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DLN: 93493135093537

OMB No 1545-0047

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 <u>www IRS qov/foim990</u>

			 								
			lendar year, or tax year begind C Name of organization	ning 07-01-2015 , and ending 06-30-20	016		-	Emplo	ver i	dentifica	ation number
	eck if ap Idress ch	plicable	NATIONAL CENTER FOR WOMEN INFORMATION TECHNOLOGY	AND			- 1 '	-	-		tion number
_	ime cha	_						68-05	5914	181	
_	ıtıal retu	-	Doing business as								
Fır			Number and street (or P.O. hox ii	f mail is not delivered to street address) Room/s	suite		E	Teleph	one n	umber	
_	'termina iended r		417 UCB	Than is not delivered to street address) Roomy's	Juice			(303)	735	-6671	
_		pending	City or town, state or province, o	ountry, and ZIP or foreign postal code				, ,			
			BOULDER, CO 80309				- 1	G Gross i	eceip	ts \$ 8,914	4,921
			F Name and address of prin	cıpal officer		H(a) ⊺	s this a	a aroun	reti	ırn for	
			LUCINDA SANDERS				ubordi				☐ Yes 🗸
			417 UCB BOULDER,CO 80309				No				
Tax	k-exemp	pt status	▼ 501(c)(3)	◄ (insert no)	7 '		re all s nclude		nate	:5	⊤Yes
14/	obcit o	- \ \	/W NCWIT ORG			I	f"No,"	attach	a lis	st (see	instructions)
***	epsite.	***	W NEWIT ORG						$\overline{}$	number	
(Form	n of org	anızatıon	✓ Corporation Trust Asso	ociation Other ►		L Year	of forma	ation 20	04	M State	of legal domicile CC
Da	rt I	Cum	mary								
Pa			.	ion or most significant activities							
				NTER FOR WOMEN AND INFORMATIC	ТΝС	ECHN	O LO G	YISTO) EN	SURET	HAT WOMEN
				FLUENTIAL WORLD OF INFORMATION							
				THE BROADER ISSUES OF SCIENCE, ON INFORMATION TECHNOLOGY NOV							
	OF	RGANIZ	ZATIONS ACROSS THE COU	NTRY, AND CONNECTS EFFORTS TO	INC	REASE	E WOM	EN'S P	ART	ICIPAT	TION IN IT
ני ב				I K-12 AND HIGHER EDUCATION THR EURIAL ENDEAVORS NCWIT ENCOU							
GOVERNANCE	IN	STITU	TIONAL CHANGE WITHIN TH	HEIR ORGANIZATIONS, AND OUR WO							
2	<u>su</u>	IPPO RT	TO BE CHANGE AGENTS								
5											
ರ											
ACUVIUES	2 C	heck th	is box 🕨 🥅 if the organization	discontinued its operations or disposed	dofr	nore th	nan 25°	% of its	net	assets	
5	3 ,,		of wating mambara of the gave	rning hadir (Dart VI. Jina 1a)					٦	ı	3.6
¥	l		-	rning body (Part VI, line 1a)					3		36
	l		,	s of the governing body (Part VI, line 1b n calendar year 2015 (Part V, line 2a)	•			•	4 5		36
	l		mber of individuals employed in mber of volunteers (estimate if	, , , , ,	•			•	6		
			`	, ,		•		•			1,725
				Part VIII, column (C), line 12 from Form 990-T, line 34		•		•	7a 7b		0
	D NO	.c um ci	ated business taxable medine	10111 5 10111 5 3 0 1 7 1111 C 5 4	Ť	• •	Prior Y	Zear	70		urrent Year
	8	Contr	thutions and grants (Part VIII	, line 1h)	ŀ			5,130,	117		8,876,708
<u>9</u> :	9		= '	, line 2g)	•			3,130,	0		0,070,700
Ravenua	10	_	·	mn (A), lines 3, 4, and 7d)	<u>:</u>			5.	181		23,022
ã	11		· ·	A), lines 5, 6d, 8c, 9c, 10c, and 11e)	`			<i>r</i>	0		0
	12			11 (must equal Part VIII, column (A), lii	ne			F 12F	200		8,899,730
		12)						5,135,	290		6,699,730
	13	Grant	s and similar amounts paid (Pa	art IX, column (A), lines 1-3)	.			2,159,	720		3,022,819
	14		•	rt IX, column (A), line 4)	.				0		0
တ္	15	Saları 5–10		oyee benefits (Part IX, column (A), lines				68,	256		62,131
nse	16a		•	IX, column (A), line 11e)	ŀ				0		0
Expenses	b		indraising expenses (Part IX, column		.						
ũ	17), lines 11a-11d, 11f-24e)	ŀ			1,418,	873		1,985,610
	18		. , , , , , , , , , , , , , , , , , , ,	must equal Part IX, column (A), line 25)	_ F			3,646,			5,070,560
	19		,	ne 18 from line 12	F			1,488,			3,829,170
x o						n					
Net Assets of Fund Balances						Beginni	ing of C	urrent	теаг		End of Year
Bar	20	Total	assets (Part X, line 16)		.			6,624,			15,304,536
<u> </u>	21		, , , , , , , , , , , , , , , , , , , ,		•			318,			422,588
	22			ct line 21 from line 20			-	6,306,	061		14,881,948
	t III		nature Block	examined this return, including accompa	nvin	a scho	dules	and cta	tom	ente an	d to the best of
				omplete Declaration of preparer (other t							
repa	rer has	s any k	nowledge								
		***	c≯ k				2017	-05-15			
Sign		Sign	ature of officer				Date				
lere		LUC	NDA SANDERS CEO & CO-FOUNDER								
			or print name and title								
			Print/Type preparer's name PAMELA EKREM VOGEL	Preparer's signature PAMELA EKREM VOGEL	Date		Check		PTIN	N 349873	
Paic		-						nployed EIN ► 8			
	pare	r	Firm's name KINGSBERY CPAS P Firm's address 1470 WALNUT STRE					no (303			
lea	Only	l'					1	(505	, 1-1-1	/0	

BOULDER, CO 803025335

May the IRS discuss this return with the preparer shown above? (see instructions)

2,319,832) (Revenue \$

Other program services (Describe in Schedule O)

2,425,009 including grants of \$

(Expenses \$

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	Yes	
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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		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? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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)? If "Yes," complete Schedule D, Part X	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	, , , ,	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Yes

Form 990 (2015)

Yes

Yes

Yes

1 011	750 (2013)			raye
Pa	rt 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes."	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? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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? If "Yes," complete Schedule L, Part IV . . . 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pait I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Part V Statements Regarding Other IRS Filings and Tax Complian
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Pai	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		M			_
		eneck in senerale o contains a response of note to any line in ans	rare	v	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	76			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		l ' ' ' ا e organization comply with backup withholding rules for reportable payments t		fore and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	1c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	30	0			
L	•	s return	2a		2b		
U		if the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more durin	g the y	/ear?	3a		No
b	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities ac	count,	or other financial	4a		
	accou	nt)?			70		No
Ь		s," enter the name of the foreign country					
	(FBAF	istructions for filing requirements for FinCEN Form 114, Report of Foreign Banl ()	k and	Financial Accounts			
5a	•	· ' he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited		ŀ			No
		s," to line 5a or 5b, did the organization file Form 8886-T?	- / ·		5b		-
Ü	11 16	3, to fine 3a of 3b, and the organization file (offil 8000-17			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	-	ization solicit any contributions that were not tax deductible as charitable cont		ŀ			
D		s," did the organization include with every solicitation an express statement the tax deductible?	nat su	cn contributions or giπs	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		No
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services p			7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal proper		which it was required to	7c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
	Dud th	e organization receive any funds, directly or indirectly, to pay premiums on a g	oerc on	al hanafit contract?			
-	Dia tii	e organization receive any lunus, unectry of munectry, to pay premiums on a p	CISON	ar benefit contract	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7 f		
g		organization received a contribution of qualified intellectual property, did the o	rganız	ation file Form 8899 as	70		
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles	 . did i	the organization file a	7g		
		1098-C?	•	· · · · ·	7h		
8	-	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess bu i the year?	siness	s holdings at any time			
٥-	_	, , , , , , , , , , , , , , , , , , ,			8		
		e sponsoring organization make any taxable distributions under section 4966			9a		
		le sponsoring organization make a distribution to a donor, donor advisor, or rela on 501(c)(7) organizations . Enter	ated p	erson/	9b		
10		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
_	faciliti	· · · · · · · · · · · · · · · · · · ·					
11	Section	on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
Ь		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
4.0	_	· ·		u of Form 10413	,		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 s," enter the amount of tax-exempt interest received or accrued during the	, m ne 	u 01 F01111 10417	12a		
U	year	5, enter the amount of tax-exempt interest received of accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state?	lote S	ee the instructions for			
-		onal information the organization must report on Schedule O		22 3.350 460013 101	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		e organization receive any payments for indoor tanning services during the tax	13c	7	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explana	•	•	14a		140
		,					

orm 990 (2015)		Ρá
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 10 describe the circumstances, processes, or changes in Schedule O. See instructions.)b belo	w,
Section	Check if Schedule O contains a response or note to any line in this Part VI		<u>. </u>
Jection	. At doverning body and rianagement	Vac	

Se	ction 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	1a	36			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	36			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	ganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?	by)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written actio year by the following					
а	The governing body?			8a	Yes	
	Each committee with authority to act on behalf of the governing body?	•		8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, v	who c	annot be reached at the		103	No
50	organization's mailing address? If "Yes," provide the names and addresses in Schedule ction B. Policies (This Section B requests information about policies not r				uo Cod	
36	ction b. Foncies (This Section b requests information about policies flot i	equi	rea by the Internal K	CVCIII	Yes	No
Na	Did the organization have local chapters, branches, or affiliates?			10a	103	No
	If "Yes," did the organization have written policies and procedures governing the acti	···	of such chapters	10a		NO
	affiliates, and branches to ensure their operations are consistent with the organization	n's e	xempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its the form?	· .		11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Fo					
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?	y inte	rests that could give	12 b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," des cribe</i>	12 c	Yes	
.3	Did the organization have a written whistleblower policy?			13	Yes	
.4	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
.5	Did the process for determining compensation of the following persons include a reviewindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a		No
b	Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$			15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	rsım •	ılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	step	s to safeguard the	16b		
Se	ction C. Disclosure					
	List the States with which a copy of this Form 990 is required to be filed▶					
	AL,AK,A MD,MA,	ΜI,	:A , CO , CT , FL , GA , H MN , MS , NH , NJ , NM , RI , SC , TN , UT , VA , V	NY,	IC,ND	
_	<u> </u>			·/ , ¥¥	· , **I	

- 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
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►LUCY SANDERSCATHERINE ERTZ 417 UCB BOULDER, CO 80309 (303) 735-6703

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

art VII	Section A. Officers, Director	, Trustees, Key Employees,	and Highest Compensated Er	nployees (continued)
---------	-------------------------------	----------------------------	----------------------------	----------------------

(A) Name and Title	(B) A verage hours per week (list any hours	more t	(C) ition (do not check than one box, unless on is both an officer a director/trustee)				į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee key employee		2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation she						. ▶				
d Total (add lines 1b and 1c)						•		60,000	0	0

services rendered to the organization? If "Yes," complete Schedule J for such person

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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.

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

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
EAGLE I LTD	AIC EXECUTIVE CONSULTANT	138,000
2480 KITTREDGE LOOP DRIVE 924 BOULDER, CO 80310		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Yes

5

No

Νo

Form 99								Page S
Part V	/##1	Statement o						_
		Check if Schedi	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
ons, Gifts, Grants Similar Amounts	Ь	Membership du	es 1b					
5 E	С	Fundraising eve	ents 1c					
Contributions, Gifts, and Other Similar A	d	Related organiz	zations 1d					
m G	e	Government grants	s (contributions) 1e					
ons Si	f	All other contribution	ons, gifts, grants, and 1f	8,876,708				
tributio Other		similar amounts no	ot included above					
	g	1a-1f \$	ons included in lines	29,246				
Cont and	h	Total. Add lines	s 1a-1f	· · ·	8,876,708			
Program Service Revenue	2a			Business Code				
á	b							
¥C.	°							
Serv	d							
ram	e f	All other progra	am service revenue					
₹og	•							
	g 3		s 2a-2f ome (including dividend					
		and other similar			13,748			13,748
	4		tment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	(1) Pool	► (II) Personal				
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	24,465					
	b	Less cost or other basis and	15,191					
		sales expenses	9,274					
	c d	Gain or (loss) Net gain or (los	·		9,274	9,274		
Other Revenue		Gross income f events (not inc	rom fundraising luding s reported on line 1c)	r				
ther	ь		a penses b					
U	C		loss) from fundraising e	vents ▶				
	9a		rom gaming activities le 19 a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gaming activ	ities				
	10a	Gross sales of returns and allo						
	ı	Less cost of go		ntory ▶				
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	C	All other reven						
	d e	Total. Add lines	L	▶				
	12							
	**	rocar revenue.	See Instructions	•	8,899,730	9,274		13,748

Form	990 (2015)				Page 10
Par	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t $\overline{m{arphi}}$	hıs Part IX			
	ot include amounts reported on lines 6b, b, 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	2,809,737	2,809,737		
2	Grants and other assistance to domestic individuals See Part IV, line 22	213,082	213,082		
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				

Form 9	990 (2	015)			Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X $$. $$.			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	70,789	1	83,258
	2	Savings and temporary cash investments	4,469,950	2	8,428,306
	3	Pledges and grants receivable, net	1,716,147	3	6,548,350
	4	Accounts receivable, net		4	
Assets	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	
AS	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			
	ь	Less accumulated depreciation 10b		10 c	
	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	297,500	14	227,500
	15	Other assets See Part IV, line 11	70,108	15	17,122
	16	Total assets.Add lines 1 through 15 (must equal line 34)	6,624,494	16	15,304,536
	17	Accounts payable and accrued expenses	286,009	17	351,121
	18	Grants payable	20,500	18	57,400
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
\Box	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	11,924	25	14,067
	36	Total liabilities Add lines 17 through 25	318,433		422,588
es	26	Total liabilities. Add lines 17 through 25	310,433	26	422,000
inc.	27	Unrestricted net assets	1,948,777	27	2,128,962
ala	28	Temporarily restricted net assets	4,357,284	28	12,752,986
Б В	29	Permanently restricted net assets	4,007,204	29	12,702,300
Fund Balances	-3	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		23	
or Fi		complete lines 30 through 34.			

6,306,061 1,676

6	Donated services and use of facilities	_	15 274
7	Investment expenses	7	15,274
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4.729.767
	Not accept and belonger at and of your Combine lines 2 through 0 (much accept Dark V line 22)		.,

Par	Tinancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		_
	Column (B))	10	14,881,948
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,729,767
8	Prior period adjustments	8	
7	Investment expenses	7	

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Both consolidated and separate basis

☐ Both consolidated and separate basis

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Nο

Form 990 (2015)

Additional Data

Software ID: Software Version:

EIN: 68-0591481

Name: NATIONAL CENTER FOR WOMEN AND

INFORMATION TECHNOLOGY

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

(Code) (Expenses \$	2,425,009 including grants of \$	2,319,832) (Revenue \$)
ALLIANCES - EXPENSES TO SUPPORT NO	VIT'S FIVE ALLIANCES (WORKFORCE, A	ACADEMIC, ENTREPRENEURIAL, K-1	L2 AND
AFFINITY GROUP), THE SOCIAL SCIENCE	ADVISORY BOARD AND THEIR RESPEC	CTIVE PROJECTS THAT INCLUDE, B	UT ARE NOT
LIMITED TO, ALLIANCE SPECIFIC RESEAR	CH, THE PACESETTERS PROGRAM, AN	ID THE UNDERGRADUATE RESEARCI	Н
MENTORING PROGRAM THE ACADEMIC A	LLIANCE MEMBERS WORK TOWARDS I	NSTITUTIONAL CHANGE IN HIGHER	₹
EDUCATION THE AFFINITY GROUP ALLIA	NCE BRINGS TOGETHER NATIONAL A	ND LOCAL AFFINITY GROUPS THAT	PROVIDE
SUPPORT, NETWORKING, AND PROFESSION	NAL DEVELOPMENT THE ENTREPREN	EURIAL ALLIANCE HELPS YOUNG C	OMPANIES
ESTABLISH DIVERSITY AT THE START TH	E K-12 ALLIANCE WORKS ON THE IMA	GE AND TEACHING OF COMPUTING	6 THE
WORKFORCE ALLIANCE LEADS EFFORTS I	N CORPORATE ORGANIZATIONAL REF	FORM THE SOCIAL SCIENCE ADVIS	ORY BOARD
ADVISES NCWIT AND ITS MEMBERS ON P	ROJECTS AND EVALUATION NCWIT LA	UNCHED THE ASPIRATIONS IN CO	MPUTING
COLLEGIATE AWARD PROGRAM TO RECO	GNIZE TECHNICAL ACCOMPLISHMENT	SOF COLLEGE-AGED WOMEN THES	SE YOUNG
WOMEN MUST BE MAJORING IN A COMPU	TER SCIENCE RELATED FIELD NCWIT	ALSO LAUNCHED THE ENGAGECSE	ΟU
PROGRAM WHICH MAINTAINS A WEBSITE	CLEARINGHOUSE OF MATERIALS THA	AT CAN BE USED TO TEACH COMPU	TER
SCIENCE COURSES THE REMAINING PRO	GRAM EXPENSES COVER OPERATION	AL AND TECHNICAL SUPPORT IN SU	JPPORT OF
THE ABOVE LISTED MAJOR PROGRAMS A	ND ACCOMPLISHMENTS AND DONATION	ONS TO THE UNIVERSITY OF COLOR	RADO
FOUNDATION FOR ADDITIONAL PERSON	NEL AND OTHER UNIVERSITY RESOUR	CES KEY TO NCWIT'S OPERATIONS	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tors	S					
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus		(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
AMY BRADY BOARD MEMBER	2 00	x					0	0	0
ANGELA LAI BOARD MEMBER	2 00	х					0	0	0
AVIS YATES-RIVERS BOARD MEMBER	13 50	х					60,000	0	0
BALAJI GOPINATH BOARD MEMBER	2 00	×					0	0	0
BETH MAZZEO BOARD MEMBER	2 00	x					0	0	0
BRAD FELD BOARD MEMBER	2 00	×					0	0	0
CADIR LEE	2 00								

2 00

2 00

2 00

Χ

Χ

BOARD MEMBER

DAVE WILLIAMS

BOARD MEMBER

DEBBIE GUILD

BOARD MEMBER

DENISE MENELLY BOARD MEMBER

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Pos m unles	sition nore t ss pe	(C n (do than erso icer	not one n is and			(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		key employee	Highest compensated employee	Former			
EMILY WHITE BOARD MEMBER	2 00	x						0	0	С
FARNAM JAHANIAN BOARD MEMBER	2 00	x						0	0	C
FIDELMA RUSSO BOARD MEMBER	2 00	x						0	0	C
GEORGE LLADO BOARD MEMBER	2 00	x						0	0	
GEORGIA PAPATHOMAS BOARD MEMBER	2 00	x						0	0	(
JANICE ZDANKUS	2 00	х						0	0	(

2 00

2 00

2 00

65 00

.....

Х

Χ

BOARD MEMBER

JOHN BENNETT BOARD MEMBER

KATHLEEN HOGAN

BOARD MEMBER

KRISTA MARKS

BOARD MEMBER

LUCY SANDERS

CEO & CO-FOUNDER

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

Compensated Employees, and Inde	penaent Co	ntrac	ctor	5				ı	i	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
MICHAEL BORRUS BOARD MEMBER	2 00	x						0	0	0
NANCY PHILLIPS BOARD MEMBER	2 00	х						0	0	0
PHILLIP J BOND BOARD MEMBER	2 00	×						0	0	C
RONNIE CAROPRESO BOARD MEMBER	2 00	×						0	0	C
ROSE SCHOOLER BOARD MEMBER	2 00	×						0	0	С
TAMI MALLETT BOARD MEMBER	2 00	х						0	0	0
THADDEOUS ARROYO	2 00							_	_	_

2 00

2 00

2 00

Х

Χ

BOARD MEMBER

BOARD MEMBER

TRISH JONES

MAYIM BIALIK

BOARD MEMBER

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	one n is and			Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
LUZ GONZALEZ BOARD MEMBER	2 00	x						0	0	o
MAGGIE JOHNSON BOARD MEMBER	2 00	x						0	0	0
RICK KLAU BOARD MEMBER	2 00	×						0	0	0
DIANE LYE BOARD MEMBER	2 00	×						0	0	0
JENIFER ROBERTSON	2 00							_		

2 00

Х

BOARD MEMBER

KIM VORRATH

BOARD MEMBER

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Open to Public Inspection

DLN: 93493135093537 OMB No 1545-004

Employer identification number

68-0591481

Department of the Treasury Internal Revenue Service Name of the organization

Part I

1

2

3

990EZ)

(Form 990 or

NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY

www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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 (a)2011 **(b)**2012 (c)2013 (d)2014(f)Total (e)2015 (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 2,363,471 2,043,413 2,111,178 5,130,117 8,832,873 20,481,052 membership fees received (Do not include any unusual grants) 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

6 Public support. Subtract line 5 from line 4			10,105,523
Section B. Total Support			

2,043,413

2,111,178

5,130,117

8,832,873

2,363,471

Calendar year

supported organization

to the organization without

on line 1 that exceeds 2% of the amount shown on line 11, column

4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included

charge

(f)

12

(oı	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(a) 2014	(e) 2015	(†) i otal
7	A mounts from line 4	2,363,471	2,043,413	2,111,178	5,130,117	8,832,873	20,481,052
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,507	7,082	2,658	6,527	13,748	41,522
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)						
11	Total support. Add lines 7 through 10						20,522,574

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

Gross receipts from related activities, etc. (see instructions)

46-	20.4 (20)		ala a la Alaca la acc
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	55 930 %
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	49 240 %

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

20,481,052

10,375,529

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
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 Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	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 Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•		•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	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)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction 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	2		
3a	509(a)(1) or (2) 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	3 c		
4 a	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?	4b		
_	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 Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	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		
9 a	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 .	9 c		
0a	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	10 a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	110		1

each of the supported organizations? Provide details in Part VI

b 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

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	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? 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	1		
2	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? 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	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	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)? 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)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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? 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	2a		
b	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? 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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
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 requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
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 \$			
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 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

Employer identification number

68-0591481

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY

Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the or	ganization's direct and indirect polit	ical campaign ac	tivities in Part IV	
2	Political expenditures			>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1		e tax incurred by the organization u			\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 >	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				⊤Yes
b	If "Yes," describe in Part IV				, ,
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to c	other organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file F	form 1120-POL for this year?			Yes No
	amount of political contribution	For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	directly delivered	l to a separate political orga	nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 99	0-EZ.	Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)					
Lobbying Expe	nditures During	4-Year Avera	ging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
Lobbying nontaxable amount					
Lobbying ceiling amount (150% of line 2a, column(e))					
Total lobbying expenditures					
Grassroots nontaxable amount					
Grassroots ceiling amount (150% of line 2d, column (e))					
Grassroots lobbying expenditures					
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))

100

100

No

Νo

Νo

1

Yes

1

2a

2b

2c

4 5

Pa	TITES Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT			
		(a)	(b)	•
or e ctiv	ach "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying Ity	╛,	No	A mount	
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes			
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		•
e	Publications, or published or broadcast statements?		Νo		•
f	Grants to other organizations for lobbying purposes?		Νo		
a	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		-

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

- 501(c)(6). Yes
- Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- Did the organization agree to carry over lebbying and political expenditures from the prior year?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912

3	Did the t	organization agree to carry over lobbying and pontical expenditures from the prior year.	, ,		
Par	t III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(5)$,	or se	ctio	n
		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b)) Par	t III-	-А,
		line 3. is answered "Yes."			

1 Dues, assessments and similar amounts from members

b If "Yes," enter the amount of any tax incurred under section 4912

- 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- Current year
- Carryover from last year

Other activities?

2a

1

Total Add lines 1c through 1i

- c Total
- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- Taxable amount of lobbying and political expenditures (see instructions)

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	NCWIT HAD NEGLIGIBLE LOBBYING IN FYE 06/30/16 AS PART OF THEIR WORK, NCWIT ENGAGED IN VERY LIMITED LOBBYING IN FYE 06/30/16 IN SUPPORT OF THEIR GOALS IN SUPPORT OF ITS MISSION, NCWIT CONTRACTS WITH THE STERN GROUP TO PROVIDE OUTREACH AND MESSAGING ASSISTANCE IN WASHINGTON DC ALTHOUGH IN THE PAST, THE STERN GROUP WAS A REGISTERED LOBBYIST, THE STERN GROUP IS NO LONGER A REGISTERED LOBBYIST, AND NCWIT DOES NOT USE A REGISTERED LOBBYIST NCWIT IS A MEMBER OF THE COMPUTER SCIENCE EDUCATION COALITION, A BROAD-BASED COALITION OF BUSINESSES AND NGOS WHO WANT TO EXPAND ACCESS TO COMPUTER SCIENCE EDUCATION IN K-12 CLASSROOMS ACROSS AMERICA THE COMPUTER SCIENCE EDUCATION COALITION DOES LOBBY AND IS URGING CONGRESS TO PROVIDE \$250 MILLION IN FEDERAL FUNDING FOR K-12 COMPUTER SCIENCE EDUCATION THIS FISCAL YEAR TO HELP FILL CRITICAL U S JOBS AND ENSURE AMERICA REMAINS GLOBALLY COMPETITIVE FOR GENERATIONS TO COME WHILE NCWIT IS A MEMBER OF THIS COALITION, NCWIT DOES NOT PROVIDE FUNDS TO THE COMPUTER SCIENCE EDUCATION COALITION

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SCHEDULE D

(Form 990)

Department of the

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493135093537

Inspection

Treasury Internal Revenue Service **Employer identification number** Name of the organization NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY 68-0591481 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_
- Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a

- violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

- A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
- (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and
- balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1

historic structure listed in the National Register

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1
- Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015 Cat No 52283D

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	toric	al T	reas	ures, or (Other	Similar A	ssets
3		the organization's acquisition, acception items (check all that apply)	ession, and other reco	ords, ch	neck a	ny of	the fol	lowing that	are a sı	gnıfıcant us	e of its
а		Public exhibition		d		Loar	n or ex	change pro	grams		
b	Γ.	Scholarly research		e	Г	Oth	er				
c		Preservation for future generations									
4	Provi Part)	de a description of the organization's KIII	s collections and exp	laın hov	w they	furth	er the	organızatıoı	n's exer	mpt purpose	ın
5		g the year, did the organization solic s to be sold to raise funds rather tha								ar Ves	s
Pa	rt IV		ngements.	-							'
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interr	mediary	for co	ntribi	utions	or other ass	sets no	t Tyes	; No
b	If'	'Yes," explain the arrangement in Pa	art XIII and complete	the fol	lowing	table	e			Am	ount
C	Be	ginning balance						10	:		
d	A d	ditions during the year						1d			
е	Dis	tributions during the year						1e	:		
f		ding balance						1f			
2 a	Did th	ne organization include an amount or	n Form 990, Part X, II	ine 21,	for es	row	orcust	odial accou	ınt lıabı	lity? Yes	i
b	If"Ye	es," explain the arrangement in Part	XIII Check here if the	he expl	anatioi	n has	been	provided in	Part XI	π	
Pa	rt V	Endowment Funds. Complete									
		·	(a)Current year		or year			o years back		e years back	(e)Four years back
1 a	Begır	nning of year balance									
b	C ont	ributions · · · · · · ·									
c	Net i losse	nvestment earnings, gains, and es									
d	Gran	ts or scholarships									
е		r expenditures for facilities programs 									
f	A dmi	nistrative expenses									
g		of year balance									
2	Provi	de the estimated percentage of the o	current year end bala	nce (lır	ne 1g,	olun	nn (a))	held as		1	
а	Board	l designated or quasi-endowment ▶									
b	Perm	anent endowment ▶									
c		orarily restricted endowment > ercentages on lines 2a, 2b, and 2c :	should equal 100%								
3a	A re tl	nere endowment funds not in the pos ization by		ızatıon	that ar	e hel	ld and	administere	d for th	е	Yes No
		related organizations				٠. ٠		•		3a 3a	
b		es" on 3a(II), are the related organiza					? .			3	b
4	_	ribe in Part XIII the intended uses o		endowm	ent fur	ıds					
Pa	rt VI	Land, Buildings, and Equiporation a		orm 9	90. Pa	art IV	V. line	11a.See	Form 9	990. Part X	. line 10.
		Description of property		(a	Cost o		r basıs	(b) Cost or other t		Accumulated (c)depreciation	(d)Book value
1a	Land							()			
b	Buildin	gs									
		nold improvements		.							
		nent		. \vdash							
e	Other										
		lines 1a through 1e (Column (d) mus		X colu	mn (R)	line	10(c)			•	

See Form 990, Part X, Ine 12. (a) Description of security or category (including name of security) (1)Financial density interests (2)Closely-held equity interests (3)Other Total, (Column (b) must equal Form 990, Part X, col (8) line 12) Part XII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. or (b) Book value (a) Description of investment (b) Book value Total, (Column (b) must equal Form 990, Part X, col (8) line 13) Part XI Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line (a) Description (b) Description Total, (Column (b) must equal Form 990, Part X, col (8) line 13) Part XI Other Liabilities, Complete, if the organization answered 'Yes' on Form 990, Part IV, line (b) Description	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives (2) Closely-held equity interests (3) Other Total. (Column (b) must equal Form 990, Part X, col (B) Ime 12) Part VIII Total. (Column (b) must equal Form 990, Part X, col (B) Ime 12) (a) Description of investment (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) Ime 13) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.s (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) Ime 13) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15) Total. (Column (b) must equal Form 990, Part X, col (B) Ime 15) Total. (Column (b) must equal Form 990, Part X, col (B) Ime 15) Other Liabilities. Complete if the organization answered 'Yes' on Form 990 Other Liabilities. Complete if the organization answered 'Yes' on Form 990	ee Form 990, Part X, line 13. (c) Method of valuation Cost or end-of-year market value
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990	(b) Book value
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990	(D) Book value
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990	
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Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990	
See Form 990, Part X, line 25.	Part IV, line Tie or III.
1. (a) Description of liability (b) Book value	
Federal income taxes	
redefai income taxes	
CREDIT CARD PAYABLE 14,067	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 14,067	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the text of the control of the text of the tex	

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015

1

2

3

information

ADJUSTMENTS

Return Reference

PART XI, LINE 2D - OTHER

13,749,295

4,849,565

8.899.730

ts included on Form 990, Part VIII, line 12, but not on line 1		
, , ,		
ment expenses not included on Form 990, Part VIII, line 7b . 4a		
Describe in Part XIII)........... 4b		
es 4a and 4b	4c	
evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,899,73
econciliation of Expenses per Audited Financial Statements With Expense omplete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Ret	ırn.
xpenses and losses per audited financial statements	1	5,173,40
ts included on line 1 but not on Form 990, Part IX, line 25		
d services and use of facilities 2a		
ear adjustments		
osses		
Describe in Part XIII)............. 2d 102,848		
es 2a through 2d	2e	102,84
ct line 2e from line 1	3	5,070,56
ts included on Form 990, Part IX, line 25, but not on line 1:		
ment expenses not included on Form 990, Part VIII, line 7b 4a		
Describe in Part XIII)............ <mark>4b</mark>		
es 4a and 4b	4c	
xpenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,070,56
Supplemental Information		
e: ct ts m (D	s 2a through 2d	2a through 2d 2e 2 line 2e from line 1 3 3 sincluded on Form 990, Part IX, line 25, but not on line 1: 2 ent expenses not included on Form 990, Part VIII, line 7b 4a 2 escribe in Part XIII) 4b 4 and 4b 4c

Explanation

VARIANCE \$411

ACCRUAL TO CASH - CHANGE IN PLEDGES RECEIVABLE \$4,832,203 GRANT RECEIVABLE

2a

2b

2c

2d

1,677 15,274

4,832,614

2e

3

Schedule D (Form 990) 2015		Page 5				
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					
		_				

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize

Department of the
Treasury

Information about Schedule

Internal Revenue Service

Name of the organization

NATIONAL CENTER FOR WOMEN AND

INFORMATION TECHNOLOGY

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 <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Employer identification number

68-0591481

Open to Public

DLN: 93493135093537

Inspection

Part I General Information	n on Grants and	d Assistance					
Does the organization maintain r the selection criteria used to awa Describe in Part IV the organiza	ard the grants or as	sıstance?				stance, and	√ Yes No
Part II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	l , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other organ	. , . ,	-					32
For Paperwork Reduction Act Notice, see			<u> </u>	Cat No 50055P	· · · · · ·		le I (Form 990) 2015

Return Reference

Explanation

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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PRIZES FOR ASPIRATIONS IN COMPUTING AFFILIATE WINNERS, ASPIREIT CAMP PARTICIPANTS AND LEADERS AND K-12 ALLIANCE MEMBERS IN ATTENDANCE AT THE K-12 ALLIANCE MEETING AT THE NCWIT SUMMIT	2700			OR COST OF COMPARABLE	GIFT AWARDS, CHROMEBOOKS, USB ADAPTERS, BAGS, PENS, MANICURE KITS, SCIENCE BOOKS, WATER BOTTLES
ASPIRATIONS IN COMPUTING (2) COLLEGIATE AWARD	34	17,000			
(3) 2016 EDUCATOR AWARD	61	15,500			
(4) NCWIT COLLEGIATE AWARD 2016	18	89,250			

REPORT, SOFTWARE PROJECT COMPLETION, OR OTHER SCHOLARLY PUBLICATION

PART I, LINE 2 FOR THE ACADEMIC ALLIANCE SEED FUND, NCWIT DOCUMENTS THE SEED FUND AWARD ELIGIBILITY AND SELECTION CRITERIA IN THE NCWIT SEED FUND GUIDELINES ADDITIONAL INFORMATION FOR SPECIFIC ROUNDS IS SUPPLIED IN THE CALL FOR PROPOSALS FOR EACH ROUND NCWIT ALSO MAINTAINS A FINANCIAL AND AN OPERATIONAL RECORD THAT DOCUMENTS RECIPIENT INFORMATION, A WARD AMOUNT, PROGRAM BUDGET, PAYMENT CONFIRMATION, ETC NCWIT MAINTAINS DIRECT COMMUNICATION WITH EACH SEED FUND AWARD RECIPIENT EACH RECIPIENT PROVIDES UPDATES IN THE FOLLOWING PROJECT STATUS CATEGORIES DELIVERABLES, EVALUATION, SUSTAINABILITY, PUBLICATIONS, PRESENTATIONS, ADDITIONAL SUPPORT, AND PROJECT IMPACT UPDATES ARE REQUESTED BI-ANNUALLY OR AS NEEDED FOR THE NCWIT ASPIREIT PROGRAM, NCWIT DOCUMENTS THE GRANT AWARD ELIGIBILITY AND SELECTION CRITERIA IN THE NCWIT ASPIREIT PROGRAM REQUEST FOR PROPOSAL ANNOUNCEMENT NCWIT ALSO MAINTAINS A FINANCIAL AND AN OPERATIONAL RECORD THAT DOCUMENTS APPLICATIONS, RECIPIENT INFORMATION, AWARD AMOUNT, PROGRAM BUDGET, PAYMENT CONFIRMATION, ETC NCWIT MAINTAINS DIRECT COMMUNICATION WITH EACH NCWIT ASPIREIT PROGRAM AWARD RECIPIENT THROUGHOUT THE PROJECT EACH RECIPIENT SUBMITS FINAL REPORTS REGARDING THE FOLLOWING TOPICS FINAL PROGRAM INFORMATION, EVALUATION SURVEYS, PARTICIPANT INFORMATION, MEDIA RECOGNITION, AND FINAL BUDGET INFORMATION FOR THE NCWIT ASPIRATIONS IN COMPUTING (AIC) AFFILIATE OUTREACH FUND AND AFFILIATE ASSISTANCE FUND PROGRAMS, NOWIT DOCUMENTS THE GRANT AWARD ELIGIBILITY AND SELECTION CRITERIA IN THE NOWIT AFFILIATE OUTREACH FUND AND AFFILIATE ASSISTANCE FUND REQUESTS FOR APPLICATIONS NCWIT ALSO MAINTAINS A FINANCIAL AND AN OPERATIONAL RECORD THAT DOCUMENTS APPLICATIONS, RECIPIENT INFORMATION, AWARD AMOUNT, PROGRAM BUDGET, PAYMENT CONFIRMATION, ETC NCWIT MAINTAINS DIRECT COMMUNICATION WITH EACH NCWIT AIC AFFILIATE PROGRAM AWARD RECIPIENT THROUGHOUT THE PROJECT EACH RECIPIENT SUBMITS FINAL REPORTS REGARDING THE FOLLOWING TOPICS FINAL PROGRAM INFORMATION.

> EVALUATION SURVEYS, PARTICIPANT INFORMATION, MEDIA RECOGNITION, AND FINAL BUDGET INFORMATION FOR OTHER GRANT RECIPIENTS. IT IS A CASE BY CASE BASIS. BUT THERE IS ALWAYS SIGNIFICANT WRITTEN COMMUNICATION VIA EMAIL BETWEEN NCWIT AND THE GRANT RECIPIENT(S) REGARDING THE EXPECTED OUTCOME OF THE GRANT, WHETHER IT BE IN THE FORM OF A PUBLISHED

Additional Data

(a) Name and address of

organization

498 4TH AVE NE

SIOUX CENTER, IA 51250

(b) EIN

Software ID: Software Version:

(c) IRC section

ıf applıcable

EIN: 68-0591481

Name: NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY

(d) A mount of cash

grant

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

or government				assistance	other)	
CALIFORNIA POLYTECHNIC STATE UNIVERSITY 1 GRAND AVE SAN LUIS OBISPO, CA 934070675	77-0209717	501(C)(3)	5,000			ASPIRATIONS AFFILIATE SEED GRANT RECIPIENT
CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA,NY 14850	15-0532082	501(C)(3)	13,000			ASPIREIT GRANT RECIPIENT AND EXTENSION SERVICES MINI GIFT
DORDT COLLEGE INC	43-0772559	501(C)(3)	10,000			ASPIRATIONS

(e) Amount of non- (f) Method of valuation

cash

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

AFFILIATE SEED

GRANT RECIPIENT

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 56-0532129 501(C)(3) 10,000 EXTENSION DUKE UNIVERSITY SERVICES MINI GIFT PO BOX 104132 DURHAM, NC 27708 TIONS

AFFILIATE SEED

GRANT RECIPIENT

FLORIDA A&M UNIVERSITY 201 FOOT HILYER ADMINISTRATION BLDG TALLAHASSEE,FL 323073200	59-0977035	501(C)(3)	10,000		ASPIRATIONS AFFILIATE SEED GRANT RECIPIENT
GEORGIA INSTITUTE OF	58-6002023	501(C)(3)	10,500		ASPIRATIONS

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

TECHNOLOGY 801 ATLANTIC DRIVE

ATLANTA, GA 30339

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 04-2103580 10.000 EXTENSION HAVARD UNIVERSITY 501(C)(3) 1033 MASSACHUSETTS SERVICES MINI GIFT AVENUE 3RD FLOOR FLOOR CAMBRIDGE, MA 02138 52-2149054 501(C)(3) 9.000 ASPIREIT GRANT COMMUNITY PARTNERS RECIPIENT 10400 DETRICK AVE

AND AIC AFFILIATE ASSISTANCE FUND

HOUSING OPPORTUNITIES KENSINGTON, MD 20895 INDIANA UNIVERSITY 35-6001673

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

501(C)(3) 16,000 ASPIRATIONS 919 E 10TH ST AFFILIATE SEED BLOOMINGTON, IN 47408 GRANT RECIPIENT

(e) Amount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (q) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance MIAMI DADE COLLEGE 59-1210485 501(C)(3) 5,000 ASPIRATIONS 11011 SW 104 STREET AFFILIATE SEED BLDG 9 ROOM GRANT RECIPIENT 9253 MIAMI, FL 33176 NC STATE ENGINEERING 56-6046987 501(C)(3) 5,000 ASPIRATIONS FOUNDATION AFFILIATE UNDERGRADUATE RESEARCH MENTORING AWARD

AFFILIATE SEED GRANT RECIPIENT

NCSU CAMPUS BOX 7901 RALEIGH, NC 27695 NORTHEASTERN 04-1679980 501(C)(3) 15,000 AA HAROLD NOTKIN UNIVERSITY AWARD AND 360 HUNTINGTON AVE ASPIRATIONS

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

BOSTON, MA 02115

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance REGENTS OF THE 94-6002123 501(C)(3) 5.000 AA UNDERGRADUATE UNIVERSITY OF RESEARCH CALIFORNIA MENTORING AWARD 2195 HEARST AVENUE ROOM 159 BERKELEY, CA 94720 REGENTS OF THE 95-2226406 501(C)(3) 5,000 ASPIREIT GRANT UNIVERSITY OF RECIPIENT CALIFORNIA ACCOUNTING OFFICE BIOLOGICAL SCIENCES III SUITE 1400 IRVINE, CA 926971050

5,000

ASPIRATIONS

AFFILIATE SEED

GRANT RECIPIENT

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

501(C)(3)

RENSSELAER POLYTECHNIC INSTITUTE

110 8TH STREET IRSC

TROY, NY 12180

1C04

14-1340095

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TELEVISA FOUNDATION 45-5070813 501(C)(3) 125,000 GRANT FOR INC TECHNOLOCHICAS 501 BRICKELL KEY DRIVE CAMPAIGN SUITE 401 MIAMI, FL 33131 TIONS ATE SEED RECIPIENT SPIREIT GRANT

THE CURATORS OF UNIVERSITY OF MISSOURI ONE UNIVERSITY BOULEVARD ST LOUIS,MO 63121	43-6003859	501(C)(3)	11,000		A SPIRA A FFILIA GRA NT A ND A S RECIPII
UNIVERSITY OF	95-2540117	501(C)(3)	103,400		ES NEX

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

6218 DONALD BREN HALL IRVINE, CA 926973425

ENT T AWARD AND AIC AFFILIATE CALIFORNIA IRVINE FOUNDATION ASSISTANCE FUND

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance UNIVERSITY OF MARYLAND 52-1125663 501(C)(3) 5,000 AA UNDERGRADUATE FOUNDATION RESEARCH 1000 HILLTOP CIRCLE MENTORING AWARD ADMINISTRATION BUILDING ROOM 808 BALTIMORE, MS 21250 TREASURER OF VIRGINIA 54-6001805 501(C)(3) 50,000 ES NEXT AWARD TECH NORTH END CENTER MC 0312 SUITE 3300 300 TURNER STREET NW BLACKSBURG, VA 24061 TRUSTEES OF THE 23-1352685 501(C)(3) 5,000 ASPIRATIONS

UNIVERSITY OF AFFILIATE SEED PENNSYLVANIA GRANT RECIPIENT 220 SOUTH 33RD ST RM

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

280 TOWNE PHILADELPHIA, PA 191046391

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) UNIVERSITY OF HAWAII 99-0085260 501(C)(3) 5,700 ASPIREIT GRANT RECIPIENT AND AIC FOUNDATION 2444 DOLE ST BACHMAN AFFILIATE IND

(e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

SERVICES MINI GIFT

HALL 105 HONOLULU,HI 96822					ASSISTANCE FUND RECEIPIENT
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA,IL 61801	37-6006007	501(C)(3)	10,000		EXTENSION SERVICES MINI GIFT

UNIVERSITY OF 41-6007513 501(C)(3) 15,000 ASPIRATIONS MINNESOTA FOUNDATION AFFILIATE SEED

4-192 KELLER HALL 200 GRANT RECIPIENT UNION ST STE ANDEXTENSION

(d) A mount of cash

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

(c) IRC section

(a) Name and address of

MINNEAPOLIS, MN 55455

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) UNIVERSITY OF NORTH 56-0791228 501(C)(3) 18,000 ASPIRATIONS CAROLINA CHARLOTEE AFFILIATE SEED 9201 UNIVERSITY CITY GRANT RECIPIENT BOULEVARD AND ASPIREIT GRANT CHARLOTTE, NC 28223 RECIPIENT UNIVERSITY OF NORTH 56-6001468 501(C)(3) 10,500 ASPIREIT GRANT CAROLINA GREENSBORO RECIPIENT 1111 SPRING GARDEN ST 2511 MHRA BLDG 74-6000203 501(C)(3) 50,800 **EXTENSION** SERVICES FOR UNDERGRADUATE

AFFILIATE ASSISTANCE FUND

GREENSBORO, NC 274125013 UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE STOP K5300 PROGRAMS GIFT AUSTIN, TX 78712 RECIPIENT AND AIC

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

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) UNIVERSITY OF VIRGINIA 54-6001796 25,000 EXTENSION 501(C)(3) PO BOX 400744 A237 SERVICES FOR THORNTON HALL UNDERGRADUATE 351 MCCORMICK RD PROGRAMS GIFT CHARLOTTEVILLE, VA RECIPIENT PROGRAM 229044744 **IMANAGEMENT** 39-0743975 501(C)(3) 10,000 EXTENSION WISCONSIN FOUNDATION SERVICES MINI GIFT

UNIVERSITY OF 1848 UNIVERSITY AVENUE MADISON, WI 53726

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

UTAH STATE UNIVERSITY 87-6000528 501(C)(3) 6,800

ASPIREIT GRANT 2400 OLD MAIN HILL RECIPIENT AND AIC LOGAN, UT 84322

AFFILIATE ASSISTANCE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-1352688 501(C)(3) 5.000 ASPIRATIONS VILLANOVA UNIVERSITY 800 LANCASTER AVENUE AFFILIATE SEED GRANT RECIPIENT 34-1011998 501(C)(3) 5.000 AA UNDERGRADUATE RESEARCH

MENTORING AWARD

VILLANOVA, PA 19085 YOUNGSTOWN STATE UNIVERSITY

ONE UNIVERSITY PLAZA

YOUNGSTOWN, OH 44555

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

Schedule J (Form 990)

Department of the

Compensation Information

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

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

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

DLN: 93493135093537 OMB No 1545-0047

2015

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Νa	ame of the organization		Employer identification	on nur	nber			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel							
			08-0391481					
	Questions Regulating compensation				Yes	No		
1a					103	140		
	First-class or charter travel Hous	ing allowance or residence foi	personal use					
	Travel for companions Payn	nents for business use of pers	onal residence					
	Tax idemnification and gross-up payments Heal	th or social club dues or initia	tion fees					
	Discretionary spending account Person	onal services (e g , maid, chai	ıffeur, chef)					
b				1b				
2				2				
3	organization's CEO/Executive Director Check all that apply Do n	ot check any boxes for metho	ds					
	Compensation committee Writt	en employment contract						
	Independent compensation consultant Com	pensation survey or study						
	Form 990 of other organizations A ppr	oval by the board or compens	ation committee					
4		ion A, line 1a with respect to	the filing organization					
а	Receive a severance payment or change-of-control payment?			4 a		No		
b	Participate in, or receive payment from, a supplemental nonqualifie	ed retirement plan?		4b		No		
c	Participate in, or receive payment from, an equity-based compens	ation arrangement?		4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the appli	cable amounts for each item i	n Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must com	ıplete lines 5-9.						
5	·	he organization pay or accrue	any					
а	The organization?			5a		Νo		
b	Any related organization?			5b		No		
	If "Yes," on line 5a or 5b, describe in Part III							
6		he organization pay or accrue	any					
а	The organization?			6 a		Νo		
b	Any related organization?			6b		No		
	If "Yes," on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Par		n-fixed	7		No		
8	Were any amounts reported on Form 990, Part VII, paid or accured subject to the initial contract exception described in Regulations son Part III			8		No		
9	If "Yes" on line 8, did the organization also follow the rebuttable pr section 53 4958-6(c)?	esumption procedure describe	ed in Regulations	9		INO		

Cat No 50053T

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015	·										
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.											
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual											
(A) Name and Title	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				
	Base (ı) compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990				

Schedule J (Form 990) 2015

ATLAS INSTITUTE WITHIN THE UNIVERSITY OF COLORADO HUMAN RESOURCES SYSTEM WAS MARK GROSS IN ADDITION, THE CEO OF NCWIT SERVES AS A MEMBER OF THE EXTERNAL ADVISORY BOARD OF THE ATLAS INSTITUTE, WHICH WAS DIRECTED BY MARK GROSS IN FISCAL YEAR ENDING JUNE 30.2016 MEMBERS OF THE EXTERNAL ADVISORY BOARD OF THE ATLAS INSTITUTE SERVE WITHOUT COMPENSATION IN ADDITION, CERTAIN FUNDS, INCLUDING SALARIES OF MOST EMPLOYEES OF THE HEADOUARTERS STAFF, FLOW THROUGH THE UNIVERSITY OF COLORADO, SPECIFICALLY, THE ATLAS INSTITUTE (DIRECTED BY MARK GROSS IN FISCAL YEAR ENDING JUNE 30, 2016) BECAUSE THE CEO'S COMPENSATION COMES DIRECTLY FROM THE UNIVERSITY OF COLORADO (ATLAS INSTITUTE), THE CEO DOES NOT CHARGE NCWIT DIRECTLY FOR HER COMPENSATION, AND THE UNIVERSITY OF COLORADO DOES NOT TREAT THE CEO'S COMPENSATION AS A CHARITABLE CONTRIBUTION TO NOWIT THE SALARY AND BENEFITS OF THE CEO AND NOWIT HEADOUARTERS STAFF AT THE UNIVERSITY OF COLORADO ARE ADMINISTERED WITHIN HR PROCESSES OF THE UNIVERSITY OF COLORADO AND ARE GOVERNED BY REGENT LAWS AND POLICIES, UNIVERSITY ADMINISTRATIVE POLICY STATEMENTS (APS), CAMPUS POLICIES, FEDERAL AND STATE LAWS AND REGULATIONS, AND INDUSTRY BEST PRACTICES IT IS OUR INTERPRETATION THAT NO ADDITIONAL REPORTING IS REQUIRED ON THIS SCHEDULE J Schedule J (Form 990) 2015

Page 3

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Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ

DLN: 93493135093537 OMB No 1545-0047

2015

		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
epartment of the reasury	▶Information abo	ut Schedule L (Form 990 or 990-EZ) and its instruct <u>www.irs.gov/form990</u> .	tions is at	Open to P Inspect		
nternal Revenue Service						
Name of the organiza NATIONAL CENTER FOR W INFORMATION TECHNOLO	OMEN AND		Employer identif	ication numbe	r	
IN ORMATION TECHNOLO	<u> </u>		68-0591481			
Part I Excess B	enefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations o	nly)		
Complete if	the organization answered	"Yes" on Form 990, Part IV, line 25a or 25b, or Fo	orm 990-EZ, Part V	, line 40b		
1 (a) Name of d	isqualified person	(b) Relationship between disqualified person and	(c) Description	of (d) Cor	rected?	
		organization	transaction	Yes	No	
_	_		_			
		-				

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section	
	4958	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan t or from the organization	9	(e)Original principal amount	(f) Balance due	(g) defa		(h) A ppro by boar commit	ved rd or	(i)Writ agreem	
			To	From			Yes	No	Yes	No	Yes	No
						-						
Total		▶ \$										

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization		

Page 2

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1) CASEY SANDERS	SON OF CURRENT OFFICER	42,331	CONTRACT SERVICES		No
(2) 6KITES INC	KEY EMPLOYEE'S SPOUSE'S CORPORATION	19,800	SOFTWARE DEVELOPMENT SERVICES		No

Return Reference

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

Explanation

SCHEDULE M

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the Treasury

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

DLN: 93493135093537 OMB No 1545-0047

2015

Open to Public Inspection

	nal Revenue Service								
l an IATI	ne of the organization ONAL CENTER FOR WOMEN AND				Employ	yer identificat	ion nu	mber	
	RMATION TECHNOLOGY				68-05	91481			
Pä	art I Types of Property								
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of de Incash contrib	etermı		ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles				1				
	Boats and planes				1				
	Intellectual property				1				
	Securities—Publicly traded .				1				
	Securities—Closely held stock .				<u> </u>				
	Securities—Partnership, LLC, or trust interests								
	Securities—Miscellaneous				<u> </u>				
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
	Food inventory								
20	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts								
	Scientific specimens				ļ				
	Archeological artifacts				1				
	Other ► (X	7	29,246	VALU	E BY DONOR			
	CCELLANEOUS ODS)								
	Other ▶ ()				1				
	Other ▶ ()								
	Other • (
	Number of Forms 8283 received for which the organization comple				29				
								Yes	No
30a	During the year, did the organization of the best three year.					-			
	•			acion, and mileti is not requ		se useu	_	, ,	١
ı	for exempt purposes for the enti If "Yes," describe the arrangement						30a		No
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contril	outions?	31		No

contributions?

b If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule 0 (Form 990 or 990-EZ) and its instruct www.irs.gov/form990.	ns on	OMB No 1545-0047 2015 Open to Public Inspection
NATIONAL CENTER FOR WOMEN AND		Employer identifi	cation number
Return Reference	Explanation		
FORM 990, PART III, LINE 2	NCWIT LAUNCHED THE TECHNOLOCHICAS CAMPAIGN IN COLLABORATION WITH THE TELEVISA FOUNDATION THIS CAMPAIGN IS DESIGNED TO RAISE AWARENESS AMONG YOUNG LATINAS AND THEIR FAMAILIES ABOUT OPPORTUNITIES AND CAREERS IN TECHNOLOGY		

THE 990 IS ELECTRONICALLY MAILED TO MEMBERS OF THE BOARD FINANCE COMMITTEE FOR APPROVAL $\,$ U $\,$

PON A PPROVAL BY THE BOARD FINANCE COMMITTEE, THE 990 IS ELECTRONICALLY MAILED TO EACH MEMB

DLN: 93493135093537

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ER OF THE BOARD OF DIRECTORS

FORM 990, PART VI,

SECTION B, LINE 11

990 Schedule O, Supplemental Information

PUBLIC UPON REQUEST

Return

Reference

PART VI,

SECTION C, LINE 19

FORM 990, PART VI, SECTION B, LINE 12C	IN ADDITION TO THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT, ON 11/16/16 WE SENT A DETAILED QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE BOARD OF DIRECTORS, REQUESTING DISCLOSURE OF THEIR RELATIONSHIPS TO OTHER BOARD MEMBERS OR ANYONE ELSE HAVING A RELATIONSHIP WITH NCWIT, EITHER ON A BUSINESS OR PERSONAL RELATIONSHIP BASIS WHEN THERE IS A CONFLICT OF INTEREST, WE ASK THAT THE AFFECTED PERSON (BOARD MEMBER OR KEY EMPLOYEE) LEAVE THE ROOM DURING DISCUSSIONS THAT PERTAIN TO THEIR
	CONFLICT OF INTEREST UP TO NOW, THIS HAS ONLY HAPPENED IN TWO INSTANCES WHEN THE BOARD VOTED TO APPROVE A CONTRACT INVOLVING A BOARD MEMBER IN THE FIRST INSTANCE. THE AFFECTED BOARD MEMBER WAS
	REQUESTED TO LEAVE THE ROOM DURING THE DISCUSSION AND SUBSEQUENT VOTE. IN THE SECOND INSTANCE A PRIVATE VOTE WAS CONDUCTED THROUGH ELECTRONIC MAIL BETWEEN ALL BOARD MEMBERS MINUS THE AFFECTED BOARD MEMBER
FORM 990,	NCWIT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE

Explanation

Return Reference Explanation

FORM 990, PART IX. CONSULTING FEES PROGRAM SERVICE EXPENSES 680,709 MANAGEMENT AND GENERAL EXPENSES 0

990 Schedule O, Supplemental Information

LINE 11G	FUNDRAISING EXPENSES 2,320 TOTAL EXPENSES 683,029	
FORM 990, PART XI, LINE 9	ACCRUAL TO CASH ADJUSTMENTS - CHANGES PROMISES TO GIVE 4,832,203 ACCRUAL TO CASH ADJUSTM ENTS - CHANGES IN ACCOUNTS PAYABLE -102,011 VARIANCE IN REALIZED GAIN ON STOCK SALES -42	

990 Schedule O, Supplemental Information

Return Reference

FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS FINANCE COMMITTEE HAS OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT	
FORM 990	2016 SUPPLEMENTAL INFORMATION THE UNIVERSITY OF COLORADO AT BOULDER (CU) RECEIVES SUPPORT WHICH BENEFITS NCWIT THROUGH ITS ATLAS INSTITUTE, CU HAS BEEN AWARDED APPROXIMATELY \$18 M ILLION FROM THE NATIONAL SCIENCE FOUNDATION (NSF) TO HELP FUND NCWIT AND TO FURTHER ITS MI SSION THROUGH SPECIFIC PROGRAMS AS OF JUNE 30, 2016 BECAUSE CU IS THE RECIPIENT AND MANAG ER OF THE NSF AWARDS AND SUB-CONTRACTS, THESE FUNDS ARE NOT INCLUDED IN THE FINANCIAL STAT EMENTS OF NCWIT CU ALSO PROVIDES NCWIT WITH PERSONNEL AND ACCESS TO OTHER UNIVERSITY RESO URCES, WHICH ARE KEY TO NCWIT'S OPERATIONS NCWIT DONATED \$2,000,000 IN FYE 06/30/16, \$1,3 67,000 IN FYE 06/30/15, \$648,000 IN THE FIRST SIX MONTHS OF 2014, \$1,000,000 IN 2013, \$755 ,200 IN 2012, \$710,000 IN 2011, \$640,000 IN 2010, \$440,000 IN 2009 AND \$503,000 IN 2008 TO CU VIA THE UNIVERSITY OF COLORADO FOUNDATION THESE DONATED FUNDS PROVIDE PARTIAL FUNDING FOR COMPENSATION OF NCWIT'S HEADQUARTERS STAFF, INCLUDING CEO, LUCY SANDERS	

Explanation