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Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2013

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Womxn's Association of Venture + Equity

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

10 Winter Farm Road

City or town, state or province, country, and ZIP or foreign postal code

Newtown, CT 06470

D Employer identification number

20-0554856

E Telephone number

855-928-3606

F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►I Website: ► www.women-wave.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(7)(a) (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

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

Check if the organization used Schedule O to respond to any question in this Part I □

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 45355-
	2 Program service revenue including government fees and contracts	2 16045-
	3 Membership dues and assessments	3 (4400)-
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 168000-
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 46929-
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 801-
	16 Other expenses (describe in Schedule O)	16 25091-
	17 Total expenses. Add lines 10 through 16	17 12827
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (4827)
	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 75994-
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 71167-

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2013)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	77157 -	22 14747 -
23 Land and buildings		23
24 Other assets (describe in Schedule O)	307 -	24 3000 -
25 Total assets	77464 -	25 72747 -
26 Total liabilities (describe in Schedule O)	1470 -	26 1580 -
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75994 -	27 71167 -

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See attachment

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	<i>See attachment</i>			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	<i>16,045 -</i>
29				
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30				
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		► 32	<i>16,045 -</i>

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<i>Tue Bannet, NY, NY</i>	<i>As required</i>	<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
<i>Sarah Camougis, Boston, MA</i> <i>VP, Programs</i>		<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
<i>Diane Davich, Princeton, NJ</i> <i>VP, Finance</i>		<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
<i>April Evans, Boston, MA</i>		<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
<i>Julie Gionfriddo, Simsbury, CT</i>		<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
<i>Susan Keller, Providence, RI</i> <i>VP, Partnerships</i>		<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
<i>Sheryl Schwartz, NY, NY</i>		<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
<i>Jennifer Simpson, McLean, VA</i>		<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
<i>Heather Stung, Boston, MA</i> <i>VP, Membership</i>		<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>
<i>Hope Vaughn, NY, NY</i> <i>President</i>	<i>↓</i>	<i>- 0 -</i>	<i>- 0 -</i>	<i>- 0 -</i>

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 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

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

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

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 tax year covered by this return? 38a

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 ► 40b

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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

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

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

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

42a The organization's books are in care of ► LPS Bookkeeping LLC Telephone no. ► 203 459-0921

Located at ► 40 Sir Thomas Way, Trumbull, CT 06411

ZIP + 4 ► 06411

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 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

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

	Yes	No
33		X
34		X
35a	X	
35b	X	
35c	X	
36	X	
37a		
37b	X	
38a		X
39a		
39b		
40b		
40c		
40d		
40e		
42b		X
42c		X
43		
44a		X
44b		X
44c		X
44d		X
45a		X
45b		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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 business address of each independent contractor	(b) Type of service	(c) Compensation

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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 _____

— PLEASE PAY ATTENTION TO THE FOLLOWING —

DRIVE BY VP Finance

Customer's signature _____ Date _____ City _____ State _____ Zip _____

Paid Print/type provider's name _____ **Prepared by** _____ **Date** _____ **Check** **Print**

Preparer _____

First's address: _____ Phone no. _____

► Yes No

Form 990-EZ 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Woman's Association of Venture & Equity

Employer identification number

20-0554856

16. Other expenses include catering and venue expenses
for board meetings, bank and credit card fees, etc.

26. Total liabilities are deferred meeting revenue.

20-0554856

Women's Association of Venture and Equity (WAVE)

Attachment 1 to 2013 Form 990

1. WAVE is a voluntary professional organization with the primary purpose to provide networking and mentoring for women in venture capital (VC) and private equity (PE), and for the women in professions that serve VC and PE, such as legal, accounting and executive recruiting.
2. WAVE held 15 events in 2013. These events were a combination of content and networking events and averaged 41 attendees per event. These events provide the opportunity for women to hear specialized, targeted information regarding the venture capital and private equity industry, as well as to meet and network with other women in the field.