ON "WOMEN IT ENTREPRENEURS". MEETINGS AND OUTREACH INCLUDES INCREASED PRESENCE AT NATIONAL CONFERENCES, INCLUDING, BUT NOT LIMITED TO CIGCSE, ISTE, AERA, GRACE HOPPER, AMONG OTHERS. 133,936. including grants of \$ 91,000.)(Revenue \$ 4c (Code.) (Expenses \$ AWARD PROGRAMS - AWARD PROGRAMS INCLUDE THE NCWIT AWARD FOR ASPIRATIONS IN COMPUTING FOR HIGH SCHOOL GIRLS, THE SYMONS INNOVATOR AWARD HONORING ENTREPRENEURIAL WOMEN IN THE IT FIELD, AND THE ACADEMIC ALLIANCE SEED GRANTS PROGRAM THAT AWARDS ACADEMIC ALLIANCE MEMBERS START-UP FUNDS (UP TO \$15,000 PER PROJECT) TO DEVELOP AND IMPLEMENT_INITIATIVES FOR RECRUITING AND RETAINING WOMEN IN COMPUTING AND INFORMATION TECHNOLOGY. Other program services (Describe in Schedule O)

440,000.)(Revenue\$

4e Total program service expenses ▶\$

608,941. including grants of \$

1,134,505.

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NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY

	90 (2009) INFORMATION TECHNOLOGY68-059	1481	<u> </u>	age 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
1	f "Yes," complete Schedule A	_1	X	
2 I	s the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3 [Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
ı	public office? If "Yes," complete Schedule C, Part I	3		X
4 5	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5 5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
ı	eporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		
6 [Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
ı	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		X_
7 [Did the organization receive or hold a conservation easement, including easements to preserve open space,			
1	he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8 1	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
	Schedule D, Part III	8		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			
(credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
1	f "Yes," complete Schedule D, Part V	10	<u> </u>	X
11 1	s the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X		İ	
é	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- 1		
- 1	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		1	
•	Old the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			ļ
i	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Old the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
I	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Old the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
	Old the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes N			
	f "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		+	32
	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			 .
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	+	X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1 45		.
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	_15	+	X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1.		
	ocated outside the United States? If "Yes," complete Schedule F, Part III	16	+	X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	1	v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	1	1

complete Schedule G, Part III

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

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NATIONAL CENTER FOR WOMEN AND

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INFORMATION TECHNOLOGY Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ	İ	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
С				
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		}	
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l		٦,
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations]		٠,
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			٠,
	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ļ	٦,
	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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	1

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68-0591481 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 15 U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b** 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? X 7g X h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9<u>a</u> b Did the organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a 10<u>b</u> b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations, Enter. a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

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

Sec	tion A. Governing Body and Management						
_					Yes	No	
1a	Enter the number of voting members of the governing body	1a	2				
b	Enter the number of voting members that are independent	1b	2	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with ai	ny other		1		
	officer, director, trustee, or key employee?			2	Х		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			3		X X X	
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990	was filed?	4		<u>X</u>	
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		<u>X</u>	
6	Does the organization have members or stockholders?			6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers o	of the				
	governing body?			7 <u>a</u>		<u>X</u>	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b_	ļ	<u>X</u>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	by the following:			Ì	1 1		
	The governing body?			8a	X		
	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched at	the	_		77	
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0.4.)	9		<u>X</u>	
3 6 0	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)		V	NI -	
40-	Does the arganization have local chanters, branches, or offiliates?			40-	Yes	No X	
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such	ahantar	a affiliatas	10a			
U	and branches to ensure their operations are consistent with those of the organization?	Chapter	s, aimiates,	106			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling the	form?	10b	Х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiiig the	101111	''	A		
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х		
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld aive	rise	120	- 21		
-	to conflicts?	go		12b	х		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes." de	escnbe	123			
	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	х		
15	Did the process for determining compensation of the following persons include a review and approve	al by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>	
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ment wit	h a				
	taxable entity during the year?			16a		<u>X</u>	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation adopted a written policy or procedure requiring the organization to evaluation and the organization adopted a written policy or procedure requiring the organization to evaluation and the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization and organization and organization adopted a written policy or procedure requiring the organization and organization and organization adopted a written policy or procedure requiring the organization and organization and organization adopted a written policy or procedure requiring the organization and organization and organization adopted and organization adopted a written policy or procedure requiring the organization and organization and organization adopted and organization adopted a written adopted and organization adopted a written adopted a written adopted a written adopted and organization adopted a written ado	luate its	participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızatıoı	า'ร				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C				,HI	,ID	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Γ (501(c)	(3)s only) avaılab	le for			
	public inspection Indicate how you make these available Check all that apply.						
	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, or	onflict o	f interest policy,	and fina	incial		
	statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd recor	ds of the organiz	ation			
	LUCY SANDERS/CATHERINE ERTZ - 303-735-6703		0200				
	UNIV OF CO-BOULDER, CAMPUS BOX 322, BOULDER, CO 8	<u> </u>	-0322				

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

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

(A)	(B)	1						(D)	(E)	(F)
Name and Title	Average hours	(6)		Posi all t			W	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated C		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN BENNETT										
BOARD MEMBER	2.00	X						0.	0.	0.
PHILLIP J. BOND										
BOARD MEMBER	2.00	X						0.	0.	0.
MICHAEL BORRUS	ļ									
BOARD MEMBER	2.00	X	<u> </u>	Ш				0.	0.	0.
DEB BREMER			ŀ						_	_
BOARD MEMBER	2.00	X						0.	0.	0.
LISA BRUMMEL			[•	•
BOARD MEMBER	2.00	X		Ш		\vdash		0.	0.	0.
RONNIE CAROPRESO	2 20								•	•
BOARD MEMBER	2.00	X	 	\vdash		-		0.	0.	0.
BRAD FELD	2.00	v						0.	0	0
BOARD MEMBER LEE KENNEDY	2.00	^		\vdash				0.	0.	0.
BOARD MEMBER	2.00	v						0.	0.	_0.
CAROL MOSELY	2.00	A	-					0.		
BOARD MEMBER	2.00	x						0.	0.	0.
GEORGIA PAPATHOMAS		-	_			_			<u> </u>	
BOARD MEMBER	2.00	x	ĺ					0.	0.	0.
NANCY PHILLIPS										
BOARD MEMBER	2.00	Х	ĺ					0.	0.	0.
KIM STEVENSON										
BOARD MEMBER	2.00	X						0.	0.	0.
MERLE WATERMAN										
BOARD MEMBER	2.00	X						0.	0.	0.
AVIS YATES-RIVERS										
BOARD MEMBER	3.00	X		L				5,000.	0.	0.
THADDEOUS ARROYO										
BOARD MEMBER	2.00	X		Ш				0.	0.	0.
LUCY SANDERS										
CEO & CO-FOUNDER	65.00	X			X	Щ		0.	0.	0.
RODNEY BROOKS		<u></u>							_	_
BOARD MEMBER	2.00	X						0.	0.	0.

Form 990 (2009)

(A)	(B)	(C)					-	(D)	(E)	T	(F)	
Name and title	Average hours	(c		Pos		n app	iv)	Reportable compensation	Reportable compensation	- 1	Estimate amount	-
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated E		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co	other mpensa from the rganizate nd relate ganizate	ition e ion ed
DIANE BRYANT BOARD MEMBER	2.00	x						0.	0			0.
JOY MCCLENDON BOARD MEMBER	2.00							0.	0			0.
STEVE PEMBERTON												
BOARD MEMBER EMILY WHITE	2.00	X						0.	0	+		0.
BOARD MEMBER	2.00	X				<u> </u>		0.	0			0.
DAN ZELEM BOARD MEMBER	2.00	х						0.	0			0.
1b Total 2 Total number of individuals (including but no compensation from the organization ▶ 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for sill for any individual listed on line 1a, is the suland related organizations greater than \$150. 5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Schedule Section B. Independent Contractors 1 Complete this table for your five highest contractors NONE	director or tru uch individual im of reportab 0,000? If "Yes, accrue compei ule J for such	le co " co nsat pers	omple omple on f	y em ensa ete S rom	ation Sche any	yee, n and edule v unr	or h	nighest compensated er her compensation from for such individual ed organization for serv	nployee on the organization ices rendered to	3 4 5	Yes	0. 0 No X X
(A) Name and business	address							(B) Description of s	ervices		(C) ensatio	n
		-										
Total number of independent contractors (ir \$100,000 in compensation from the organize)		ot lii	mite	d to		se lis	sted	above) who received m	nore than			

				ECHNOLOG	Y		<u>68-0591</u>	481 Page 9
Pa	rt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts t	1 :	a Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		b Membership dues	1b					
S, g		c Fundraising events	1c					
ar a		d Related organizations	1d					
S,E		e Government grants (contribut	tions) 1e					ŧ
i Si		f All other contributions, gifts, gran						
E E		similar amounts not included abo		154,320.				
함		g Noncash contributions included in lines	·	•				,
Sel		h Total. Add lines 1a-1f		>	1,154,320.			
\Box		-	·	Business Code				
e l	2	a						
ξď		b						
SE		c	· · · · · · · · · · · · · · · · · · ·					
Program Service Revenue		d						
Pg		e						
ځ		f All other program service reve	enue					
		g Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inter	est, and			·	
		other similar amounts)		•	4,803.	4,803.		
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		•				
			(ı) Real	(II) Personal				
ļ	6	a Gross Rents						
		b Less rental expenses						!
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		1				į ,
		b Less cost or other basis		İ				
		and sales expenses						,
		c Gain or (loss)						
		d Net gain or (loss)				•		
• I	8	a Gross income from fundraisir	ng events (not	_				
ng		including \$	of]		
ě		contributions reported on line	e 1c). See					
F.		Part IV, line 18	а					,
Other Revenue		b Less direct expenses	b	L				!
٦		c Net income or (loss) from fun-	draising events					
	9	a Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
		b Less direct expenses	b					
		c Net income or (loss) from gain	ning activities					
	10	a Gross sales of inventory, less	returns					
		and allowances	а					
		b Less cost of goods sold	b					
		c Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	ne	Business Code				
	11	a						
		b						
		С						
		d All other revenue						
		e Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions		.	1 159 123	4.803.	0.	٥.

Form **990** (2009)

Form 990 (2009) INFORMATION TECHNOLOGY Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	_			·
	organizations in the U.S. See Part IV, line 21	<u>515,000.</u>	515,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	16,000.	16,000.		
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	5,000.	3,500.		1,500
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			_	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<u> </u>
11	Fees for services (non-employees)				
а	Management				
b	Legal	32,554.		32,554.	
С	Accounting	<u>18,509.</u>		18,509.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	416,116.	405,904.		10,212
12	Advertising and promotion				
13	Office expenses	7,483.	5,123.	2,360.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	22,117.	19,452.	666.	1,999
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	121,025.	111,696.	9,329.	
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	2,741.	2,180.	561.	· ···
23	Insurance	3,696.		3,696.	
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.)				
а	ASPIRATION AWARDS EXPEN	32,152.	32,152.		
b	POSTAGE & SHIPPING	10,426.	7,744.	609.	2,073
С	SPEAKER HONORARIUMS	9,106.	9,106.		
d	PR/PRESS	4,395.	4,395.		
е	FILING FEES	2,960.		2,960.	
f	All other expenses	2,253.	2,253.		
25	Total functional expenses. Add lines 1 through 24f	1,221,533.	1,134,505.	71,244.	15,784
<u> </u>	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	i		i	

Par	990 (Balance Sheet	CHNOLOGI		<u>00-(</u>	7591481 Page
				(A) Beginning of year		(B) End of year
- 1	1	Cash - non-interest-bearing		13,250.	1	15,945.
i	2	Savings and temporary cash investments		2,383,815.	2	2,295,236.
İ	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II		;	
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L	1		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or other				
		basis Complete Part VI of Schedule D	10a 2,806.			
	b	Less accumulated depreciation	10b 1,817.	1,550.	10c	989
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14	23,975	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	2,398,615.	16	2,336,145	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable			18	<u></u>
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Ě	22	Payables to current and former officers, director	rs, trustees, key employees,			
Liabilities		highest compensated employees, and disqualifi	ed persons. Complete Part II		.*	. \$
-		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities Complete Part X of Schedule D	<u>_</u>	3,363.	25	3,305
_	26	Total liabilities. Add lines 17 through 25		3,363.	26	3,305
		Organizations that follow SFAS 117, check he	ere 🕨 🔣 and complete			
es		lines 27 through 29, and lines 33 and 34.		* * * * *		
ä	27	Unrestricted net assets	.	1,689,002.	27	1,682,624
ă O	28	Temporarily restricted net assets	<u>_</u>	706,250.	28	650,216
Ē	29	Permanently restricted net assets		29		
로		Organizations that do not follow SFAS 117, c	heck here ▶ ∟ and			
<u>,</u>		complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
AS	31	Paid-in or capital surplus, or land, building, or ed	' ' 		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
۱ ۲	33	Total net assets or fund balances		2,395,252.	33	2,332,840.
	34	Total liabilities and net assets/fund balances		2,398,615.	34	2,336,145.

			IMITIONAL		4 T DIV	1 010
Form 990 (2009)		INFORMATI	ON	TECH	INOLO

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Pa	rt XI Financial Statements and Reporting		
		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<u> </u>	X
b	Were the organization's financial statements audited by an independent accountant?	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a		
	consolidated basis, separate basis, or both:		
	X Separate basis Consolidated basis Both consolidated and separate basis		'
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
	Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name of the organization **Employer identification number** NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY 68-0591481 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II a Type I c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization n col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) No Yes Yes

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

NATIONAL CENTER FOR WOMEN AND Schedule A (Form 990 or 990-EZ) 2009 INFORMATION TECHNOLOGY 68-0591481 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 I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1188101. 2127100. 1388830. 1122785. 6401714. include any "unusual grants.") 574,898. 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 2127100. 1388830. 1122785. 574,898. 1188101. 6401714. 4 Total. Add lines 1 through 3

column (f)

6 Public support. Subtract line 5 from line 4

Section B. Total Support

3742137.
2659577.

Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	574,898.	1188101.	2127100.	1388830.	1122785.	6401714.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	7,318.	23,793.	54,141.	43,590.	4,803.	133,645.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						6535359.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage from 2008 Schedule A, Part II, line 14

16 38.16 %

Public support percentage from 2008 Schedule A, Part II, line 14

15

38.16

%

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. 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 - 2009.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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. 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 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

Schedule A (Form 990 or 990-EZ) 2009

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,

Part III Support Schedule for C	rganizations	Described in	Section 509(a	(Complete only	rif you checked the bo	ox on line 9 of Part I.
Section A. Public Support				1		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and					1	
membership fees received (Do not						
include any "unusual grants ")		 			 	, _ .
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					1	
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support (Add lines 9, 10c, 11, and 12)First five years. If the Form 990 is fo	r the organization	's first second the	rd fourth or fifth t	lay year on a cost	on 501/c)/3\ organi	zation
check this box and stop here	r trie organization	a mat, accord, tri	ra, iourui, or iiith t	ian your as a secti	on our (c)(o) organia	Lation,
Section C. Computation of Publ	ic Support Pe	ercentage		······································		
15 Public support percentage for 2009 (column (fl)		15	%
16 Public support percentage for 2009 (Column (I))		16	9/
Section D. Computation of Inve			· · · · · · · · · · · · · · · · · · ·		110	
17 Investment income percentage for 20					17	%
			rie 13, column (i))		18	%
18 Investment income percentage from19a 33 1/3% support tests - 2009. If the			on line 14 and his	e 15 is mara than		
more than 33 1/3%, check this box a						17 IS 110t
b 33 1/3% support tests - 2008. If the	•	•				and .
line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶ □
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	nis box and see ii	nstructions	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizate 	tions Complete Part III			
Name of organization NATIONA	L CENTER FOR WOME	N AND	Empl	oyer identification number
	TION TECHNOLOGY			68-0591481
Part I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the organiz	ation's direct and indirect politica	l campaign activities	ın Part IV.	
2 Political expenditures			▶\$	
3 Volunteer hours				
Part I-B Complete if the org	anization is exempt unde	er section 501(c)	(3).	
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization managei	s under section 4955	> \$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	anization is exempt unde	er section 501(c)	, except section 501(c)(3).
Enter the amount directly expended	by the filing organization for sect	tion 527 exempt fund	tion activities	
2 Enter the amount of the filing organ	zation's funds contributed to oth	er organizations for s	ection 527	
exempt function activities			▶ \$	
3 Total exempt function expenditures	Add lines 1 and 2 Enter here an	d on Form 1120-POL		
line 17b			▶ \$	
4 Did the filing organization file Form	•			Yes No
5 Enter the names, addresses and en				
For each organization listed, enter t	,		•	
that were promptly and directly deli (PAC) If additional space is needed		nization, such as a se	parate segregated fund or a	a political action committee
· · ·		1	1	1
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds If none, enter -0-	contributions received and promptly and directly
			idids if florie, effect of	delivered to a separate
				political organization
				If none, enter -0-
				
		-		
			-	

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 I Part II-A Complete if the organi	NFORMATIC	N TECHNOLOG	Y 501(c)(3) and file)591481 Page 2
(election under section		inplunder section	in soricitor and in	eu Form 5700	
A Check ▶ ☐ If the filing organization		iliated group		-	
B Check In the filing organization	=	-	ovisions anniv		
	n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures			Į		
e Total exempt purpose expenditures (a	dd lines 1c and 1	d)	į		
f Lobbying nontaxable amount Enter th	e amount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) or (b)	is: The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,00	0 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0	000 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	000.			
g Grassroots nontaxable amount (enter	•				
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or	•				
j If there is an amount other than zero o		line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year		Dovind Hode	Costina 504(h)		Yes No
· · · · · · · · · · · · · · · · · · ·	ns that made a		n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))			,		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 INFORMATION TECHNOLOGY 68-059148

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 68-0591481 Page 3 (election under section 501(h)).

		(a)	(t	
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				!
	or referendum, through the use of.				1
а	Volunteers?		X		1
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
e	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities? If "Yes," describe in Part IV	X			<u> 100.</u>
j	Total. Add lines 1c through 1i				100.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912			_	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	tion 501(c)(5), or se	ction	
	501(c)(6).				, -
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes."				I
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5;	and Part II-B	, line 1ı Also	, complete	this part
	ny additional information				
	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
<u>NC</u>	VIT HAD NEGLIGIBLE LOBBYING IN 2009. IN FURTHER SU	PPORT	OF ITS	•	
MI	SSION, NCWIT CONTRACTS WITH THE STERN GROUP TO PRO	VIDE O	UTREAC	H AND	
ME:	SSAGING ASSISTANCE IN WASHINGTON DC. AS PART OF TH	EIR WO	RK, NC	WIT	
<u>EN</u>	GAGED IN VERY LIMITED LOBBYING IN 2009. THOSE ACTI	VITIES	IN 20	09	
WEI	RE:				

Part IV Supplemental Information (continued)
PROVIDED INPUT TO THE SUBCOMMITTEE ON RESEARCH OF THE HOUSE SCIENCE
COMMITTEE FOR THE NETWORKING AND INFORMATION TECHNOLOGY RESEARCH AND
DEVELOPMENT ACT OF 2009.
PROVIDED INPUT ON HIGH-PERFORMANCE COMPUTING ACT OF 1991, PRESENTED BY
THE HOUSE SCIENCE COMMITTEE.
DRAFTED COMMENTS ON THE NOTICE OF PROPOSED PRIORITIES, REQUIREMENTS,
DEFINITIONS, AND SELECTION CRITERIA FOR THE RACE TO THE TOP FUND
(DOCKET NO. ED-2009-OESE-0006 RIN 1810-AB07).
WROTE LETTER OF ENCOURAGEMENT TO HOUSE SPEAKER, NANCY PELOSI, FOR
PASSING BILLS IN SUPPORT OF STEM EDUCATION ACCOUNTS AT THE NATIONAL
SCIENCE FOUNDATION.

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization NATIONAL (

NATIONAL CENTER FOR WOMEN AND

Employer identification number 68-0591481

	INFORMATION_TECHNO	LOGY	68-0591481
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
,	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	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		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170	·····
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for
Pai	conservation easements † III Organizations Maintaining Collections o	of Art. Historical Treasures, or C	ther Similar Assets
- a	Complete if the organization answered "Yes" to Form		diei Siiillai Assets.
	Complete ii tilo organization anovicioa (100 to 1011)	1 3 3 5, 1 art 14, mile 6.	
19	If the organization elected, as permitted under SFAS 116, no	of to report in its revenue statement and h	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these	•	iblic scryloc, provide, in rail XIV, the text of
b	If the organization elected, as permitted under SFAS 116, to		oce sheet works of art, historical treasures
	or other similar assets held for public exhibition, education, of		
	these items.	5. 1000aron in fartherance of public service	o, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	
-	the following amounts required to be reported under SFAS 1		i gair, provide
а	Revenues included in Form 990, Part VIII, line 1	To relating to these items	▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
_			· ·

		TION TECHN								Page Z
Par										
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	any of the	following tha	at are a sig	gnificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d	الليا	Loan or exc	hange progra	ams				
þ	Scholarly research	e	. 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further ti	he organizati	on's exer	npt purpo	ose in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete ıf org	janization ar	nswered "Ye	s" to Forr	n 990, Pa	ırt IV, line	9, or	
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded			-
	on Form 990, Part X?		,						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table.						
-									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
•	Distributions during the year						1e			
4	Ending balance						1f		-	
2-	_	orm 000 Bort V line	212						Yes	□ No
	Did the organization include an amount on Fe	onn 990, Part A, ane	1211					L	_ res	NO
Par	rt V Endowment Funds. Complete in	f the succession of		"Vas" to Eo		. I\ / .lmo. 1				
rai	Endowment Luids. Complete				1			.eoso book	(-) Four	unara baak
		(a) Current year	(b) F	rior year	(c) Two yea	ITS Dack	(a) Three	years back	(e) Four	years back
1a	Beginning of year balance		ļ		 					
þ	Contributions								 	
С	Net investment earnings, gains, and losses									
d	Grants or scholarships						,,, · · · · · · · · · · · · · · · · · ·		ļ	
е	Other expenditures for facilities	'							ļ	
	and programs									······································
f	Administrative expenses		ļ					· · · · · · · · · · · · · · · · · · ·	<u> </u>	, ,
g	End of year balance	····								
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Term endowment	%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for th	ne organi	zation	_	
	by:								,	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
	rt VI Investments - Land, Building), Part X. line	10.				
	Description of investment	(a) Cost or o			t or other		ccumulat	ed	(d) Book	value
	2220	basis (invest			(other)		preciation		(=, = 0 0 1)	
1a	Land				. ,	†				
b	Buildings									
	•	 		-		<u> </u>				
	Leasehold improvements			-						
	Equipment				2,806.	-	1,8	17	<u> </u>	989.
	Other	Savel Form 000, David	. V	nn (D) !:= :		1	1,0	*/•		989.
<u>ı otal</u>	I. Add lines 1a through 1e (Column (d) must e	iyuai romi 990, Pan	. A, COIUI	uu (¤), line	(U(U))					<i></i>

NATIONAL CENTER FOR WOMEN AND Schedule D (Form 990) 2009 68-0591481 Page 3 INFORMATION TECHNOLOGY Part VII Investments - Other Securities. See Form 990, Part X, line 12 (c) Method of valuation: (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes CREDIT CARD PAYABLE 3,305.

Federal income taxes

CREDIT CARD PAYABLE

3,305.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

3,305.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

NATIONAL CENTER FOR WOMEN AND Schedule D (Form 990) 2009 68-0591481 Page 4 INFORMATION TECHNOLOGY Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1,159,123. Total revenue (Form 990, Part VIII, column (A), line 12) 1 <u>1,221,533.</u> Total expenses (Form 990, Part IX, column (A), line 25) 2 2 <62,410.> Excess or (deficit) for the year Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 4 5 Donated services and use of facilities 5 Investment expenses 6 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 Total adjustments (net). Add lines 4 through 8 9 <62 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1,656,009. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 Net unrealized gains on investments 2a Donated services and use of facilities 2b b Recoveries of prior year grants 2c 496,886. d Other (Describe in Part XIV) 2d e Add lines 2a through 2d 496,886. 2e 1,159,123. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4h c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) 159 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,199,465. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 1,272 d Other (Describe in Part XIV) 2d 1,272. e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 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 23,340. b Other (Describe in Part XIV) 4b 23,340. c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information PART XI, LINE 8 - OTHER ADJUSTMENTS: ROUNDING (\$2) PART XII, LINE 2D - OTHER ADJUSTMENTS:

AMORTIZATION OF DISCOUNT ON PROMISES TO GIVE (NET) \$2,517

ACCRUAL TO CASH - CHANGE IN PLEDGES RECEIVABLE \$493,100

REIMBURSED EXPENSES \$1,268

NATIONAL CENTER FOR WOMEN AND 68-0591481 Page 5 INFORMATION TECHNOLOGY Schedule D (Form 990) 2009 Part XIV Supplemental Information (continued) ROUNDING \$1 PART XIII, LINE 2D - OTHER ADJUSTMENTS: REIMBURSED EXPENSES \$1,268 ROUNDING \$4 PART XIII, LINE 4B - OTHER ADJUSTMENTS: ACCRUAL TO CASH - CHANGE IN PAYABLES \$15,782 ACCRUAL TO CASH - PREPAID EXPENSES \$7,558

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2008 No. 15

다 호 Inspection

Name of the organization NATIONAL CENTER FOR WOMEN INFORMATION TECHNOLOGY	CENTER FO	R WOMEN AND			<u> </u>		Employer identification number 68 – 0591481
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States. C	omplete if the orga	ınızatıon answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	55,000 Check this	box if no one recipien	t received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if addition	lal space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PARTIAL FUNDING SUPPORT
UNIVERSITY OF COLORADO FOUNDATION							OF NCWIT CORE PERSONNEL
UNIV OF COLORADO-BOULDER CAMPUS							AND NCWIT PROGRAMS AND
BOULDER, CO 80209	84-6049811	501(C)(3)	440,000.	0.			OPERATIONS,
CLAREMONT GRADUATE UNIVERSITY							
150 E. TENTH STREET, HARPER HALL 15							ACADEMIC ALLIANCE SEED
CLAREMONT, CA 91711	95-1664100	501(c)(3)	15,000,	0			GRANT RECIPIENT
UCI FOUNDATION							
6068 BREN HALL							ACADEMIC ALLIANCE SEED
IRVINE, CA 92697-3425	95-2540117	501(C)(3)	15,000,	0			GRANT RECIPIENT
TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - 220 S. 33RD ST, 111		•					
TOWNE BUILDING - PHILADELPHIA, PA							ACADEMIC ALLIANCE SEED
19104	23-1352685	501(C)(3)	15,000,	0.			GRANT RECIPIENT
UNIVERSITY OF TEXAS PAN AMERICAN -							
DEPARTMENT OF COMPUTER SCIENCE -							
1201 W. UNIVERSITY DRIVE -							ACADEMIC ALLIANCE SEED
EDINBURG TX 78539	74-6002942	501(c)(3)	15,000,	0			GRANT RECIPIENT
WAUKESHA COUNTY TECHNICAL COLLEGE							
800 MAIN STREET A-115							ACADEMIC ALLIANCE SEED
PEWAUKEE, WI 53072	39-6005054	501(C)(3)	15,000,	0.			GRANT RECIPIENT
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					9
3 Enter total number of other organizations	8						A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions (for Form 990.				Schedule I (Form 990) 2009

Page 2

68-0591481

Schedule I (Form 990) 2009 INFORMATION TECHNOLOGY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARD FOR ASPIRATIONS IN COMPUTING	32	16,000.	.0		
Part IV Supplemental Information. Complete this part to provide the	de the information	required in Part I,	line 2, and any other	information required in Part I, line 2, and any other additional information.	
ויו	E AA SEED	O FUND: ((SEED GRANT	GRANT RECIPIENTS:	
CLAREMONT GRADUATE UNIVERSITY, UCI	FOUNDATION,		EES OF THE	TRUSTEES OF THE UNIVERSITY	
OF PENNSYLVANIA, UNIVERSITY OF TEXAS	PAN	AMERICAN, W	WAUKESHA CO	COUNTY	
UME	THE SEED	FUND AW	RD ELIGIBILITY	LITY AND	
SELECTION CRITERIA IN THE NCWIT SEED	1	FUND GUIDELINES.	. ADDITIONAL	NAL	
INFORMATION FOR SPECIFIC ROUNDS IS		O IN THE C	LL FOR	PROPOSALS FOR	
AINTAINS	Έι ~	IAL AND AN	INANCIAL AND AN OPERATIONAL RECORD	AL RECORD	
THAT DOCUMENTS RECIPIENT INFORMATION	ON, AWARD	O AMOUNT,	PROGRAM BUDGET	UDGET,	
PAYMENT CONFIRMATION, ETC.					
ı					

68-0591481 Page 2 INFORMATION TECHNOLOGY Schedule I (Form 990) 2009 Part IV | Supplemental Information NCWIT MAINTAINS DIRECT COMMUNICATION WITH EACH SEED FUND AWARD RECIPIENT. EACH RECIPIENT PROVIDES UPDATES IN THE FOLLOWING PROJECT STATUS CATEGORIES: DELIVERABLES, EVALUATION, SUSTAINABILITY, PUBLICATIONS, PRESENTATIONS, ADDITIONAL SUPPORT, AND PROJECT IMPACT. UPDATES ARE REQUESTED BI-ANNUALLY OR AS NEEDED. FOR OTHER GRANT RECIPIENTS, IT IS A CASE BY CASE BASIS, BUT THERE IS ALWAYS SIGNIFICANT WRITTEN COMMUNICATION VIA EMAIL BETWEEN NCWIT AND THE GRANT RECIPIENT(S) REGARDING THE EXPECTED OUTCOME OF THE GRANT, WHETHER IT BE IN THE FORM OF A PUBLISHED REPORT, SOFTWARE PROJECT COMPLETION, OR OTHER SCHOLARLY PUBLICATION.

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV. line 23. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY

Employer identification number 68-0591481

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 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 Compensation committee Written employment contract independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a 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 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2009

Regulations section 53 4958-6(c)?

INFORMATION TECHNOLOGY

68-0591481 Schedule J (Form 990) 2009

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	(B) Breakdown of W-2 and/or 1099-MISG compensation	ISC compensation	0	9	Œ	(F)
	(1)			Betirement and	Nontaxable	Total of columns	Compensation
(A) Name	(i) Base compensation		(iii) Other reportable	other deferred compensation	benefits	(D)·(I)·(B)	reported in prior Form 990 or
		Collingation	COmpensation				Form 990-EZ
	()						
))	(ii)						
	(i)						
0)	(ii)						
) (i						
)	(ii)						
	(1						
))	(ii)						
	(i						
9)	(ii)						
] (i						
(6	(ii)						
	(i						
)	(1)						
	í.						
	(ii)						
	(E)						
)	(ii)						
	0						
0	(11)						
<u> </u>	[[
0	(ii)						
<u> </u>	6	3					
0	(i)						
	(i						
9	(ii)						
	(i						
	(1)						
))	(11)						
i)	(ii)						

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 INF

Part III Supplemental Information

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

THE UNIVERSITY OF COLORADO HUMAN RESOURCES SYSTEM. IN ADDITION, THE CEO OF INTERPRETATION THAT NO ADDITIONAL REPORTING IS REQUIRED ON THIS SCHEDULE J. COLORADO (ATLAS INSTITUTE), THE CEO DOES NOT CHARGE NCWIT DIRECTLY FOR HER EMPLOYEES OF THE UNIVERSITY OF COLORADO, INCLUDING THE CEO (LUCY SANDERS) WHO ADMINISTRATIVELY REPORTS TO JOHN BENNETT (A DIRECTOR OF NCWIT) WITHIN INSTITUTE, WHICH JOHN BENNETT DIRECTS. MEMBERS OF THE EXTERNAL ADVISORY CERTAIN FUNDS, INCLUDING SALARIES OF MOST EMPLOYEES OF THE HEADQUARTERS STAFF, FLOW THROUGH THE UNIVERSITY OF COLORADO, SPECIFICALLY, THE ATLAS COLORADO, MOST EMPLOYEES OF THE HEADQUARTERS STAFF ARE ADMINISTRATIVELY IN ADDITION COMPENSATION, AND THE UNIVERSITY OF COLORADO DOES NOT TREAT THE CEO'S NCWIT SERVES AS A MEMBER OF THE EXTERNAL ADVISORY BOARD OF THE ATLAS BECAUSE THE CEO'S COMPENSATION COMES DIRECTLY FROM THE UNIVERSITY OF COMPENSATION AS A CHARITABLE CONTRIBUTION TO NCWIT, IT IS OUR BOARD OF THE ATLAS INSTITUTE SERVE WITHOUT COMPENSATION. BECAUSE NCWIT IS HEADQUARTERED AT THE UNIVERSITY OF INSTITUTE, WHICH JOHN BENNETT DIRECTS.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY

Employer identification number 68-0591481

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ARE FULLY REPRESENTED IN THE INFLUENTIAL WORLD OF INFORMATION
TECHNOLOGY/COMPUTING. WHILE OTHER ORGANIZATIONS ARE FOCUSED ON THE
BROADER ISSUES OF SCIENCE, MATH, AND ENGINEERING, THIS EFFORT IS UNIQUE
IN ITS EXCLUSIVE FOCUS ON INFORMATION TECHNOLOGY.
NCWIT'S WORK LEVERAGES THE EFFORTS OF ORGANIZATIONS ACROSS THE COUNTRY,
AND CONNECTS EFFORTS TO INCREASE WOMEN'S PARTICIPATION IN IT ALONG THE
ENTIRE PIPELINE, FROM K-12 AND HIGHER EDUCATION THROUGH INDUSTRY,
ACADEMIC CAREERS, AND ENTREPRENEURIAL ENDEAVORS. NCWIT ENCOURAGES ITS
MEMBERS TO UNDERTAKE INSTITUTIONAL CHANGE WITHIN THEIR ORGANIZATIONS,
AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE CHANGE
AGENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENGINEERING, THIS EFFORT IS UNIQUE IN ITS EXCLUSIVE FOCUS ON
INFORMATION TECHNOLOGY.
NCWIT'S WORK LEVERAGES THE EFFORTS OF ORGANIZATIONS ACROSS THE COUNTRY,
AND CONNECTS EFFORTS TO INCREASE WOMEN'S PARTICIPATION IN IT ALONG THE
ENTIRE PIPELINE, FROM K-12 AND HIGHER EDUCATION THROUGH INDUSTRY,
ACADEMIC CAREERS, AND ENTREPRENEURIAL ENDEAVORS. NCWIT ENCOURAGES ITS
MEMBERS TO UNDERTAKE INSTITUTIONAL CHANGE WITHIN THEIR ORGANIZATIONS,
AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE CHANGE
AGENTS.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY

Employer identification number 68-0591481

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: PACESETTERS IS A NEW PROGRAM FOCUSED ON DIVERSIFYING PARTICIPATION IN IT ORGANIZATIONS THROUGH THE ACCELERATED RECRUITMENT AND RETENTION OF WOMEN. MEETINGS ARE HELD AROUND THE COUNTRY AND CURRENTLY INCLUDE 80 MEMBERS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROGRAM DEVELOPMENT, RESEARCH, ALLIANCE MEETINGS, WORKSHOPS, RECEPTIONS AND REMAINING PROGRAM EXPENSES - PROGRAM DEVELOPMENT FOR "IN-A-BOX" PROGRAMS FOR USE IN OUTREACH AND ADVANCING FEMALE STUDENTS FROM TWO INTO FOUR YEAR COLLEGES; RESEARCH-BASED PROMISING PRACTICES IN INFORMAL IT EDUCATION IN GIRLS: "TALKING POINTS" RESOURCES, A SERIES OF EASY-TO-USE CARDS TO HELP PEOPLE TALK ABOUT WOMEN IN IT ISSUES; "GOTTA HAVE IT", AN ALL-IN-ONE COMPUTING RESOURCE KIT; THE "ENTREPRENEURIAL HEROES" INTERVIEW SERIES, WHICH PROVIDES A LOOK INSIDE THE MINDS OF SOME OF IT'S MOST INNOVATIVE FEMALE ENTREPRENEURS; AND RESEARCH COSTS FOR GENDER RESEARCH TO LEARN HOW TO INCREASE WOMEN PARTICIPATION IN THE IT WORKFORCE. ALLIANCE MEETINGS, WORKSHOPS AND RECEPTIONS INCLUDE EXPENDITURES TO SUPPORT FOUR ALLIANCES (ACADEMIC, WORKFORCE, K-12, AND ENTREPRENEURIAL) AND A SOCIAL SCIENCE ADVISORY BOARD. EXPENSES INCLUDE BI-ANNUAL ALLIANCE MEETINGS, WORKSHOPS, AND RECEPTIONS FOR OVER 200 ALLIANCE MEMBERS, AND OVER 300 RECEPTION ATTENDEES. THE REMAINING PROGRAM EXPENSES COVER OPERATIONAL AND TECHNICAL SUPPORT IN SUPPORT OF

THE ABOVE LISTED MAJOR PROGRAMS AND ACCOMPLISHMENTS AND DONATIONS TO

THE UNIVERSITY OF COLORADO FOUNDATION FOR ADDITIONAL PERSONNEL AND

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY

Employer identification number 68-0591481

ALLIANCE MEETINGS, WORKSHOPS, AND RECEPTIONS - EXPENDITURES TO SUPPORT

FOUR ALLIANCES (ACADEMIC, WORKFORCE, K12, AND ENTREPRENEURIAL) AND A

SOCIAL SCIENCE ADVISORY BOARD. EXPENSES INCLUDE BI-ANNUAL ALLIANCE

MEETINGS, WORKSHOPS, AND RECEPTIONS FOR OVER 200 ALLIANCE MEMBERS, AND

OVER 300 RECEPTION ATTENDEES.

EXPENSES \$ 608941. INCLUDING GRANTS OF \$ 440000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: BRAD FELD, A DIRECTOR OF NCWIT, IS

A 40% SHAREHOLDER OF A PRIVATE COMPANY UNRELATED TO NCWIT, AND LUCY

SANDERS, CEO OF NCWIT, IS A BOARD MEMBER OF SAME PRIVATE COMPANY.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS ELECTRONICALLY MAILED TO MEMBERS OF THE BOARD FINANCE COMMITTEE FOR APPROVAL. UPON APPROVAL OF THE BOARD FINANCE COMMITTEE, THE 990 IS ELECTRONICALLY MAILED TO EACH MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: IN ADDITION TO THE ANNUAL CONFLICT
OF INTEREST DISCLOSURE STATEMENT, ON 12/31/09 WE SENT A DETAILED
QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE BOARD OF DIRECTORS,
REQUESTING DISCLOSURE OF THEIR RELATIONSHIPS TO OTHER BOARD MEMBERS OR
ANYONE ELSE HAVING A RELATIONSHIP WITH NCWIT, EITHER ON A BUSINESS OR
PERSONAL RELATIONSHIP BASIS. WHEN THERE IS A CONFLICT OF INTEREST, WE ASK
THAT THE AFFECTED PERSON (BOARD MEMBER OR KEY EMPLOYEE) LEAVE THE ROOM
DURING DISCUSSIONS THAT PERTAIN TO THEIR CONFLICT OF INTEREST. UP TO NOW,

THIS HAS ONLY HAPPENED ONCE WHEN THE BOARD VOTED TO APPROVE A CONTRACT

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

Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

Department of the Treasury ➤ Attach to Form 990. Inspection Internal Revenue Service NATIONAL CENTER FOR WOMEN AND Name of the organization **Employer identification number** 68-0591481 INFORMATION TECHNOLOGY INVOLVING A BOARD MEMBER. IN THAT PARTICULAR CASE, THE AFFECTED BOARD MEMBER WAS REQUESTED TO LEAVE THE ROOM DURING THE DISCUSSION AND SUBSEQUENT VOTE. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY FORM 990, PART VI, SECTION C, LINE 19: NCWIT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 2C: THE BOARD OF DIRECTORS FINANCE COMMITTEE HAS OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. 2009 SUPPLEMENTAL INFORMATION THE UNIVERSITY OF COLORADO AT BOULDER (CU) RECEIVES SUPPORT WHICH THROUGH ITS ATLAS INSTITUTE, CU HAS BEEN AWARDED \$13.8 BENEFITS NCWIT. MILLION FROM THE NATIONAL SCIENCE FOUNDATION (NSF) TO HELP FUND NCWIT AND TO FURTHER ITS MISSION THROUGH SPECIFIC PROGRAMS THROUGH SEPTEMBER 2012. BECAUSE CU IS THE RECIPIENT AND MANAGER OF THE NSF AWARDS AND

CU ALSO PROVIDES NCWIT WITH PERSONNEL AND ACCESS TO OTHER

SUB-CONTRACTS, THESE FUNDS ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

NATIONAL CENTER FOR WOMEN AND **Employer identification number** Name of the organization 68-0591481 INFORMATION TECHNOLOGY UNIVERSITY RESOURCES WHICH ARE KEYS TO NCWIT'S OPERATIONS. NCWIT DONATED \$440,000 IN 2009 AND \$503,000 IN 2008 AND \$463,500 IN 2007 TO CU VIA THE UNIVERSITY OF COLORADO FOUNDATION. THESE DONATED FUNDS PROVIDE PARTIAL FUNDING FOR COMPENSATION OF NCWIT'S CEO, LUCY SANDERS.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 990

Attachment Sequence No 67

Name(s) shown on return

► See separate instructions. ► Attach to your tax return.

Identifying number

Name(s) shown on return						ctivity to whi	Identifying number		
NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY						90 P	68-0591481		
Par			79 Note: If yo					V before y	
1 M	faximum amount. See the instructions	for a higher limit	for certain b	usinesses		•		1	250,000.
	otal cost of section 179 property place	2							
3 T	hreshold cost of section 179 property	pefore reduction	in limitation					3	800,000.
4 R	eduction in limitation. Subtract line 3 fe	om line 2 If zero	or less, ente	er -0-				4	
5 0	ollar limitation for tax year Subtract line 4 from line	5							
6	(a) Description of pro	cost							
								-	
7 L	isted property Enter the amount from	ine 29				7			
8 T	otal elected cost of section 179 proper	ty Add amounts	ın column (c), lines 6 a	ınd 7			8	
9 T	entative deduction Enter the smaller	9							
10 C	Carryover of disallowed deduction from	10							
11 B	susiness income limitation. Enter the sn	naller of business	s income (no	t less than	zero) or	line 5		11	
12 S	ection 179 expense deduction Add lin	12							
13 C	Carryover of disallowed deduction to 20	10 Add lines 9 a	and 10, less	line 12		13			
Note	Do not use Part II or Part III below for	listed property. I	nstead, use	Part V					
Par	t II Special Depreciation Allowar	ce and Other D	epreciation	(Do not in	clude list	ed prope	rty.)		
14 S	pecial depreciation allowance for quali	fied property (oth	ner than liste	d property) placed	ın service	during		
th	ne tax year							14	
15 Property subject to section 168(f)(1) election									
16 Other depreciation (including ACRS)									
Par	Till MACRS Depreciation (Do not	include listed pr	operty) (Se	e instructio	ns)		<u>.</u>		
			Se	ection A					· · · · · · · · · · · · · · · · · · ·
17 N	MACRS deductions for assets placed in	service in tax ye	ars beginnir	ng before 2	009		_	17	561.
18 If	you are electing to group any assets placed in servi	ce during the tax year	into one or more	general asset	accounts, c	check here	▶	<u> </u>	
	Section B - Assets	Placed in Servic				the Gen	eral Deprecia	tion Syst	em
	(a) Classification of property	(a) Classification of property (b) Month and year placed in service		or depreciation investment use instructions)	, (d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property]							
c	7-year property								
d	10-year property]						_	
_ е	15-year property]							
f	20-year property]							
g	25-year property				2	25 yrs		S/L	
_	Residential rental property	/			2	7 5 yrs.	MM	S/L	
h	nesidential rental property	/			27 5 yrs		MM	S/L	
i	Nonresidential real property	/			3	39 yrs.	ММ	S/L	
		/					MM	S/L	
	Section C - Assets P	aced in Service	During 200	9 Tax Yea	r Using t	he Alterr	ative Deprec	iation Sy	stem
20a	Class life							S/L	
b_	12-year					12 yrs.		S/L	
<u> </u>	40-year	/				10 yrs	MM	S/L	<u> </u>
Par	t IV Summary (See instructions)								
21 L	usted property. Enter amount from line	28						21	
22 T	otal. Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 2	0 ın columr	n (g), and	line 21			
	nter here and on the appropriate lines	=					<u> </u>	22	561.
	or assets shown above and placed in								
	ortion of the basis attributable to section	_	-			23			

			'IONAL CI					AND)							
_	rm 4562 (2009)		<u>'ORMATIOI</u>										<u>0591</u>		Page 2	
P	Listed Propert			taın oth	ner vehic	les, cell	ular telep	phone	s, certain	compute	rs, and	property	used to	r enterta	ainment,	
	Note: For any	ehicle for wi	hich vou are us	ng the	standare	d mileag	e rate or	dedu	cting leas	e expense	e, comp	leteonly	24a, 24	b, colun	nns (a)	
			of Section B, a													
			on and Other I					7	1					1	- 1.	
<u>24</u> ;	a Do you have evidence to s			it use cla	aimed?	<u> </u>	es L	<u> No</u>	24b If "\	'es," is th	e evidei	nce writt	ten? L	」Yes ∟	<u>No</u>	
	(a)	(b) Date	(c) Business/		(d)	Ras	(e) sis for depre	ciation	(f)		g) 	,	h)		(i) cted	
	Type of property (list vehicles first)	placed in	investment	other basis (business/investme		stment	Recovery Method			Depreciation deduction		section	on 179			
		service	use percentage				use only	-						C	ost	
25	Special depreciation allo			roperty	placed	ın servic	ce during	the t	ax year aı	nd						
_	used more than 50% in										25	l		-		
<u> 26</u>	Property used more tha	n 50% in a c	<u>`</u>									Ι.				
		.	%	+					<u> </u>							
	 -	.	%	+					ļ							
_		L	%									<u> </u>				
<u>27</u>	Property used 50% or k	ess in a qual	ıfied busıness ι	ise.						 		,				
			%	%				S/L -								
_		<u> </u>	%				<u> </u>			S/L -		ļ				
		<u> </u>	96							S/L·						
28	Add amounts in column	(h), lines 25	through 27 Er	ter her	e and or	line 21	, page 1				28					
29	Add amounts in column	(i), line 26 E	Enter here and	on line	7, page	1			<u> </u>				29			
			Se	ection l	B - Infor	mation	on Use	of Vel	hicles							
	mplete this section for ve										•					
-	ou provided vehicles to y	our employe	ees, first answe	r the qu	uestions	ın Secti	on C to	see if	you meet	an excep	tion to	completi	ing this s	ection f	or	
tno	ose vehicles.															
					(a)			(b)		(c) (d)		(e)		(f)		
30	Total business/investment	miles driven d	luring the	Vehicle		Vet	Vehicle		Vehicle		Vehicle		nicle	Vet	Vehicle	
	year (do not include com	commuting miles)														
31	Total commuting miles of	driven during	the year													
32	Total other personal (no	ncommuting	g) miles									ĺ				
	driven															
33	Total miles driven during	g the year														
	Add lines 30 through 32									<u> </u>						
34	Was the vehicle available for personal use		nal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?					İ										
35 Was the vehicle used primarily by a more			more													
	than 5% owner or related person?															
36	36 Is another vehicle available for personal															
use?																
		Section C	- Questions fo	or Emp	loyers V	Vho Pro	vide Vet	icles	for Use I	y Their E	mploye	es				
An	swer these questions to	determine if	you meet an ex	ception	n to com	pleting	Section I	B for v	ehicles u	sed by en	nployee	s who a	re not m	ore than	า 5%	
ow	ners or related persons.				_					-	-					
37	Do you maintain a writte	en policy sta	tement that pro	hibits a	all perso	nal use o	of vehicle	es, inc	cluding co	mmuting,	by you	r		Yes	No	
	employees?															
38	Do you maintain a writte	en policy sta	tement that pro	hibits p	personal	use of v	vehicles,	excep	ot commu	ting, by y	our					
	employees? See the ins	tructions for	r vehicles used	by corr	orate of	fficers, d	directors,	or 19	6 or more	owners						
39	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use?															
	Do you provide more th	-				ınformat	tion from	vour	employee	s about						
	the use of the vehicles,							,						ļ		
41	Do you meet the require					monstra	ation use	2								
	Note: If your answer to		• .						covered v	ehicles						
P	art VI Amortization	., ., .	5, 5, 1, 10 100	,	<u> </u>				0010.001	<u> </u>		•		<u> </u>		
(a)					(b) (c)			\neg	(d)	——Т	(e) Amortization			(f)	_	
		Date a	te amortization Amo			ortizable mount		Code section		Amort for the						
42	Amortization of costs th	at begins di							section period or percentage				is the year			
	EBSITE DEVELO		1		1	26	,155				36M	r T		2	180.	
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43	Amortization of costs th	at began he	fore your 2009	tax ves	ır.					I		43		_		
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