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Short Form  
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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► 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 calendar year, or tax year beginning

07/01, 2009, and ending

06/30/2010

B Check if applicable		Please use IRS label or print or type. See Specific Instructions.		C Name of organization <b>WOMEN IN TECHNOLOGY</b>		D Employer identification number <b>54-1733222</b>	
Address change		Initial return		Number and street (or P O box, if mail is not delivered to street address) <b>10378 DEMOCRACY LANE, SUITE A</b>		Room/suite	
Name change		Termination		City or town, state or country, and ZIP + 4 <b>FAIRFAX, VA 22030</b>		E Telephone number <b>(703) 766-1153</b>	
Amended return		Application pending				F Group Exemption Number . . . ►	

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► [WWW.WOMENINTECHNOLOGY.ORG](http://WWW.WOMENINTECHNOLOGY.ORG)J Tax-exempt status (check only one) -  501(c) (4) ◀ (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **326,559.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	124,709.
	2 Program service revenue including government fees and contracts . . . . .	2	191,769.
	3 Membership dues and assessments . . . . .	3	709.
	4 Investment income . . . . .	4	
	5 a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less cost or other basis and sales expenses . . . . .	5b	1,276.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	-1,276.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ► <input type="checkbox"/>	6	
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	
	b Less direct expenses other than fundraising expenses . . . . .	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		
7 a Gross sales of inventory, less returns and allowances . . . . .	7a	8,506.	
b Less cost of goods sold . . . . .	7b	4,745.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	3,761.	
8 Other revenue (describe ► <b>ATCH 3</b> ) . . . . .	8	866.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	320,538.	
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10	
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	0.
	13 Professional fees and other payments to independent contractors . . . . .	13	
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	8,099.
	16 Other expenses (describe ► <b>ATCH 4</b> ) . . . . .	16	328,008.
17 Total expenses. Add lines 10 through 16 . . . . .	17	336,107.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-15,569.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	305,993.
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	290,424.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	354,032.	22 333,552.
23 Land and buildings . . . . .	1,595.	23 0.
24 Other assets (describe ► <b>ATCH 6</b> ) . . . . .	9,278.	24 16,555.
25 Total assets . . . . .	364,905.	25 350,107.
26 Total liabilities (describe ► <b>ATCH 7</b> ) . . . . .	58,912.	26 59,683.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	305,993.	27 290,424.



## Part V. Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33  X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 35  X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a  X

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 36  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  0.

b Did the organization file Form 1120-POL for this year? 37b  X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b

39 Section 501(c)(7) organizations. Enter.

a Initiation fees and capital contributions included on line 9. 39a

b Gross receipts, included on line 9, for public use of club facilities. 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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. 40b  X

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c  0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d  0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e  X

41 List the states with which a copy of this return is filed. ►

42a The organization's books are in care of ► MELANIE THOMAS ARMSTRONG Telephone no. ► 703-766-1153 Located at ► 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA ZIP + 4 ► 22030

b 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)? 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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44  X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45  X

**Part VI. Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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 . . . . .	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	46	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	48	
b	If "Yes," was the related organization a section 527 organization? . . . . .	49a	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	49b	

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000. . . . . ►

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	► Signature of officer		Date <b>3/17/2011</b>	
	► Type or print name and title <b>Nancy Schimazzi - President</b>			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <b>2/26/11</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <b>52-1297695</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>WATKINS MEEGAN LLC 8000 TOWERS CRESCENT DR, SUITE 950 VIENNA, VA 20182</b>	EIN <b>52-1297695</b>	Phone no <b>703-761-4848</b>	

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**Form 990-EZ (2009)**

Attachment 1FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	709.
TOTAL	<u>709.</u>

Attachment 2FORM 990EZ, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR .....	0.
PURCHASES .....	6,210.
SALARIES AND WAGES .....	
OTHER COSTS .....	446.
 SUBTOTAL .....	6,656.
MINUS ENDING INVENTORY .....	1,911.
 COST OF GOODS SOLD .....	<u>4,745.</u>

Attachment 3FORM 990EZ, PART I - OTHER REVENUE

OTHER REVENUE	866.
TOTALS	<u>866.</u>

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	3,115.
CONFERENCES, CONVENTIONS	171,802.
DEPRECIATION	319.
INSURANCE	1,155.
AWARDS & GIFTS	9,864.
MANAGEMENT FEES	81,000.
CREDIT CARD SERVICE/BANK FEES	10,580.
OTHER	341.
TRAVEL	1,627.
TELEPHONE	2,413.
WEBSITE MAINTENANCE FEE	17,359.
ADMINISTRATION EXPENSES	4,132.
CONTRIBUTION EXPENSES	13,855.
AUDIO/VISUAL	10,446.
TOTAL	<u>328,008.</u>

Attachment 5FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	121,023.	99,843.
SAVINGS	233,009.	233,709.
<b>TOTALS</b>	<b><u>354,032.</u></b>	<b><u>333,552.</u></b>

Attachment 6FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	0.	8,641.
INVENTORIES FOR SALE OR USE	0.	1,911.
PREPAID EXPENSES OR DEFERRED CHARGES	9,178.	6,003.
DEPOSITS	100.	0.
 TOTALS	 <u>9,278.</u>	 <u>16,555.</u>

Attachment 7FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	31,829.	3,728.
SUPPORT AND REVENUE FOR FUTURE PERIODS	27,083.	55,955.
<b>TOTALS</b>	<b><u>58,912.</u></b>	<b><u>59,683.</u></b>

Attachment 8FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION IS DEDICATED TO OFFERING WOMEN IN ALL LEVELS OF THE TECHNOLOGY INDUSTRY A WIDE RANGE OF PROFESSIONAL DEVELOPMENT AND NETWORKING OPPORTUNITIES, THEREBY SERVING AS A FORUM WHERE WOMEN IN TECHNOLOGY CAN BE RECOGNIZED AND PROMOTED AS ROLE MODELS.

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

Attachment 9

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
TONI TOWNES-WHITELEY 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	PRESIDENT 4.00	0.	0.	0.
NANCY SCHIMIZZI 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	PRESIDENT-ELECT 4.00	0.	0.	0.
JEAN LEONARD 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	SECRETARY 2.00	0.	0.	0.
CYNTHIA SANCHEZ 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	TREASURER 2.00	0.	0.	0.
KATHRYN HARRIS 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.	0.
LIZ ANTHONY 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.	0.
PIPER CONRAD 10378 DEMOCRACY LANE, SUITE A	DIRECTOR 2.00	0.	0.	0.

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

## Attachment 9 (Cont'd).

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
FAIRFAX, VA 22030	KELLY HARMAN 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.
	NANCY LAMBERTON 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.
	PATRICIA BURKE 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.
	MARY DAVIE 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.
	LISA DEZZUTTI 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.
	JILL STELFOX 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

Attachment 9 (Cont'd.)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
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MARY ANN WAGNER 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.	0.
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ROSE WANG 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.	0.
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SUE LIBLONG 10378 DEMOCRACY LANE, SUITE A FAIRFAX, VA 22030	DIRECTOR 2.00	0.	0.	0.
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GRAND TOTALS	0.	0.	0.	0.
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## Description of Property

## DEPRECIATION

### Subtotals . . . . .

AMERICAN

### Assets Retired

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

**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  File by the extended due date for filing your return. See instructions	Name of exempt organization  <b>WOMEN IN TECHNOLOGY</b>	Employer Identification number  <b>54-1733222</b>
	Number, street, and room or suite no. If a P O. box, see instructions.  <b>10378 DEMOCRACY LANE, SUITE A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>FAIRFAX, VA 22030</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ► MELANIE THOMAS ARMSTRONG  
Telephone No. ► 703 766-1153 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 2011 .  
5 For calendar year       , or other tax year beginning 07/01, 2009, and ending 06/30, 2010 .  
6 If the tax year entered in line 5 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 TAXPAYER IS AWAITING INDEPENDENT THIRD PARTY  
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. THE  
RETURN WILL BE FILED AS SOON AS THE INFORMATION IS AVAILABLE.

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 \$
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 \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

## 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 ►

**Title**

President

Date

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Form 8868 (Rev. 1-2011)

WATKINS MEEGAN, LLC

8000 TOWERS CRESCENT DR, SUITE 950  
VIENNA, VA 22182