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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
WOMEN IN CABLE TELECOMMUNICATIONS GROUP RETURN

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

2000 K Street No 350

City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20006

D Employer identification number

36-3539302

E Telephone number

(202) 827-4794

G Gross receipts \$ 1,848,803

F Name and address of principal officer
MARIA BRENNAN
2000 K Street No 350
Washington, DC 20006

H(a) Is this a group return for subordinates?

No☒ Yes☐

H(b) Are all subordinates included?

☒Yes☐No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5751

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) () ◀(insert no)☐ 4947(a)(1) or☐ 527

J Website: ▶ WWW WICT ORG

K Form of organization

☐ Corporation☐ Trust☐ Association☒ Other ▶

ALL CHAPTERS BUT TEXAS ARE UNINCORPORATED

L Year of formation

M State of legal domicile

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO RESEARCH WOMEN/WORK ISSUES IN THE CABLE AND TELECOMMUNICATIONS INDUSTRY AND REPORT FINDINGS		
	2 Check this box <input type="checkbox"/> 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	452
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	452
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	523
	7a Total 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
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		639,757	320,664
		777,994	1,044,512
		111	8,879
		54,172	-100,125
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	143,054	188,688
		0	0
		0	0
		0	0
		1,290,679	1,139,740
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
		1,821,623	1,832,820
		0	0
		1,821,623	1,832,820

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

2016-11-02

Date

mana brennan CEO

Type or print name and title

Print/Type preparer's name
Elizabeth Heller

Preparer's signature
Elizabeth Heller

Date

Check ☐ if self-employed

PTIN
P00397829

Firm's name ▶ Tate and Tryon

Firm's address ▶ 2021 L Street NW Suite 400
Washington, DC 20036

Firm's EIN ▶ 52-1855942

Phone no (202) 293-2200

May the IRS discuss this return with the preparer shown above? (see instructions)☒Yes☐No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE WICT CHAPTERS DEVELOP WOMEN LEADERS WHO TRANSFORM OUR INDUSTRY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 652,488 including grants of \$) (Revenue \$ 266,299)
Chapter Meetings-To provide educational events and networking





4b (Code) (Expenses \$ 209,338 including grants of \$) (Revenue \$ 19,471)
Special Events-To provide seminars and sessions on certain industry topics and to recognize achievements of those in the industry

4c (Code) (Expenses \$ 188,687 including grants of \$ 188,687) (Revenue \$)
Grants, Scholarships, and Awards
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 277,915 including grants of \$) (Revenue \$ 758,743)

4e Total program service expenses ► 1,328,428

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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	No
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	No
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
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 (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 452		
b Enter the number of voting members included in line 1a, above, who are independent	1b 452		
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		No
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		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 Yes		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6 Yes		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a Yes		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a Yes		
b Each committee with authority to act on behalf of the governing body?	8b		No
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	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	No
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	No
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14 Yes	
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	No
b Other officers or key employees of the organization	15b	No
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	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶The Organization 2000 K Street No 350 Washington, DC 20006 (202) 827-4794

Check if Schedule O contains a response or note to any line in this Part VII ☐

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.

- 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, if any. 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, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

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

[illegible]

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a _____						
	b	Membership dues	1b _____						
	c	Fundraising events	1c _____ 229,134						
	d	Related organizations	1d _____						
	e	Government grants (contributions)	1e _____						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f _____ 91,530						
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f ▶						320,664	
Program Service Revenue	2a	Sponsorships _____	Business Code _____ 900099	535,923			535,923		
	b	Meeting fees _____	900099	266,299	266,299				
	c	MEMBERSHIP DUES _____	900099	222,819	222,819				
	d	Special Events _____	900099	19,471	19,471				
	e	_____							
	f	All other program service revenue _____							
	g	Total. Add lines 2a-2f ▶		1,044,512					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		8,879			8,879	
4		Income from investment of tax-exempt bond proceeds . . ▶							
5		Royalties ▶							
6a		Gross rents	(i) Real	(ii) Personal					
b		Less rental expenses							
c		Rental income or (loss)							
d		Net rental income or (loss) ▶							
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
b		Less cost or other basis and sales expenses							
c		Gain or (loss)							
d		Net gain or (loss) ▶							
8a		Gross income from fundraising events (not including \$ _____ 229,134 of contributions reported on line 1c) See Part IV, line 18	a	411,616	-163,257			-163,257	
			b	Less direct expenses b					574,873
			c	Net income or (loss) from fundraising events . . ▶					
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 . . . ▶						
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 . . . ▶						
Miscellaneous Revenue		Business Code							
11a	other _____	900099	63,132			63,132			
b	_____								
c	_____								
d	All other revenue								
e	Total. Add lines 11a-11d ▶		63,132						
12	Total revenue. See Instructions ▶		1,273,930	508,589	0	444,677			

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)

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 domestic organizations and domestic governments. See Part IV, line 21	85,009	85,009		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	103,679	103,679		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	43,074	43,074		
12	Advertising and promotion	11,523	11,523		
13	Office expenses	34,816	34,816		
14	Information technology	13,585	13,585		
15	Royalties				
16	Occupancy				
17	Travel	25,461	25,461		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	640,980	640,980		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Special Events	209,338	209,338		
b	Community Investment/Me	78,350	78,350		
c	Miscellaneous	60,264	60,264		
d	Speakers	11,508	11,508		
e	All other expenses	10,841	10,841		
25	Total functional expenses. Add lines 1 through 24e	1,328,428	1,328,428	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,821,623	1	1,324,170
	2	Savings and temporary cash investments			2	508,650
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		10c	
	b	Less: accumulated depreciation	10b			
	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)		1,821,623	16	1,832,820
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,821,623	27	1,832,820
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		1,821,623	33	1,832,820
	34	Total liabilities and net assets/fund balances		1,821,623	34	1,832,820

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,273,930
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,328,428
3	Revenue less expenses Subtract line 2 from line 1	3	-54,498
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,821,623
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	65,695
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,832,820

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 36-3539302
Name: WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	277,915	including grants of \$) (Revenue \$	758,743)
ALL OTHER ACTIVITY OFFICE ACTIVITIES, PROGRAMMING, MENTORING, SPONSORSHIP, COMMUNITY INVESTMENT AND MARKETING					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Janet Manzullo President - Carolinas	1 00 0 00	X		X				0	0	0
Katy Weber President - Chicago	1 00 0 00	X		X				0	0	0
Trish Scanlon President - DC/Baltimore	1 00 0 00	X		X				0	0	0
Steven Sussman President - Florida	1 00 0 00	X		X				0	0	0
Krstin Quinn President - Great Lakes	1 00 0 00	X		X				0	0	0
Cherish Gilliam President - Greater Ohio	1 00 0 00	X		X				0	0	0
Jennifer Frager President - Greater Texas	1 00 0 00	X		X				0	0	0
Jada Roberts President - Heartland	1 00 0 00	X		X				0	0	0
Chandni Thakrar-Ochoa President - Midwest	1 00 0 00	X		X				0	0	0
Holly Burgess President - New England	1 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stacie Gray President - New York	1 00 0 00	X		X				0	0	
Lillian Casares President - Northern CA	1 00 0 00	X		X				0	0	
Theressa Dulaney President - Pacific NW	1 00 0 00	X		X				0	0	
Heather Sokollu President - Philadelphia	1 00 0 00	X		X				0	0	
Catherine Haluschak President - Pittsburgh	1 00 0 00	X		X				0	0	
Mana Popo President - Rocky MT	1 00 0 00	X		X				0	0	
Laune Baird President - Southeast	1 00 0 00	X		X				0	0	
Traci Gerth President - Southern CA	1 00 0 00	X		X				0	0	
Kimber Hanrahan President - Southwest	1 00 0 00	X		X				0	0	
Helen Scott President - UK	1 00 0 00	X		X				0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Angela Washington President - Virginia	1 00 0 00	X		X				0	0	0
Jenny Blackburn Secretary - Carolinas	1 00 0 00	X		X				0	0	0
Ruth Miller Secretary - Chicago	1 00 0 00	X		X				0	0	0
Holly Bazemore Secretary - DC/Baltimore	1 00 0 00	X		X				0	0	0
Kecia Jordan Secretary - Great Lakes	1 00 0 00	X		X				0	0	0
Deborah Jones Secretary - Greater Ohio	1 00 0 00	X		X				0	0	0
Valerie Garcia Secretary - Greater Texas	1 00 0 00	X		X				0	0	0
Julie Kopf Secretary - Heartland	1 00 0 00	X		X				0	0	0
Katherine Atkinson Secretary - Midwest	1 00 0 00	X		X				0	0	0
Karen Perham-Lippman Secretary - New England	1 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Meeka Bondy Secretary - New York	1 00 0 00	X		X				0	0	0
Christina Ocampo Secretary - Northern CA	1 00 0 00	X		X				0	0	0
Angelette Schneider Secretary - Pittsburgh	1 00 0 00	X		X				0	0	0
Jackie Heitzer Secretary - Rocky MT	1 00 0 00	X		X				0	0	0
Kristi De Tienne Secretary - Rocky MT	1 00 0 00	X		X				0	0	0
Elizabeth Perlmutter Secretary - Rocky MT	1 00 0 00	X		X				0	0	0
Roxanne Cahn Secretary - Southeast	1 00 0 00	X		X				0	0	0
Lori Nakama Secretary - Southern CA	1 00 0 00	X		X				0	0	0
Julie Vance Secretary - Southwest	1 00 0 00	X		X				0	0	0
Rose Ryan Secretary - UK	1 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sarah Fromme Secretary - Virginia	1 00 0 00	X		X				0	0	0
Deanna Lanier Treasurer - Carolinas	1 00 0 00	X		X				0	0	0
Leena Bhojwani Treasurer - Chicago	1 00 0 00	X		X				0	0	0
Kat Stewart Treasurer - DC/Baltimore	1 00 0 00	X		X				0	0	0
Mahnjronweh Naklen Treasurer - Florida	1 00 0 00	X		X				0	0	0
Kumi Sungail Treasurer - Florida	1 00 0 00	X		X				0	0	0
Lakeisha Dulin Treasurer - Great Lakes	1 00 0 00	X		X				0	0	0
Christine Mackin Treasurer - Greater Ohio	1 00 0 00	X		X				0	0	0
Stephanie Veale-Duran Treasurer - Greater Texas	1 00 0 00	X		X				0	0	0
Shern Segura Treasurer - Heartland	1 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Deborah Cape Treasurer - Heartland	1 00 0 00	X		X				0	0	0
Lisa Neuwirth Treasurer - Midwest	1 00 0 00	X		X				0	0	0
Mary K Breiter Treasurer - New England	1 00 0 00	X		X				0	0	0
Donna Capone Treasurer - New England	1 00 0 00	X		X				0	0	0
Allison Radzin Treasurer - New York	1 00 0 00	X		X				0	0	0
Stephanie Gooch Treasurer - Northern CA	1 00 0 00	X		X				0	0	0
Karina Hansen Treasurer - Pacific NW	1 00 0 00	X		X				0	0	0
Wendy Crocker Treasurer - Philadelphia	1 00 0 00	X		X				0	0	0
Lori Yoder Treasurer - Philadelphia	1 00 0 00	X		X				0	0	0
Al-Lin Chen Treasurer - Pittsburgh	1 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Susan Comunale Treasurer - Pittsburgh	1 00 0 00	X		X				0	0	
Leslie Fischer Treasurer - Rocky MT	1 00 0 00	X		X				0	0	
Karen Chipley Treasurer - Rocky MT	1 00 0 00	X		X				0	0	
Torrae Lawrence-Mitchell Treasurer - Southeast	1 00 0 00	X		X				0	0	
Melissa Birkholz Treasurer - Southeast	1 00 0 00	X		X				0	0	
Beth Bayer Treasurer - Southern CA	1 00 0 00	X		X				0	0	
Pamela Yu Treasurer - Southern CA	1 00 0 00	X		X				0	0	
Dawn Imbrnle Treasurer - Southwest	1 00 0 00	X		X				0	0	
Rhona Bradshaw Treasurer - UK	1 00 0 00	X		X				0	0	
Nathalie Capelluto Treasurer - Virginia	1 00 0 00	X		X				0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Cliona Robb Treasurer - Virginia	1 00 0 00	X		X				0	0	0
Jonica Hartman Vice President - Carolinas	1 00 0 00	X		X				0	0	0
Hilda Toscano Vice President - Chicago	1 00 0 00	X		X				0	0	0
Vickie Fiala Vice President - DC/Baltimore	1 00 0 00	X		X				0	0	0
Roberta Segers Vice President - Florida	1 00 0 00	X		X				0	0	0
Monica Drake-Carter Vice President - Great Lakes	1 00 0 00	X		X				0	0	0
Laura Stirling Vice President - Greater Ohio	1 00 0 00	X		X				0	0	0
Tara Whitehead Stotland Vice President - Greater Texas	1 00 0 00	X		X				0	0	0
Anne Harris Vice President - Heartland	1 00 0 00	X		X				0	0	0
Ern Lorenz Vice President - Midwest	1 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Laura Ausmus Vice President - New England	1 00 0 00	X		X				0	0	0
Valerie Grubb Vice President - New York	1 00 0 00	X		X				0	0	0
Catrina Lundeborg Vice President - Northern CA	1 00 0 00	X		X				0	0	0
Joni Pierce Vice President - Pacific NW	1 00 0 00	X		X				0	0	0
Tracey Kopper-Hounn Vice President - Philadelphia	1 00 0 00	X		X				0	0	0
Katherine Baker Vice President - Pittsburgh	1 00 0 00	X		X				0	0	0
Keely Buchanan Vice President - Rocky MT	1 00 0 00	X		X				0	0	0
Denise Gough Vice President - Southeast	1 00 0 00	X		X				0	0	0
Helene Juceam Vice President - Southern CA	1 00 0 00	X		X				0	0	0
Tern Straabe Vice President - Southwest	1 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kate Bradshaw Vice President - UK	1 00 0 00	X		X				0	0	0
Lashone Sanders Vice President - Virginia	1 00 0 00	X		X				0	0	0
Charlene Keys Advisor - Carolinas	1 00 0 00	X						0	0	0
Jill Meinzer Advisor - Chicago	1 00 0 00	X						0	0	0
Linette Hwu Advisor - DC/Baltimore	1 00 0 00	X						0	0	0
Joanna Popper Advisor - Flonda	1 00 0 00	X						0	0	0
Michelle Gilbert Advisor - Great Lakes	1 00 0 00	X						0	0	0
Marsha Conaway Advisor - Greater Ohio	1 00 0 00	X						0	0	0
Aimee Doane Advisor - Greater Texas	1 00 0 00	X						0	0	0
Jennifer Bergman Advisor - Heartland	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 compensatio from the organization and related organization
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Denise Farley Advisor - Midwest	1 00 0 00	X						0	0	
Pipier Bewlay Advisor - New England	1 00 0 00	X						0	0	
Annemarie Bray Advisor - New York	1 00 0 00	X						0	0	
Elaine Barden Advisor - Northern CA	1 00 0 00	X						0	0	
Shane Portfolio Advisor - Northern CA	1 00 0 00	X						0	0	
Manan Jackson Advisor - Pacific NW	1 00 0 00	X						0	0	
Jennifer Yohe Wagner Advisor - Philadelphia	1 00 0 00	X						0	0	
Jody Doherty Advisor - Pittsburgh	1 00 0 00	X						0	0	
Lisa Panepinto Advisor - Rocky MT	1 00 0 00	X						0	0	
Sheri McGaughy Advisor - Southeast	1 00 0 00	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anne Droste Advisor - Southern CA	1 00 0 00	X						0	0	
Nancy Murphy Advisor - Southwest	1 00 0 00	X						0	0	
Maxine Saunders Advisor - UK	1 00 0 00	X						0	0	
Michelle Rice Alumni Committee - DC/Baltimore	1 00 0 00	X						0	0	
Sandra Howe Ambassador - Carolinas	1 00 0 00	X						0	0	
Brad Surdam Ambassador - DC/Baltimore	1 00 0 00	X						0	0	
Svenja Fuhrig Ambassador - Greater Texas	1 00 0 00	X						0	0	
Freida Henderson Ambassador - Greater Texas	1 00 0 00	X						0	0	
Theresa Sunde Ambassador - Midwest	1 00 0 00	X						0	0	
Pamela Hermann Ambassador - Midwest	1 00 0 00	X						0	0	

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gabby Redfern Ambassador - UK	1 00 0 00	X						0	0	0
Jane Townsend Director At Large - Carolinas	1 00 0 00	X						0	0	0
Wendy Sutton Director At Large - Carolinas	1 00 0 00	X						0	0	0
Kevin Wood Director At Large - Carolinas	1 00 0 00	X						0	0	0
Wendye Martin Director At Large - Carolinas	1 00 0 00	X						0	0	0
Charlon McIntosh Director At Large - Carolinas	1 00 0 00	X						0	0	0
Lisa Weller Director At Large - Carolinas	1 00 0 00	X						0	0	0
Melissa Buscher Director At Large - Carolinas	1 00 0 00	X						0	0	0
Melayne Cohen Director At Large - DC/Baltimore	1 00 0 00	X						0	0	0
Anne Thompson Director At Large - DC/Baltimore	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Monique Kennedy Director At Large - DC/Baltimore	1 00 0 00	X						0	0	
Ken Nice Director At Large - DC/Baltimore	1 00 0 00	X						0	0	
LaTanya Butler Director At Large - DC/Baltimore	1 00 0 00	X						0	0	
Sara Timmins Director At Large - DC/Baltimore	1 00 0 00	X						0	0	
Kimberly Hulsey Director At Large - DC/Baltimore	1 00 0 00	X						0	0	
Anne Cowan Director At Large - DC/Baltimore	1 00 0 00	X						0	0	
Suzanne Underwald Director At Large - DC/Baltimore	1 00 0 00	X						0	0	
Caitlin Dydzuhn Director At Large - Florida	1 00 0 00	X						0	0	
Janice Caluda Director At Large - Florida	1 00 0 00	X						0	0	
Dessire Leon Director At Large - Florida	1 00 0 00	X						0	0	

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nancy Allen Director At Large - Great Lakes	1 00 0 00	X						0	0	0
Rosalyn Bilberry Director At Large - Great Lakes	1 00 0 00	X						0	0	0
Nancy Cleland Director At Large - Great Lakes	1 00 0 00	X						0	0	0
Matt Groen Director At Large - Great Lakes	1 00 0 00	X						0	0	0
Joni Hart Director At Large - Great Lakes	1 00 0 00	X						0	0	0
Mana Holmes Director At Large - Great Lakes	1 00 0 00	X						0	0	0
Jeanie Hunt Director At Large - Great Lakes	1 00 0 00	X						0	0	0
Lisa Kocsis Director At Large - Great Lakes	1 00 0 00	X						0	0	0
Mary Maliga-Brown Director At Large - Great Lakes	1 00 0 00	X						0	0	0
Angela Monteith Director At Large - Great Lakes	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Katherine Tanton Director At Large - Greater Texas	1 00 0 00	X						0	0	0
Juli Blanda Director At Large - Greater Texas	1 00 0 00	X						0	0	0
Tammy Redmon Director At Large - Greater Texas	1 00 0 00	X						0	0	0
Mirka Gavaldon Director At Large - Greater Texas	1 00 0 00	X						0	0	0
Chnsty Genenbacher Director At Large - Greater Texas	1 00 0 00	X						0	0	0
Amy Evans Director At Large - Greater Texas	1 00 0 00	X						0	0	0
Sally West Director At Large - Midwest	1 00 0 00	X						0	0	0
Jill Arbet Director At Large - Midwest	1 00 0 00	X						0	0	0
Ginni Hartley Director At Large - Midwest	1 00 0 00	X						0	0	0
Eva Jones Director At Large - Midwest	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
Level Brady Director At Large - Northern CA	1 00 0 00	X						0	0
Jaime Montes Director At Large - Northern CA	1 00 0 00	X						0	0
Robbi Dallaire Director At Large - Northern CA	1 00 0 00	X						0	0
Effany Stuart Director At Large - Northern CA	1 00 0 00	X						0	0
Jacqueline Danielsson Director At Large - Northern CA	1 00 0 00	X						0	0
Whitney Joly Director At Large - Pacific NW	1 00 0 00	X						0	0
Theresa Smith Director At Large - Pacific NW	1 00 0 00	X						0	0
Jacqueline Hillsbery Director At Large - Pacific NW	1 00 0 00	X						0	0
Kathleen Martin Director At Large - Pacific NW	1 00 0 00	X						0	0
Kimberly Weiss Director At Large - Pacific NW	1 00 0 00	X						0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lisa Vetere Director At Large - Philadelphia	1 00 0 00	X						0	0	0
Kathy Tudisco Director At Large - Philadelphia	1 00 0 00	X						0	0	0
Sherrn Jurgens Director At Large - Philadelphia	1 00 0 00	X						0	0	0
Jodi Friedman Director At Large - Philadelphia	1 00 0 00	X						0	0	0
Laura Escobar Director At Large - Philadelphia	1 00 0 00	X						0	0	0
MacKenzie Roebuck-Walsh Director At Large - Rocky MT	1 00 0 00	X						0	0	0
Donna Oliver Director At Large - Rocky MT	1 00 0 00	X						0	0	0
Cynthia Carpenter Director At Large - Rocky MT	1 00 0 00	X						0	0	0
Leslie Ellis Director At Large - Rocky MT	1 00 0 00	X						0	0	0
Erin Ondercin Director At Large - Rocky MT	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kukis Moran Director At Large - Rocky MT	1 00 0 00	X						0	0	0
Jenelle Champlin Director At Large - Rocky MT	1 00 0 00	X						0	0	0
Kathy Hatala Director At Large - Southeast	1 00 0 00	X						0	0	0
Katie Buchanan Director At Large - Southeast	1 00 0 00	X						0	0	0
Nicole Muzzio Director At Large - Southern CA	1 00 0 00	X						0	0	0
Lynn Nantana Director At Large - Southern CA	1 00 0 00	X						0	0	0
Chi Savage Director At Large - Southern CA	1 00 0 00	X						0	0	0
Karla Whalen Director At Large - Southwest	1 00 0 00	X						0	0	0
Karen Handley Director At Large - UK	1 00 0 00	X						0	0	0
Sylvia Bugg Distance Learning Director - DC/Baltimore	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carole Hart Executive Champion - Carolinas	1 00 0 00	X						0	0	0
Robert Stoddard Executive Champion - DC/Baltimore	1 00 0 00	X						0	0	0
Kathy Brabson Executive Champion - Greater Texas	1 00 0 00	X						0	0	0
Kelle Salter Executive Champion - Greater Texas	1 00 0 00	X						0	0	0
Tracy Pitcher Executive Champion - Philadelphia	1 00 0 00	X						0	0	0
Rob Rockell Executive Champion - Philadelphia	1 00 0 00	X						0	0	0
Theresa Hennesy Executive Champion - Philadelphia	1 00 0 00	X						0	0	0
Betsy Brightman Executive Champion - Philadelphia	1 00 0 00	X						0	0	0
Monica Alexander Immediate Past President - Carolinas	1 00 0 00	X						0	0	0
Jennifer Holt Immediate Past President - Chicago	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Molly Cody Immediate Past President - Southern CA	1 00 0 00	X						0	0	0
Schellyce O'Neal MarCom - Chicago	1 00 0 00	X						0	0	0
Nicole Ngay MarCom - DC/Baltimore	1 00 0 00	X						0	0	0
Ivy Scott MarCom - DC/Baltimore	1 00 0 00	X						0	0	0
Lisa Clark MarCom - DC/Baltimore	1 00 0 00	X						0	0	0
Lisa Vega MarCom - DC/Baltimore	1 00 0 00	X						0	0	0
Diana Bae MarCom - DC/Baltimore	1 00 0 00	X						0	0	0
Jackie Heitzer MarCom - DC/Baltimore	1 00 0 00	X						0	0	0
Alicia Thompson MarCom - Florida	1 00 0 00	X						0	0	0
Diahnn Henderson-Reeves MarCom - Great Lakes	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Setny MarCom - Greater Ohio	1 00 0 00	X						0	0	0
Andrea Nelson MarCom - Greater Texas	1 00 0 00	X						0	0	0
Cara Blake MarCom - Heartland	1 00 0 00	X						0	0	0
Emileigh Ard MarCom - Midwest	1 00 0 00	X						0	0	0
Stephanie Holmes MarCom - New England	1 00 0 00	X						0	0	0
Lisa Courtemanche MarCom - New England	1 00 0 00	X						0	0	0
Katie Colton MarCom - New England	1 00 0 00	X						0	0	0
Theresa Spencer MarCom - New England	1 00 0 00	X						0	0	0
Ron Saykin MarCom - New York	1 00 0 00	X						0	0	0
Kimberly Sullivan MarCom - Northern CA	1 00 0 00	X						0	0	0

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Kern Dupray MarCom - Northern CA	1 00 0 00	X						0	0	0
Jan Wachholz MarCom - Pacific NW	1 00 0 00	X						0	0	0
Julie Rohmer MarCom - Philadelphia	1 00 0 00	X						0	0	0
Corn Kulczytzky MarCom - Philadelphia	1 00 0 00	X						0	0	0
Jessica Kendlick MarCom - Pittsburgh	1 00 0 00	X						0	0	0
Susie Tomenchok MarCom - Rocky MT	1 00 0 00	X						0	0	0
Jessica Beck MarCom - Rocky MT	1 00 0 00	X						0	0	0
Katherine Hudson D'Amico MarCom - Rocky MT	1 00 0 00	X						0	0	0
Jessica Cramer MarCom - Southeast	1 00 0 00	X						0	0	0
Beth Parks MarCom - Southeast	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Williams Membership Chair - Carolinas	1 00 0 00	X						0	0	0
Megan Wood Membership Chair - Chicago	1 00 0 00	X						0	0	0
Camelot Nesteruk-Prien Membership Chair - Chicago	1 00 0 00	X						0	0	0
Laura Chen Membership Chair - Chicago	1 00 0 00	X						0	0	0
Patricia Escobar Membership Chair - Chicago	1 00 0 00	X						0	0	0
Sara Webb Membership Chair - Chicago	1 00 0 00	X						0	0	0
Shari Boone Membership Chair - DC/Baltimore	1 00 0 00	X						0	0	0
Heather Hutchinson Membership Chair - DC/Baltimore	1 00 0 00	X						0	0	0
Melody Cox Membership Chair - Florida	1 00 0 00	X						0	0	0
Cynthia Orchard Membership Chair - Great Lakes	1 00 0 00	X						0	0	0

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Eunice Reger Membership Chair - Southeast	1 00 0 00	X						0	0	0
Sarah Cheatham Membership Chair - Southeast	1 00 0 00	X						0	0	0
Gloria Jolley Membership Chair - Southern CA	1 00 0 00	X						0	0	0
Jennifer Young Membership Chair - Southern CA	1 00 0 00	X						0	0	0
Will Martinez Membership Chair - Southwest	1 00 0 00	X						0	0	0
Lorraine Delannoy Membership Chair - UK	1 00 0 00	X						0	0	0
Lakiesha Jones Membership Chair - Virginia	1 00 0 00	X						0	0	0
Heather Edmonds Membership Chair - Virginia	1 00 0 00	X						0	0	0
Jessica Jones Mentoring Chair - DC/Baltimore	1 00 0 00	X						0	0	0
Sonji Joyner Mentoring Chair - DC/Baltimore	1 00 0 00	X						0	0	0

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Desiree Colomina Mentoring Chair - Florida	1 00 0 00	X						0	0	0
Jeannette Richardson Mentoring Chair - Greater Ohio	1 00 0 00	X						0	0	0
Deborah Ferrara Mentoring Chair - Heartland	1 00 0 00	X						0	0	0
Cher Anderson Mentoring Chair - Heartland	1 00 0 00	X						0	0	0
Mary Porter Mentoring Chair - Midwest	1 00 0 00	X						0	0	0
Anna Ciccone Mentoring Chair - New England	1 00 0 00	X						0	0	0
Andrea Jomides Mentoring Chair - New York	1 00 0 00	X						0	0	0
Melanie Ashley Mentoring Chair - New York	1 00 0 00	X						0	0	0
Melissa Clark Mentoring Chair - New York	1 00 0 00	X						0	0	0
Nell Hanlon Mentoring Chair - New York	1 00 0 00	X						0	0	0

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Leslie Podrasky Mentoring Chair - Southeast	1 00 0 00	X						0	0	
Andrea Archer Mentoring Chair - Southern CA	1 00 0 00	X						0	0	
Kate Warburton Mentoring Chair - Southern CA	1 00 0 00	X						0	0	
Dawn Vidal Mentoring Chair - Southwest	1 00 0 00	X						0	0	
Sarah Pearce Mentoring Chair - UK	1 00 0 00	X						0	0	
Judy Goldberg Mentoring Chair - UK	1 00 0 00	X						0	0	
Kim Mosley Mentoring Chair - Virginia	1 00 0 00	X						0	0	
Elizabeth Hillman Programming Chair - DC/Baltimore	1 00 0 00	X						0	0	
Alyssa Saunders Programming Chair - DC/Baltimore	1 00 0 00	X						0	0	
Jane Quilter Programming Chair - DC/Baltimore	1 00 0 00	X						0	0	

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nikia Farna-Green Programming Chair - Greater Texas	1 00 0 00	X						0	0	0
Yolanda Green Programming Chair - Greater Texas	1 00 0 00	X						0	0	0
Tiffani Bruton Programming Chair - Heartland	1 00 0 00	X						0	0	0
Kelly Shernill Programming Chair - Heartland	1 00 0 00	X						0	0	0
Jada Marcotte Programming Chair - Midwest	1 00 0 00	X						0	0	0
Jennifer Beery Programming Chair - Midwest	1 00 0 00	X						0	0	0
Tara Anderson Programming Chair - Midwest	1 00 0 00	X						0	0	0
Nicole Pelaez-Dandrea Programming Chair - New England	1 00 0 00	X						0	0	0
Kimberly Webber Programming Chair - New England	1 00 0 00	X						0	0	0
Gianfranca Focareta Programming Chair - New England	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kristine McDavid Programming Chair - New England	1 00 0 00	X						0	0	0
Shannon Piers Programming Chair - New England	1 00 0 00	X						0	0	0
Karen Murphy Programming Chair - New England	1 00 0 00	X						0	0	0
Kim Mills Programming Chair - New York	1 00 0 00	X						0	0	0
Came Harmon Programming Chair - Northern CA	1 00 0 00	X						0	0	0
Joan Mesker Programming Chair - Northern CA	1 00 0 00	X						0	0	0
Ashley Powers Programming Chair - Pacific NW	1 00 0 00	X						0	0	0
Carol Ann Sweeney Programming Chair - Philadelphia	1 00 0 00	X						0	0	0
Kristina Chang Programming Chair - Philadelphia	1 00 0 00	X						0	0	0
Jeri Shelton Programming Chair - Philadelphia	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lindsay Johnston Programming Chair - Philadelphia	1 00 0 00	X						0	0	0
Laura Talafous Programming Chair - Philadelphia	1 00 0 00	X						0	0	0
Karen Grandmont Programming Chair - Philadelphia	1 00 0 00	X						0	0	0
Amy Bennett Programming Chair - Philadelphia	1 00 0 00	X						0	0	0
Deb Kent Programming Chair - Philadelphia	1 00 0 00	X						0	0	0
Donna Butz-Robich Programming Chair - Pittsburgh	1 00 0 00	X						0	0	0
Jennifer Rosson Programming Chair - Pittsburgh	1 00 0 00	X						0	0	0
Molly McCaskill Programming Chair - Rocky MT	1 00 0 00	X						0	0	0
Betsy Steinbeck Programming Chair - Rocky MT	1 00 0 00	X						0	0	0
Corinna Ruttkar Programming Chair - Rocky MT	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rebecca Windle Programming Chair - Southeast	1 00 0 00	X						0	0	
Alina Singer Programming Chair - Southeast	1 00 0 00	X						0	0	
Kim Latour Programming Chair - Southern CA	1 00 0 00	X						0	0	
Gabriela Marroquin Programming Chair - Southern CA	1 00 0 00	X						0	0	
Lizzy Paulson Programming Chair - Southern CA	1 00 0 00	X						0	0	
Rachel Richman Programming Chair - Southern CA	1 00 0 00	X						0	0	
Kathy Oakes Programming Chair - Southwest	1 00 0 00	X						0	0	
Leanne Willson Programming Chair - UK	1 00 0 00	X						0	0	
Elisa Castro Programming Chair - Virginia	1 00 0 00	X						0	0	
Ashley Glading Programming Chair - Virginia	1 00 0 00	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pamela Johnson Webmaster - Southeast	1 00 0 00	X						0	0	0
Sanjana Modha-Patel Webmaster - UK	1 00 0 00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number

36-3539302

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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	992,795	766,733	1,055,559	854,516	543,484	4,213,087
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	992,795	766,733	1,055,559	854,516	543,484	4,213,087
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)						
6 Public support. Subtract line 5 from line 4						4,213,087

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	992,795	766,733	1,055,559	854,516	543,484	4,213,087
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	383	205	190	111	8,879	9,768
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 VI.)	223,637	93,604	1,056	28,081	63,132	409,510
11 Total support. Add lines 7 through 10						4,632,365

12 Gross receipts from related activities, etc. (see instructions) **12** 4,511,681

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 2015 (line 6, column (f) divided by line 11, column (f))	14	90.950 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	91.200 %

- 16a 33 1/3% support test—2015.**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—2014.**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—2015.**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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- b 10%-facts-and-circumstances test—2014.**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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- 18 Private foundation.**If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</div>		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	Other Miscellaneous Income

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number
36-3539302

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Rocky Mountain Walk of Fame (event type)	Rocky Mountain Tech It Out (event type)	16 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	188,000	118,673	334,077	640,750
	2 Less Contributions	2,500	6,587	220,047	229,134
	3 Gross income (line 1 minus line 2)	185,500	112,086	114,030	411,616
Direct Expenses	4 Cash prizes			2,931	2,931
	5 Noncash prizes			5,406	5,406
	6 Rent/facility costs			45,150	45,150
	7 Food and beverages	74,223	42,698	174,164	291,085
	8 Entertainment		10,000	18,025	28,025
	9 Other direct expenses	48,540	38,778	114,958	202,276
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				574,873
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-163,257

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2015

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

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

▶ **Attach to Form 990.**

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the
Treasury
Internal Revenue Service

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number	
--------------------------------	--

36-3539302

2015

**Open to Public
Inspection**

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

☐ Yes☒ No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

- | | | | |
|----------|---|---|----------|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | ▶ | <u>3</u> |
| 3 | Enter total number of other organizations listed in the line 1 table | ▶ | |

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated 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
(1) Scholarships & Donations		103,679			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
schedule I, Part III	The individual grants/assistance was provided by multiple chapters to a variety of recipients

Additional Data

Software ID:
Software Version:
EIN: 36-3539302
Name: WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Women in Cable & Telecommunications 2000 K Street NW 350 Washington, DC 20006	36-3814358	501(c)3	52,269				PAR initiative
Girls Inc of Greater Philadelphia and Southern NJ 1315 Walnut St Philadelphia, PA 19107	23-1607172	501(c)3	15,000				PROGRAM SUPPORT
Girls Inc of Washington DC 2401 4th St NW Building 62B Washington, DC 20059	84-1648959	501(c)3	8,043				PROGRAM SUPPORT

**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.

2015

**Open to Public
Inspection**

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number

36-3539302

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 21	The following chapters did not make grants of more than \$5,000 to domestic organizations/government entities -Carolinas - Greater Ohio -Greater Chicago -Greater Texas -Great Lakes/Michigan -Midw est -New England -Southeast -Southw est - Heartland/Oklahoma -Pittsburgh -Rocky Mountain -Northern California -New York -Pacific Northw est -Florida -Southern California -Virginia
Form 990, Part IV, Line 22	The following chapters did not make grants of more than \$5,000 to domestic individuals -S outheast -Greater Ohio -Greater Chicago -Great Lakes/Michigan -Midw est -New England -South w est -Carolinas -Heartland/Oklahoma -Pittsburgh -Rocky Mountain -Northern California -Paci fic Northw est -Florida -Southern California

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 18	The following chapters did not have gross revenues from fundraising events of \$15,000 or more -Greater Ohio -Greater Chicago -Great Lakes/Michigan -New England -Southwest -New York -Carolinas -Heartland -Pittsburgh -Northern California -Pacific Northwest -Virginia -United Kingdom
Form 990, Part V, Line 7a & 7b	THE FOLLOWING CHAPTERS EITHER DID NOT RECEIVE PAYMENTS IN EXCESS OF \$75 MADE PARTLY AS A CONTRIBUTION AND PARTLY FOR GOODS/SERVICES, OR DID NOT PROVIDE WRITTEN STATEMENTS INDICATING THE AMOUNT OF NON-DEDUCTIBLE GOODS/SERVICES RECEIVED -GREAT LAKES/MICHIGAN -GREATER CHICAGO -GREATER OHIO -PITTSBURGH -HEARTLAND -NEW ENGLAND -NORTHERN CALIFORNIA -PACIFIC NORTHWEST -Southwest

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	- New Pittsburgh Chapter Formed - Virginia Chapter added language to describe Chapter Advisor position and explain selection process
Form 990, Part VI, Section A, line 6	The seven membership classes are as follows Regular Membership- Such members are entitled to one vote and may hold office and serve on the National or Chapter level Board of Directors Executive Membership- These members are entitled to one vote and may hold office and serve on the National or Chapter level Board of Directors Charter Membership- Such members may upgrade their status to executive if they meet executive membership criteria Entry Level Membership- These members do not have voting rights and cannot serve in an appointed or elected office Executive Life Membership- Such members are entitled to one vote and may hold office and serve on the National or Chapter level Board of Directors Honorary Membership- Those conferred honorary membership do not receive a vote and cannot serve in an appointed or elected office Student Membership- Student members do not have voting rights or the rights to serve in an appointed or elected office

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Members of the following classes may use their voting rights to elect nominees for positions in the governing body -Regular members -Executive members -Executive Life members
Form 990, Part VI, Section A, line 8b	The following chapters did not contemporaneously document the meetings held or written actions undertaken during the year by each committee with authority to act on behalf of the governing body, often because there are no such committees -Florida -Great Lakes/Michigan -Philadelphia -New England -Northern California -Southeast -Southern California -Virginia

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE FORM 990 TAX RETURN IS REVIEWED BY THE VP OF FINANCE & ADMINISTRATION AND BY THE OUTSIDE ACCOUNTING FIRM
Form 990, Part VI, Section C, line 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12a	The following chapters did not have conflict of interest policies -GREATER PITTSBURGH -NEW ENGLAND
Form 990, Part VI, Line 12b	The following chapters did not require officers, directors, and key employees to disclose annually interests that could give rise to conflicts -GREATER PITTSBURGH -MIDWEST -NEW ENGLAND -SOUTHWEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 13	The following chapters did not have a written whistleblower policy -GREATER PITTSBURGH
Form 990, Part VI, Line 14	THE FOLLOWING CHAPTERS DID NOT HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY - GREATER PITTSBURGH

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number

36-3539302

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)WOMEN IN CABLE AND TELECOMMUNICATIONS 2000 K STREET SUITE 350 WASHINGTON, DC 20006 36-3814358	DEVELOPING WOMEN LEADER IN TELECOMMUNICATIONS	IL	501(C)(3)	Line 7			No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

No

c Gift, grant, or capital contribution from related organization(s)

1c

No

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)
.

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

r Other transfer of cash or property to related organization(s)

1r

No

s Other transfer of cash or property from related organization(s)

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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