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.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.		D Employer identification number
[ ] Address change	C Name of organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY		77-0480427
[ ] Name change	Doing Business As		
[ ] Initial return	Number and street (or P O box if mail is not delivered to street address): 1501 PAGE MILL ROAD	Room/suite: MS 1105,	E Telephone number (650) 857-2059
[ ] Terminated	City or town, state or country, and ZIP + 4: PALO ALTO, CA 94304-1314		G Gross receipts $ 3,036,119.
[ ] Amended return	F Name and address of principal officer: TELLE WHITNEY 1501 PAGE MILL ROAD, MS1105, PALO ALTO, CA 94304		H(a) Is this a group return for affiliates? [ ] Yes [X] No
[ ] Application pending			H(b) Are all affiliates included? [ ] Yes [X] No. If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.ANITABORG.ORG

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶   **L** Year of formation 1997   **M** State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO INCREASE THE IMPACT OF WOMEN ON ALL ASPECTS OF TECHNOLOGY AND TO INCREASE THE POSITIVE IMPACT OF TECHNOLOGY ON THE WORLD'S WOMEN.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	205
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,271,764.	2,696,308.
	9	Program service revenue (Part VIII, line 2g)	459,417.	330,873.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,447.	8,938.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,740,628.	3,036,119.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	178,631.	286,996.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	234,060.	589,646.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 276,870.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,343,603.	1,911,548.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,756,294.	2,788,190.
	19	Revenue less expenses Subtract line 18 from line 12	-15,666.	247,929.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	583,962.	966,159.
	21	Total liabilities (Part X, line 26)	455,234.	589,502.
	22	Net assets or fund balances Subtract line 21 from line 20	128,728.	376,657.

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IRS-OSC

SCANNED DEC 15 2010

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 11/12/10

▶ Telle Whitney, President & CEO
Type or print name and title

Paid Preparer's Use Only			
Preparer's signature ▶	Date 11/10/10	Check if self-employed ▶ [ ]	Preparer's identifying number (see instructions) P00998198
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SEILER LLP THREE LAGOON DRIVE, STE 400 REDWOOD CITY, CA 94065		EIN ▶ 94-1624276	Phone no ▶ 650-365-4646

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *   Form **990** (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
OUR MISSION IS TO INCREASE THE IMPACT OF WOMEN ON ALL ASPECTS OF TECHNOLOGY AND TO INCREASE THE POSITIVE IMPACT OF TECHNOLOGY ON THE WORLD'S WOMEN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code. 900099) (Expenses $ 1,722,459 including grants of $ 247,429.) (Revenue $ 244,115)
THE GRACE HOPPER CELEBRATION FOR WOMEN IN COMPUTING IS THE WORLD'S LARGEST GATHERING OF WOMEN IN TECHNOLOGY AND COMPUTER SCIENCE. NINE GHC CONFERENCES WERE HELD OVER THE LAST DECADE; MORE THAN 9,000 WOMEN HAVE ATTENDED AND OVER 1,300 SCHOLARSHIPS HAVE BEEN AWARDED TO STUDENTS. PRESENTED WITH ASSOCIATION ON COMPUTING MACHINERY (ACM), THE GHC CONFERENCES OFFER OPPORTUNITIES FOR MENTORING, MOTIVATION, NETWORKING, TECHNICAL AND CAREER DEVELOPMENT.

4b (Code 900099) (Expenses $ 246,356 including grants of $ 0) (Revenue $ 82,405.)
THE WOMEN OF VISION AWARDS BANQUET, HOSTED BY THE ANITA BORG INSTITUTE BOARD OF TRUSTEES, HONORS WOMEN MAKING SIGNIFICANT CONTRIBUTIONS TO TECHNOLOGY. ONE WINNER IS SELECTED IN EACH CATEGORY: INNOVATION, LEADERSHIP, AND SOCIAL IMPACT. THE 2009 BANQUET INCLUDED 4 SPEAKERS EACH OF WHOM IS RECOGNIZED AS A SIGNIFICANT WOMAN IN TECHNOLOGY AND IS A ROLE MODEL FOR THE STUDENTS, ACADEMIA AND INDUSTRY WOMEN WHO ATTEND THE EVENT. THE EVENT IS ALSO ATTENDED BY NUMEROUS INDUSTRY AND ACADEMIA LEADERS BOTH MALE AND FEMALE.

4c (Code. 611710) (Expenses $ 119,619 including grants of $ 32,575) (Revenue $ 1,770)
ATTACHMENT 2 (SEE SCHEDULE O)

4d Other program services. (Describe in Schedule O)
(Expenses $ 105,813 including grants of $ 6,991.) (Revenue $ 2,583.)

4e **Total program service expenses** ▶ 2,194,247.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting 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 provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X 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, 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*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did 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*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A Yes: ; No: X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *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," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

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 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, 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	
24 a	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 question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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)			
a	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
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		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 Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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? *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? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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 U S. Information Returns Enter -0- if not applicable	1a	16		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			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?			7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . 1a 22			
b	Enter the number of voting members that are independent . . . 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
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 members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization . . . SEE SCHEDULE O	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 arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CALIFORNIA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KIRK ROSS, 1501 PAGE MILL ROAD, MS1105, PALO ALTO, CA 94304
650-857-3547

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
TELLE WHITNEY(LEASED EMPLOYEE) PRESIDENT & CEO	40.00	X		X				208,881.		1,953.
MARIA KLAWE, PH.D. TRUSTEE	1.00	X						0.		0.
MARGARET ASHIDA TRUSTEE	1.00	X						0.		0.
PENNY HERSCHER TRUSTEE	1.00	X						0.		0.
WILLIAM WULF, PH.D. BOARD CHAIR	1.00	X						0.		0.
BILL UNGER AUDIT COMMITEE MEMBER	1.00	X						0.		0.
JAMES BECK TRUSTEE & TREASURER	1.00	X		X				0.		0.
RICHARD RASHID, PH.D. TRUSTEE	1.00	X						0.		0.
DEBI COLEMAN AUDIT COMMITEE CHAIR	1.00	X						0.		0.
ALAN EUSTACE, PH.D TRUSTEE	1.00	X						0.		0.
JUSTIN RATTNER TRUSTEE	1.00	X						0.		0.
FRANCINE BERMAN TRUSTEE	1.00	X						0.		0.
KATHY HILL TRUSTEE	1.00	X						0.		0.
ROBIN ABRAMS TRUSTEE	1.00	X						0.		0.
PRINTH BANERJEE AUDIT COMMITTEE MEMBER	1.00	X						0.		0.
NORA DENZEL TRUSTEE	1.00	X						0.		0.

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

(A) Name and title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LEAH JAMIESON TRUSTEE	1.00	X						0.		0.
IKE NASSI TRUSTEE	1.00	X						0.		0.
BRIAN PAWLOWSKI TRUSTEE	1.00	X						0.		0.
SHANNA-SHAYE FORBES TRUSTEE	1.00	X						0.		0.
EUGINIA GABRIELOVA TRUSTEE	1.00	X						0.		0.
MARK BREGMAN TRUSTEE	1.00	X						0.		0.
CINDY CORAL (LEASED EMPLOYEE) PAST SECRETARY	40.00			X				53,369.		876.
DEANNA KOSARAJU (LEASED EMPLOYEE) VP OF PROGRAMS & SECRETARY	40.00			X				110,472.		1,507.
JODY MAHONEY(LEASED EMPLOYEE) VP OF BUSINESS DEVELOPMENT	40.00				X			153,243.		5,919.
JERRIENNE BARRETT (LEASED EMPLOYEE) VP OF MARKETING	40.00					X		134,167.		4,101.
1b Total ▶								660,132.		14,356.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

77-0480427

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1a	Federated campaigns	1a				
b	Membership dues	1b				
c	Fundraising events	1c				
d	Related organizations	1d				
e	Government grants (contributions)	1e 193,218				
f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,503,090.				
g	Noncash contributions included in lines 1a-1f $					
h	**Total.** Add lines 1a-1f ▶		2,696,308			
Program Service Revenue		Business Code				
2a	REGISTRATION FEES	900099	330,873.	330,873		
b						
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a-2f ▶		330,873.			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) ▶		8,938			8,938.
4	Income from investment of tax-exempt bond proceeds ▶		0.			
5	Royalties ▶		0			
		(i) Real / (ii) Personal				
6a	Gross Rents					
b	Less rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss) ▶		0			
		(i) Securities / (ii) Other				
7a	Gross amount from sales of assets other than inventory					
b	Less cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss) ▶		0.			
8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	a				
b	Less direct expenses	b				
c	Net income or (loss) from fundraising events ▶		0			
9a	Gross income from gaming activities See Part IV, line 19	a				
b	Less direct expenses	b				
c	Net income or (loss) from gaming activities ▶		0			
10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a-11d ▶		0			
12	**Total Revenue.** See instructions ▶		3,036,119.	330,873	0	8,938

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Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	240,299.	240,299.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	46,697.	46,697.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	589,646.	285,173.	76,814.	227,659.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	8,625.		8,625.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	270,892.	253,195.	13,027.	4,670.
12 Advertising and promotion	19,901.	15,534.	4,367.	
13 Office expenses	76,468.	36,578.	30,791.	9,099.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,786.	1,226.	366.	194.
17 Travel	158,738.	103,695.	21,683.	33,360.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings SEE SCH O	673,909.	673,909.		
20 Interest	6,560.		6,560.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	8,746.	6,032.	1,773.	941.
23 Insurance	10,260.	9,313.	619.	328.
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)				
a COMPENSATION-LEASED EMPLOYEE	675,663.	522,596.	152,448.	619.
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,788,190.	2,194,247.	317,073.	276,870.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	134,108.	2	582,511.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	367,138.	4	259,113.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	69,277.	9	114,846.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 56,784.			
	b	Less accumulated depreciation — 10b: 47,095.	13,439.	10c	9,689.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	583,962.	16	966,159.
Liabilities	17	Accounts payable and accrued expenses	93,934.	17	140,502.
	18	Grants payable		18	
	19	Deferred revenue	286,300.	19	349,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	75,000.	23	100,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	455,234.	26	589,502.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-80,499.	27	230,388.
	28	Temporarily restricted net assets	209,227.	28	146,269.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	128,728.	33	376,657.
	34	Total liabilities and net assets/fund balances	583,962.	34	966,159.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other ____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

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.**

OMB No. 1545-0047

2009

Open to Public Inspection

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

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)

1 ☐ 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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly 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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ 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)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 include any "unusual grants")	707,446.	1,422,205	2,330,392.	2,271,764	2,696,308.	9,428,115.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	707,446	1,422,205.	2,330,392.	2,271,764	2,696,308	9,428,115.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,403,602.
6 **Public support.** Subtract line 5 from line 4.						6,024,513.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	707,446.	1,422,205	2,330,392	2,271,764	2,696,308.	9,428,115.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,633.	10,378	11,569	9,447	8,938	43,965.
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						9,472,080.

12 Gross receipts from related activities, etc (see instructions) . . . 12 1,769,194.

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)) . . . 14 63.60 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . 15 58.98 %

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 organzation 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 ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

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.

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number: 77-0480427

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure 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, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ______

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Term endowment ▶ ______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		56,784.	47,095	9,689.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				9,689.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (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.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,036,119.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,788,190.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	247,929.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	247,929.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,179,992.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	143,873.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	143,873.
3	Subtract line 2e from line 1			3	3,036,119.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	3,036,119.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,932,063.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	143,873.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	143,873.
3	Subtract line 2e from line 1			3	2,788,190.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	2,788,190.

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

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

Employer identification number 77-0480427

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN	0	0	GRANTMAKING		830.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		9,066.
EUROPE	0	0	GRANTMAKING		7,290.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		2,258
NORTH AMERICA	0	0	GRANTMAKING		1,000.
RUSSIA/INDEPENDENT STATES	0	0	GRANTMAKING		11,275
SOUTH AMERICA	0	0	GRANTMAKING		8,175
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		6,803
Totals . . . . ▶	0	0			46,697

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000 Check this box if no one recipient received more than $5,000 . . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GHC STUDENT SCHOLARSHIP & TRAVEL GRANT	CENT AMERICA/CARIBBEAN	2	830	WIRE			
GHC SUDENT SCHOLARSHIP & TRAVEL GRANT	SUB-SAHARAN AFRICA	3	2,166	WIRE			
GHC STUDENT SCHOLARSHIP & TRAVEL GRANT	MIDDLE EAST/NORTH AFRICA	1	2,258	WIRE			
ANITA BORG AWARD	RUSSIA	1	11,275	WIRE			
ANITA BORG AWARD	SOUTH ASIA	1	2,454	WIRE			
ANITA BORG AWARD	SUB-SAHARAN AFRICA	1	4,092	WIRE			
SYSTERS PASS IT ON GRANT	EAST ASIA/PACIFIC	5	4,076	WIRE			
SYSTERS PASS IT ON GRANT	NORTH AMERICA	2	1,000.	WIRE			
SYSTERS PASS IT ON GRANT	SUB-SAHARAN AFRICA	1	545	WIRE			
GHC STUDENT SCHOLARSHIP & TRAVEL GRANT	EAST ASIA/PACIFIC	4	4,990	WIRE			
GHC STUDENT SCHOLARSHIP & TRAVEL GRANT	SOUTH ASIA	4	5,721	WIRE			
GHC STUDENT SCHOLARSHIP & TRAVEL GRANT	EUROPE/ICELAND/GREENLAND	6	7,290	WIRE			

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Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

PASS IT ON (PIO) GRANTS RECEIVE NOMINATIONS WHICH INCLUDE DESCRIPTIONS OF THE PROJECT. GRANT DECISIONS ARE MADE BY A REVIEW COMMITTEE BASED ON PUBLISHED CRITERIA. PIO GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A REPORT DESCRIBING THE RESULTS OF THE PROJECT AND HOW THE MONEY WAS SPENT. ANITA BORG AWARD WINNERS ARE CHOSEN BY AN AWARD COMMITTEE BASED ON PUBLISHED CRITERIA. THE ORGANIZATION REIMBURSES ALL DOCUMENTED EXPENSES AND THE EXPENSE REPORT IS HELD IN THE ORGANIZATION'S FINANCIAL FILES.

PART I, LINE 3F - TOTAL EXPENDITURES INCLUDED PIO CASH GRANTS AND REIMBURSEMENT OF EXPENSES ATTENDING THE GHC CONFERENCE WHICH INCLUDE FULL CONFERENCE REGISTRATION, TRAVEL EXPENSES TO/FROM THE CONFERENCE AND HOTEL ACCOMODATIONS.

PART III, COLUMN C - THE NUMBER OF RECIPIENTS REPORTED IS BASED ON THE ACTUAL HEADCOUNT OF RECIPIENTS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047
2009
Open to Public Inspection

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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 . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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
GHC STUDENT SCHOLARSHIP & TRAVEL GRANT	311	220,998			
SYSTERS PASS IT ON GRANT	3	1,370			
ANITA BORG AWARD	5	17,931			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PASS IT ON (PIO) GRANTS RECEIVE NOMINATIONS WHICH INCLUDE DESCRIPTIONS OF THE PROJECT. GRANT DECISIONS ARE MADE BY A REVIEW COMMITTEE BASED ON PUBLISHED CRITERIA. PIO GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A REPORT DESCRIYING THE RESULTS OF THE PROJECT AND HOW THE MONEY WAS SPENT. AWARDS ARE PROVIDED AS CASH TO AWARD WINNERS WHO ARE CHOSEN BY AN AWARD COMMITTEE BASED ON PUBLISHED CRITERIAS. GHC STUDENT SCHOLARSHIPS PROVIDE FUNDING FOR STUDENTS TO ATTEND THE GRACE HOPPER CELEBRATION (GHC) OF WOMEN IN COMPUTING CONFERENCE. FOR SCHOLARSHIP RECIPIENTS, THE ORGANIZATION REIMBURSES ALL DOCUMENTED EXPENSES AND THE EXPENSE REPORT IS HELD IN THE ORGANIZATION'S FINANCIAL FILES.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

Employer identification number
77-0480427

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 ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		X
	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		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III	6b		X
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TELLE WHITNEY(LEASED EMPL	(i)	206,381.	2,500.	0.	0.	1,953.	210,834.	200,638.
	(ii)							
JODY MAHONEY(LEASED EMPLO	(i)	150,743.	2,500.	0.	0.	5,919.	159,162.	159,004.
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							

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.

SCHEDULE J, PART I, LINE 7

THE ORGANIZATION, AS APPROVED BY THE BOARD OF TRUSTEES, PAID INCENTIVE
COMPENSATION TO CERTAIN INDIVIDUALS BASED ON APPRAISALS OF WORK
PERFORMANCE.

SCHEDULE J, PART I, LINE 4A

CINDY CORAL $27,216

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.

OMB No 1545-0047

2009

Open to Public Inspection

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

ATTACHMENT 1

FORM 990, PART III, LINE 2

K-12 COMPUTING TEACHERS WORKSHOP WAS A NEW PROGRAM SERVICE IN 2009 WHICH THE ORGANIZATION HAS NOT PREVIOUSLY DISCLOSED TO THE INTERNAL REVENUE SERVICE. THIS WORKSHOP CONVENED OVER 100 K-12 TEACHERS WHO WORK WITH UNDER-REPRESENTED POPULATIONS OF STUDENTS AT THE GRACE HOPPER CELEBRATION AND PRODUCED A WORKSHOP AND WHITE PAPER - "ADDRESSING CORE EQUITY ISSUES IN K-12 COMPUTER SCIENCE EDUCATION: IDENTIFYING BARRIERS AND SHARING STRATEGIES".

THE PROGRAM WAS DESIGNED TO:

1. INSTIGATE A DISCUSSION OF EQUITY AND COMPUTER SCIENCE CURRICULUM;

2. CREATE KNOWLEDGE SHARING OPPORTUNITIES ON CONCRETE SOLUTIONS GROUNDED IN TEACHERS' ARTICULATED, SPECIFIC NEEDS;

3. DISSEMINATE THESE SOLUTIONS TO A BROAD AUDIENCE OF TEACHERS, STEM PRACTITIONERS, AND INTERESTED STAKEHOLDERS VIA WORKSHOP, TOWN HALL MEETING AND DISSEMINATION OF A WHITE PAPER; AND

4. EVALUATE THE EFFECTIVENESS OF THESE SOLUTIONS IN CLASSROOMS THAT SERVE UNDER-REPRESENTED STUDENT POPULATIONS.

IN ADDITION TO ATTENDING THE WORKSHOP, EACH PARTICIPANT RECEIVED TRAVEL FUNDING, HOTEL ACCOMMODATIONS, AND ONE-DAY ADMISSION TO THE GRACE HOPPER CELEBRATION.

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

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE SYSTERS'S FORUM, SYSTERS PASS-IT-ON PROGRAM, AND OTHER PROGRAMS WHICH PROMOTE THE INTERESTS OF WOMEN IN THE COMPUTING AND TECHNOLOGY FIELDS.

FORM 990, PART VI, SETION A, LINE 11

THE ORGANIZATION'S AUDIT COMMITTEE OF THE BOARD AND THE TREASURER ARE PRIMARILY RESPONSIBLE FOR REVIEWING AND APPROVING THE ORGANIZATION'S FORM 990 BEFORE IT IS FILED WITH THE IRS. THIS REVIEW OCCURS AT A JOINT MEETING OF THE AUDIT COMMITTEE AND THE TREASURER. THIS MEETING IS OPEN TO ALL BOARD TRUSTEES TO ATTEND. THE DIRECTOR OF FINANCE DISTRIBUTES THE FINAL DRAFT FORM 990 TO THE ORGANIZATION'S BOARD OF TRUSTEES AND ANY NON-BOARD MEMBER AUDIT COMMITTEE MEMBERS PRIOR TO THE JOINT MEETING. THE AUDIT COMMITTEE, THE TREASURER AND THE TAX RETURN PREPARER REVIEW THE COMPLETED FORM 990 VIA TELEPHONE CONFERENCE AND ADDRESS ANY COMMENTS OR QUESTIONS OF COMMITTEE MEMBERS. ANY OPEN ITEMS, COMMENTS OR QUESTIONS ARE DOCUMENTED IN THE MINUTES TO THE MEETING. THE AUDIT COMMITTEE AND THE TREASURER APPROVE THE FORM FOR FILING WITH THE IRS OR, IF QUESTIONS REMAIN OR CHANGES ARE RECOMMENDED, DETERMINE AN APPROPRIATE DELEGATION OF FINAL AUTHORITY.

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EACH TRUSTEE AND EXECUTIVE OFFICER OF THE ORGANIZATION AND EACH MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS ANNUALLY SIGN THE CONFLICT OF INTEREST STATEMENT AND DISCLOSURE FORM. THE BOARD AFFAIRS COMMITTEE, APPOINTED BY THE BOARD

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

Employer identification number: 77-0480427

ATTACHMENT 1 (CONT'D)

OF TRUSTEES, REVIEWS AND DETERMINES IF ANY CONFLICTS OF INTEREST EXIST AND TAKES THE APPROPRIATE ACTION AS OUTLINED IN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A

IN 2009, THE BOARD REVIEWED AND DISCUSSED THE COMPENSATION PACKAGE RECOMMENDED BY THE EXECUTIVE COMMITTEE AND COMPENSATION DATA COMPILED REGARDING THE CEO'S COMPENSATION. VARIOUS FACTORS WERE CONSIDERED INCLUDING: CEO'S PERFORMANCE REVIEWS, COMPENSATION DATA OBTAINED FROM VARIOUS RECRUITERS AND NON-PROFIT RESOURCES FOR SIMILARLY SITUATED CHARITABLE ORGANIZATIONS IN THE SAN FRANCISCO BAY AREA AND NATIONALLY, HISTORICAL COMPENSATION, AND THE NEED FOR THE ORGANIZATION TO HAVE A TECHNICAL FEMALE LEADER. THE BOARD THEN APPROVED THE PROPOSED COMPENSATION PACKAGE WHICH IT DEEMED JUSTIFIED BASED ON THESE FACTORS.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, FORMS 990 (CURRENT AND PRIOR THREE YEARS) AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN OR ORAL REQUEST AT THE ORGANIZATION'S SITE. WE DO NOT MAKE OUR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART I, LINE 5; PART V, LINE 2A; PART VI, LINE 15; PART VII, SECTION A, LINE 1A; AND PART IX, LINE 5 & 24A

THE ORGANIZATION ENTERED INTO AN AGREEMENT WITH A PROFESSIONAL EMPLOYER ORGANIZATION (PEO). THE PEO TAKES RESPONSIBILITY FOR HUMAN RESOURCE ADMINISTRATION AND TAX REPORTING COMPLIANCE. THE EMPLOYEES WORK AT THE ORGANIZATION'S SITE, AND THE ORGANIZATION EXERCISES CONTROL OVER THEIR

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

ATTACHMENT 1 (CONT'D)

WORK. FOR TAX REPORTING PURPOSES, THE PEO IS THE EMPLOYER OF RECORD.

FORM 990, PART VI, SECTION B, LINE 15B

THE CEO DETERMINES COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THIS IS DONE WITH THE HELP OF OUTSIDE SALARY SURVEY DATA FROM OTHER NOT FOR PROFIT ORGANIZATIONS, NETWORKING WITH EXECUTIVES FROM OTHER NOT FOR PROFIT ORGANIZATIONS AND WITHIN THE ABI BUDGET CONSTRAINTS. IN ADDITION, THE BOARD OF TRUSTEES APPROVES AN ANNUAL BUDGET AND REVIEWS ACTUAL EXPENSES VERSUS BUDGETS THROUGHOUT THE YEAR. THESE REVIEWS INCLUDE SALARIES IN TOTAL. IN THE FUTURE, THE INTERNAL PROCEDURES WILL REQUIRE THAT ALL NEW SALARIES AND ANY SALARY CHANGES FOR OFFICERS AND KEY EMPLOYEES BE SPECIFICALLY APPROVED BY THE BOARD OF TRUSTEES OR A COMMITTEE APPROVED BY THE BOARD OF TRUSTEES FOR SUCH PURPOSE.

FORM 990, PART IX, LINE 19

CONFERENCES, CONVENTIONS, AND MEETINGS IS COMPRISED OF OTHER EVENT DIRECT COSTS TO ABI OF PUTTING ON THE GRACE HOPPER CONFERENCE, THE WOMEN OF VISION AWARDS BANQUET AND OTHER EVENTS INCLUDING SIGNIFICANT SCHOLARSHIP PROGRAMS.

ATTACHMENT 2

4C PROGRAM SERVICE

K-12 COMPUTING TEACHERS WORKSHOP IS HOSTED IN PARTNERSHIP WITH THE COMPUTER SCIENCE TEACHERS ASSOCIATION (CSTA) AND THE ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY (ABI). THIS WORKSHOP CONVENED K-12 TEACHERS WHO WORK WITH UNDER-REPRESENTED POPULATIONS OF

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

Employer identification number: 77-0480427

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

STUDENTS AT THE GRACE HOPPER CELEBRATION TO:

1.INSTIGATE A DISCUSSION OF EQUITY AND COMPUTER SCIENCE CURRICULUM;

2.CREATE KNOWLEDGE SHARING OPPORTUNITIES ON CONCRETE SOLUTIONS GROUNDED IN TEACHERS' ARTICULATED, SPECIFIC NEEDS;

3.DISSEMINATE THESE SOLUTIONS TO A BROAD AUDIENCE OF TEACHERS, STEM PRACTITIONERS, AND INTERESTED STAKEHOLDERS VIA WORKSHOP, TOWN HALL MEETING AND DISCUSSION OF A NEWLY RELEASED WHITE PAPER; AND

4.EVALUATE THE EFFECTIVENESS OF THESE SOLUTIONS IN CLASSROOMS THAT SERVE UNDER-REPRESENTED STUDENT POPULATIONS.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box .... ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print		
	Name of Exempt Organization ANITA BORG INSTITUTE FOR WOMEN TECHNOLOGY	Employer identification number 77-0480427
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 1501 PAGE MILL ROAD	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PALO ALTO, CA 94304-1314	

Check type of return to be filed (File a separate application for each return).

- [X] Form 990
- [ ] Form 990-BL
- [ ] Form 990-EZ
- [ ] Form 990-PF
- [ ] Form 990-T (sec 401(a) or 408(a) tr ust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ KIRK ROSS,

Telephone No. ▶ 650 857-2059 FAX No. ▶ 650 852-8172

- If the organization does not have an office or place of business in the United States, check this box .... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the whole group, check this box ... ▶ [ ] . If it is for part of the group, check this box ... ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2010.

5 For calendar year 2009 , or other tax year beginning ________ , and ending ________ .

6 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension A SUBSTANTIAL PORTION OF THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS UNAVAILABLE AT THIS TIME. THEREFORE, THE TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO FILE THE TAX RETURN DESIGNATED ABOVE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ 0.
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification

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

Signature ▶ [signature] Title ▶ CPA Date ▶ 7/30/10

SEILER LLP
THREE LAGOON DRIVE, STE 400
REDWOOD CITY, CA 94065

JSA
9F8055 2.000

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