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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2000 K STREET NO 350

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

D Employer identification number
36-3539302

E Telephone number
(202) 827-4794

G Gross receipts $ 2,382,250

F Name and address of principal officer
MARIA BRENNAN
2000 K STREET NO 350
WASHINGTON, DC 20006

H(a) Is this a group return for subordinates? ☑ Yes ☐ No

H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5751

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW WICT ORG

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶
ALL CHAPTERS BUT TEXAS ARE UNINCORPO

L Year of formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO RESEARCH WOMEN/WORK ISSUES IN THE CABLE AND TELECOMMUNICATIONS INDUSTRY AND REPORT FINDINGS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	443
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	443
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	1,039
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	215,655	669,593
9	Program service revenue (Part VIII, line 2g)	1,160,972	992,618
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,408	86,008
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,406	36,310
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,387,629	1,784,529
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	230,129	214,564
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	841,613	1,312,010
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,071,742	1,526,574
19	Revenue less expenses Subtract line 18 from line 12	315,887	257,955

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,180,230	2,390,321
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances Subtract line 21 from line 20	2,180,230	2,390,321

Part II Signature Block

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

Sign Here

****** 2018-08-21
Signature of officer Date

MARIA BRENNAN CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ELIZABETH HELLER	ELIZABETH HELLER			P00397829

Firm's name ▶ TATE AND TRYON | Firm's EIN ▶ 52-1855942
Firm's address ▶ 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036 | Phone no (202) 293-2200

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE WICT CHAPTERS DEVELOP WOMEN LEADERS WHO TRANSFORM OUR INDUSTRY

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 540,463 including grants of $) (Revenue $ 165,107)
See Additional Data

4b (Code) (Expenses $ 296,089 including grants of $) (Revenue $ 93,435)
See Additional Data

4c (Code) (Expenses $ 214,564 including grants of $ 214,564) (Revenue $)
See Additional Data

(Code) (Expenses $ 475,458 including grants of $) (Revenue $ 809,076)
ALL OTHER ACTIVITY OFFICE ACTIVITIES, PROGRAMMING, MENTORING,SPONSORSHIP, COMMUNITY INVESTMENT AND MARKETING

4d Other program services (Describe in Schedule O)
(Expenses $ 475,458 including grants of $) (Revenue $ 809,076)

4e Total program service expenses ▶ 1,526,574

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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, Part 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			
a	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
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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	Yes	
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	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**		
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," complete Schedule J*	**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 and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	31		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	443		
	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	1b	443		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a			No
b	Each committee with authority to act on behalf of the governing body?	8b			No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶THE ORGANIZATION 2000 K STREET NO 350 WASHINGTON, DC 20006 (202) 827-4794

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	0	0

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 100,032			
	d Related organizations	1d 550,000			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 19,561			
	g Noncash contributions included in lines 1a-1f $ 18,771				
	h **Total.** Add lines 1a-1f . . . . . ▶	669,593			

Program Service Revenue	Business Code				
2a SPONSORSHIPS	900099	480,234			480,234
b MEMBERSHIP DUES	900099	253,842	253,842		
c MEETING FEES	900099	165,107	165,107		
d SPECIAL EVENTS	900099	93,435	93,435		
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		992,618			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		18,821			18,821
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . . ▶					
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	67,187				
b Less cost or other basis and sales expenses	0				
c Gain or (loss)	67,187				
d Net gain or (loss) . . . . . ▶		67,187			67,187
8a Gross income from fundraising events (not including $ 100,032 of contributions reported on line 1c) See Part IV, line 18 . . . . a	525,056				
b Less direct expenses . . . b	597,721				
c Net income or (loss) from fundraising events . . ▶		-72,665			-72,665
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a					
b Less cost of goods sold . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a OTHER	900099	108,975			108,975
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		108,975			
12 Total revenue. See Instructions . . . . . ▶		1,784,529	512,384	0	602,552

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	109,001	109,001		
2 Grants and other assistance to domestic individuals See Part IV, line 22	105,563	105,563		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,385	54,385		
12 Advertising and promotion	20,483	20,483		
13 Office expenses	41,670	41,670		
14 Information technology	35,979	35,979		
15 Royalties . .				
16 Occupancy				
17 Travel	26,467	26,467		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	540,463	540,463		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .				
23 Insurance . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SPECIAL EVENTS	296,089	296,089		
b MISCELLANEOUS	217,153	217,153		
c COMMUNITY INVESTMENT/ME	69,057	69,057		
d MEMBER DUES & FEES	10,264	10,264		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,526,574	1,526,574	0	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,322,732	1	1,515,861
	2	Savings and temporary cash investments	36,722	2	335,529
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	820,776	11	538,931
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,180,230	16	2,390,321
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,180,230	27	2,390,321
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,180,230	33	2,390,321
	34	Total liabilities and net assets/fund balances	2,180,230	34	2,390,321

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,784,529
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,526,574
3	Revenue less expenses Subtract line 2 from line 1	3	257,955
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,180,230
5	Net unrealized gains (losses) on investments	5	15,624
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-63,488
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,390,321

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 36-3539302

Name: WOMEN IN CABLE TELECOMMUNICATIONS GROUP RETURN

Form 990 (2017)

Form 990, Part III, Line 4a:

CHAPTER MEETINGS-TO PROVIDE EDUCATIONAL EVENTS AND NETWORKING

Form 990, Part III, Line 4b:

SPECIAL EVENTS-TO PROVIDE SEMINARS AND SESSIONS ON CERTAIN INDUSTRY TOPICS AND TO RECOGNIZE ACHIEVEMENTS OF THOSE IN THE INDUSTRY

Form 990, Part III, Line 4c:

GRANTS, SCHOLARSHIPS, AND AWARDS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HILDA TOSCANO PRESIDENT - CHICAGO	1 00 0 00	X		X				0	0	0
STEHANIE SHAWLER PRESIDENT - OHIO	1 00 0 00	X		X				0	0	0
CHARLON MCINTOSH PRESIDENT - CAROLINAS	1 00 0 00	X		X				0	0	0
STACY HANNAH PRESIDENT - DC	1 00 0 00	X		X				0	0	0
LEAH BROWN PRESIDENT - FLORIDA	1 00 0 00	X		X				0	0	0
MONICA DRAKE-CARTER PRESIDENT - GREAT LAKES	1 00 0 00	X		X				0	0	0
ANNE HARRIS PRESIDENT - HEARTLAND	1 00 0 00	X		X				0	0	0
JENNIFER SIMS PRESIDENT - MEMPHIS	1 00 0 00	X		X				0	0	0
MELISSA ECKERT PRESIDENT - MIDWEST	1 00 0 00	X		X				0	0	0
DONNA CAPONE PRESIDENT - NEW ENGLAND	1 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON SAYKIN PRESIDENT - NEW YORK	1 00 0 00	X		X				0	0	0
JACKIE DANIELSSON PRESIDENT - NOCAL	1 00 0 00	X		X				0	0	0
TRACEY KOPPER-HOURIN PRESIDENT - PHILLY	1 00 0 00	X		X				0	0	0
DANIELLE ERRINGER PRESIDENT - PITTSBURGH	1 00 0 00	X		X				0	0	0
JONI PIERCE PRESIDENT - PNW	1 00 0 00	X		X				0	0	0
CYNTHIA CARPENTER PRESIDENT - RM	1 00 0 00	X		X				0	0	0
ANNE LOESCHER PRESIDENT - SE	1 00 0 00	X		X				0	0	0
BETH BAYER PRESIDENT - SOCAL	1 00 0 00	X		X				0	0	0
KATHY OAKES PRESIDENT - SW	1 00 0 00	X		X				0	0	0
TARA STOTLAND PRESIDENT - TEXAS	1 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELA WASHINGTON PRESIDENT - VIRGINIA	1 00 0 00	X		X				0	0	0
KATHY KIRCHNER PRESIDENT ELECT - RM	1 00 0 00	X		X				0	0	0
RHONA BRADSHAW CHAIRPERSON - UK	1 00 0 00	X		X				0	0	0
SARA WEBB VICE PRESIDENT - CHICAGO	1 00 0 00	X		X				0	0	0
JEANNETTE RICHARDSON VICE PRESIDENT - OHIO	1 00 0 00	X		X				0	0	0
KAT STEWART VICE PRESIDENT - DC	1 00 0 00	X		X				0	0	0
SONJA CRAPARO VICE PRESIDENT - FLORIDA	1 00 0 00	X		X				0	0	0
DARRALYN GRIFFIN VICE PRESIDENT - GREAT LAKES	1 00 0 00	X		X				0	0	0
TONYA THOMPSON VICE PRESIDENT - MEMPHIS	1 00 0 00	X		X				0	0	0
SALLY WEST VICE PRESIDENT - MIDWEST	1 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNA CICCONE VICE PRESIDENT - NEW ENGLAND	1 00 0 00	X		X				0	0	0
MONICA BLOOM VICE PRESIDENT - NEW YORK	1 00 0 00	X		X				0	0	0
JILLIAN HARVEY VICE PRESIDENT - NOCAL	1 00 0 00	X		X				0	0	0
ZENITA HENDERSON VICE PRESIDENT - PHILLY	1 00 0 00	X		X				0	0	0
SUE COMUNALE VICE PRESIDENT - PITTSBURGH	1 00 0 00	X		X				0	0	0
JESSICA BECK VICE PRESIDENT - RM	1 00 0 00	X		X				0	0	0
JAMIE MILLER VICE PRESIDENT - SE	1 00 0 00	X		X				0	0	0
LIZZY PAULSON VICE PRESIDENT - SOCAL	1 00 0 00	X		X				0	0	0
PENNY GRANDON VICE PRESIDENT - SW	1 00 0 00	X		X				0	0	0
FELICIA POPPY WESTON DAVIES VICE PRESIDENT - UK	1 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LASHONE SANDERS VICE PRESIDENT - VIRGINIA	1 00 0 00	X		X				0	0	0
KATHLEEN MARTIN VICE PRESIDENT CO-CHAIR - PNW	1 00 0 00	X		X				0	0	0
WHITNEY JOLY VICE PRESIDENT CO-CHAIR - PNW	1 00 0 00	X		X				0	0	0
JULIE KOPF VICE-PRESIDENT - HEARTLAND	1 00 0 00	X		X				0	0	0
ANDREA NELSON VICE-PRESIDENT - TEXAS	1 00 0 00	X		X				0	0	0
JONICA HARTMAN VP (THROUGH 6/17) PRES (6/17-12/17) - CAROLINAS	1 00 0 00	X		X				0	0	0
DAWNA JENKINS SR TREASURER - SE	1 00 0 00	X		X				0	0	0
LA TARSHA ROBERSON TREASURER - CHICAGO	1 00 0 00	X		X				0	0	0
ADRIENNE EARLEY TREASURER - OHIO	1 00 0 00	X		X				0	0	0
MARY WILLIAMS TREASURER - CAROLINAS	1 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MONIQUE KENNEDY TREASURER - DC	1 00 0 00	X		X				0	0	0
CELIA HERSEY TREASURER - FLORIDA	1 00 0 00	X		X				0	0	0
LAKEISHA DULIN TREASURER - GREAT LAKES	1 00 0 00	X		X				0	0	0
SHERRI SEGURA TREASURER - HEARTLAND	1 00 0 00	X		X				0	0	0
CHRISTY BEARDEN TREASURER - MEMPHIS	1 00 0 00	X		X				0	0	0
LISA NEUWIRTH TREASURER - MIDWEST	1 00 0 00	X		X				0	0	0
CHRISTINE GIARROSSO TREASURER - NEW ENGLAND	1 00 0 00	X		X				0	0	0
KIMBERLY HICKS TREASURER - NEW YORK	1 00 0 00	X		X				0	0	0
MAURA FRIED TREASURER - NEW YORK	1 00 0 00	X		X				0	0	0
JOAN MESKER TREASURER - NOCAL	1 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WENDY CROCKER TREASURER - PHILLY	1 00 0 00	X		X				0	0	0
TENDAI MASHINGAIDZE TREASURER - SE	1 00 0 00	X		X				0	0	0
SHELLY BROUSSEAU TREASURER - SW	1 00 0 00	X		X				0	0	0
DANA SCHAFF TREASURER - TEXAS	1 00 0 00	X		X				0	0	0
CERRY DARBON TREASURER - UK	1 00 0 00	X		X				0	0	0
SARAH FROMME TREASURER - VIRGINIA	1 00 0 00	X		X				0	0	0
TAYRA RAMIREZ TREASURER - VIRGINIA	1 00 0 00	X		X				0	0	0
JACQUE HILLSBERY TREASURER CO-CHAIR - PNW	1 00 0 00	X		X				0	0	0
PEKIO VERGOTIS TREASURER CO-CHAIR - PNW	1 00 0 00	X		X				0	0	0
HADIA NALMYAR TREASURER CO-CHAIR - NOCAL	1 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RASHEMIA STAMPS TREASURER VICE CHAIR - MEMPHIS	1 00 0 00	X		X				0	0	0
MICHAEL LANDSBERG VICE TREASURER - PHILLY	1 00 0 00	X		X				0	0	0
NICOLE MILAZZO CO-TREASURER - FLORIDA	1 00 0 00	X		X				0	0	0
RENEE URAM CO-TREASURER - PITTSBURGH	1 00 0 00	X		X				0	0	0
AI-LIN CHEN CO-TREASURER - PITTSBURGH	1 00 0 00	X		X				0	0	0
PAMELA YU CO-TREASURER - SOCAL	1 00 0 00	X		X				0	0	0
LYNN NANTANA-FRAZIER CO-TREASURER - SOCAL	1 00 0 00	X		X				0	0	0
MARY JACKSON SECRETARY - MEMPHIS	1 00 0 00	X		X				0	0	0
JANIE MARTIN SECRETARY - OHIO	1 00 0 00	X		X				0	0	0
KIMBERLI O'MEARA SECRETARY - CAROLINAS	1 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN CONWAY SECRETARY - DC	1 00 0 00	X		X				0	0	0
BARBARA NELMS SECRETARY - FLORIDA	1 00 0 00	X		X				0	0	0
ANGELA EDWARDS SECRETARY - GREAT LAKES	1 00 0 00	X		X				0	0	0
KELLY SHERRILL SECRETARY - HEARTLAND	1 00 0 00	X		X				0	0	0
GINNI HARTLEY SECRETARY - MIDWEST	1 00 0 00	X		X				0	0	0
SARA NIZZARDO SECRETARY - NEW ENGLAND	1 00 0 00	X		X				0	0	0
MARY SUSAN SCHILLING SECRETARY - NEW YORK	1 00 0 00	X		X				0	0	0
TIFFANY MYERS SECRETARY - NOCAL	1 00 0 00	X		X				0	0	0
DENISE GREEN SECRETARY - PITTSBURGH	1 00 0 00	X		X				0	0	0
ABBIE O'DELL SECRETARY - PNW	1 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARSHA MALDONADO SECRETARY - SE	1 00 0 00	X		X				0	0	0
KRISTINA DAVEY SECRETARY - SOCAL	1 00 0 00	X		X				0	0	0
LIZETH ROGERS SECRETARY - SW	1 00 0 00	X		X				0	0	0
KIM WINDED SECRETARY - TEXAS	1 00 0 00	X		X				0	0	0
CAROL ROBERTS SECRETARY - UK	1 00 0 00	X		X				0	0	0
RUTH MILLER SECRETARY/CHAPTER PROJECT MANAGER - CHICAGO	1 00 0 00	X		X				0	0	0
CLIONA ROBB SECRETARY - VIRGINIA	1 00 0 00	X		X				0	0	0
DONNA CHATMAN SECRETARY VICE CHAIR - MEMPHIS	1 00 0 00	X		X				0	0	0
SIOBHAN TINSLEY DIR AT LARGE BY-LAWS - SE	1 00 0 00	X						0	0	0
SABRINA VAN WART DIR AT LARGE, PARTNERSHIP - SE	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMELIA SMITH DIR AT LARGE, STUDENT OUTREACH - SE	1 00 0 00	X						0	0	0
KENDRA FOY DIR OF MEMBERSHIP - GA - SE	1 00 0 00	X						0	0	0
ASHLEY BOONE DIR OF PROGRAMMING - GA - SE	1 00 0 00	X						0	0	0
JEFF GOELS DIR OF PROGRAMMING - GA - SE	1 00 0 00	X						0	0	0
MALLORY SUMMERS DIR PROGRAMMING - GA - SE	1 00 0 00	X						0	0	0
KATHY HATALA DIRECTOR AT LARGE, EXEC OUTREACH - SE	1 00 0 00	X						0	0	0
ERIN BRYANT DIRECTOR OF COMMUNICATIONS - SE	1 00 0 00	X						0	0	0
KRISTI HARPER DIRECTOR OF DESIGN - SE	1 00 0 00	X						0	0	0
NICOLE HIGHT DIRECTOR OF MEMBERSHIP - TN - SE	1 00 0 00	X						0	0	0
SUSANNAH BALISH DIRECTOR OF MENTORING - GA - SE	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA MASTERS DIRECTOR OF MENTORING - TN - SE	1 00 0 00	X						0	0	0
ROSE KIRKLAND DIRECTOR OF OUTREACH - SE	1 00 0 00	X						0	0	0
JANINE BOWLING DIRECTOR OF PARTNERSHIP - SE	1 00 0 00	X						0	0	0
RENITA GRISKELL DIRECTOR OF PROGRAMMING - TN - SE	1 00 0 00	X						0	0	0
JENNA DALEY DIRECTOR OF PROGRAMMING - TN - SE	1 00 0 00	X						0	0	0
ROBYNE GORDON DIRECTOR OF RED LETTER AWARDS - SE	1 00 0 00	X						0	0	0
KARLI SANDERS DIRECTOR OF SPECIAL EVENTS - SE	1 00 0 00	X						0	0	0
BIANCA LANKFORD DIRECTOR OF TECHNOLOGY - SE	1 00 0 00	X						0	0	0
SHERI MCGAUGHY NATIONAL MENTOR - SE	1 00 0 00	X						0	0	0
PAMELA GIVEN SR DIR MARKETING/COMMS - SE	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH CHEATHAM SR DIRECTOR OF MEMBERSHIP - SE	1 00 0 00	X						0	0	0
LESLIE PODRASKY SR DIRECTOR OF MENTORING - SE	1 00 0 00	X						0	0	0
LASHAUN SOLOMON SR DIRECTOR OF PARTNERSHIP - SE	1 00 0 00	X						0	0	0
SHELLEY HOFFMANN SR DIRECTOR OF PROGRAMMING - SE	1 00 0 00	X						0	0	0
YVETTE THORNTON ADMINISTRATION - PHILLY	1 00 0 00	X						0	0	0
TRACI GERTH ADVISOR - SOCAL	1 00 0 00	X						0	0	0
TONI STUBBS ADVISOR - VIRGINIA	1 00 0 00	X						0	0	0
MICHELLE RICE ALUMNI COMMITTEE - DC	1 00 0 00	X						0	0	0
SUZANNE UNDERWALD ALUMNI COMMITTEE - DC	1 00 0 00	X						0	0	0
LINETTE HWU ALUMNI COMMITTEE - DC	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THERESA SUNDE AMBASSADOR - MIDWEST	1 00 0 00	X						0	0	0
PAMELA HERMANN AMBASSADOR - MIDWEST	1 00 0 00	X						0	0	0
JENNY BLACKBURN ASSISTANT TO THE PRESIDENT - CAROLINAS	1 00 0 00	X						0	0	0
MICHELLE VOGELI ASSISTANT TO THE TREASURER - CAROLINAS	1 00 0 00	X						0	0	0
NANCY ALLEN BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
ROSALYN BILBERRY BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
MATTHEW GROEN BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
SAMANTHA HANSER-MAYNARD BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
KERRY JONES BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
KECIA JORDAN BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAKEYA PRINGLE BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
JUDY SCHUETZ BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
EBONY TAYLOR BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
HELEN TEUTSCH BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
MONIQUE WILLIAMS BOARD MEMBER - GREAT LAKES	1 00 0 00	X						0	0	0
LIZA MERIDA BOOK CLUB CHAIR - FLORIDA	1 00 0 00	X						0	0	0
LUKE CALVERT CHAIR, ANALYTICS & SURVEYS - RM	1 00 0 00	X						0	0	0
MISSY WOOD CHAIR, STRATEGIC PARTNERSHIPS - RM	1 00 0 00	X						0	0	0
THERESA OAKS CHAIR BOARD OPERATIONS - RM	1 00 0 00	X						0	0	0
STACY JUSTIS CHAIR BOARD, CHAPTER, AND COMMUNITY DEVELOPMENT -	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN CHIPLEY CHAIR FINANCE - RM	1 00 0 00	X						0	0	0
NORMAN LEE CHAIR FINANCE - RM	1 00 0 00	X						0	0	0
COURTNEY NAVIN CHAIR GENERAL - RM	1 00 0 00	X						0	0	0
ALLISON ADOLPHSON CHAIR GENERAL PROGRAMMING - RM	1 00 0 00	X						0	0	0
BRANDY BENTLEY CHAIR HISTORIAN - RM	1 00 0 00	X						0	0	0
ERIN LECHTENBERG CHAIR MEETUP - RM	1 00 0 00	X						0	0	0
NICOLE FOISY CHAIR MEMBERSHIP - RM	1 00 0 00	X						0	0	0
NATALIE CLAYTOR-MINOLI CHAIR MEMBERSHIP MARCOMM - RM	1 00 0 00	X						0	0	0
PAM DUNBAR CHAIR MENTORING - RM	1 00 0 00	X						0	0	0
KATIE WEIHE CHAIR PMDS - RM	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JORDAN FLORSCHEUTZ CHAIR SOCIAL MEDIA - RM	1 00 0 00	X						0	0	0
JILL HAYES CHAIR SPONSORSHIP - RM	1 00 0 00	X						0	0	0
JILL MAY CHAIR SPONSORSHIP - RM	1 00 0 00	X						0	0	0
FRANCES AUGUSTINE CHAIR SUCCESSION PLANNING/VOLUNTEERS - RM	1 00 0 00	X						0	0	0
BRENDA SALAS CHAIR TECH IT OUT - RM	1 00 0 00	X						0	0	0
BRET MORRISON CHAIR TOWN HALL/ ROAD SHOWS - RM	1 00 0 00	X						0	0	0
ARINDA GUTIERREZ CHAIR UTAH GENERAL PROGRAMMING - RM	1 00 0 00	X						0	0	0
TINEKE LEAVITT CHAIR UTAH GENERAL PROGRAMMING - RM	1 00 0 00	X						0	0	0
LAXMI VALLURY CHAIR WALK OF FAME - RM	1 00 0 00	X						0	0	0
KRIS SHRADER CHAIR WALK OF FAME - RM	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANA CORNELISON CHAIR WEBINARS - RM	1 00 0 00	X						0	0	0
KATHERINE BOLLER CHAIR WEBSITE & BRANDING STRATEGY - RM	1 00 0 00	X						0	0	0
MISSY MOORHEAD CHAIR WICT SPEAKS - RM	1 00 0 00	X						0	0	0
DEVAKI PARMA CHAIR WICT SPEAKS - RM	1 00 0 00	X						0	0	0
CARLI DAHL CHAIR WICT SPEAKS - RM	1 00 0 00	X						0	0	0
JILL MEINZER CHAPTER ADVISOR - CHICAGO	1 00 0 00	X						0	0	0
ROB STODDARD CHAPTER ADVISOR - DC	1 00 0 00	X						0	0	0
MARVA JOHNSON CHAPTER ADVISOR - FLORIDA	1 00 0 00	X						0	0	0
MICHELLE GILBERT CHAPTER ADVISOR - GREAT LAKES	1 00 0 00	X						0	0	0
JENNIFER BERGMAN CHAPTER ADVISOR - HEARTLAND	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENISE FARLEY CHAPTER ADVISOR - MIDWEST	1 00 0 00	X						0	0	0
KATHRYN MCMANUS CHAPTER ADVISOR - NEW YORK	1 00 0 00	X						0	0	0
ANJU AHUJA CHAPTER ADVISOR - NOCAL	1 00 0 00	X						0	0	0
ELAINE BARDON CHAPTER ADVISOR - NOCAL	1 00 0 00	X						0	0	0
INGRID NELSON CHAPTER ADVISOR - NOCAL	1 00 0 00	X						0	0	0
KALPA SUBRAMANIAN CHAPTER ADVISOR - NOCAL	1 00 0 00	X						0	0	0
MARGARET SCHMIDT CHAPTER ADVISOR - NOCAL	1 00 0 00	X						0	0	0
JENNIFER YOHE WAGNER CHAPTER ADVISOR - PHILLY	1 00 0 00	X						0	0	0
KEELY BUCHANAN CHAPTER ADVISOR - RM	1 00 0 00	X						0	0	0
DOREEN STUDLEY CHAPTER CO-ADVISOR - NEW ENGLAND	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LORI LEBAS CHAPTER CO-ADVISOR - NEW ENGLAND	1 00 0 00	X						0	0	0
JACQUE SMITH CHAPTER RELATIONS CHAIR - PHILLY	1 00 0 00	X						0	0	0
ANDREA PETZOLD CO - MEMBERSHIP - SOCAL	1 00 0 00	X						0	0	0
LIZ ACHEE CO - MEMBERSHIP - SOCAL	1 00 0 00	X						0	0	0
ELLEN SCHNED CO - SPONSORSHIP - SOCAL	1 00 0 00	X						0	0	0
MINDY MAGANA CO - SPONSORSHIP - SOCAL	1 00 0 00	X						0	0	0
SUSAN WOOLARD CO-CHAIR, RMGI - RM	1 00 0 00	X						0	0	0
KEI FOO CO-CHAIR, RMGI - RM	1 00 0 00	X						0	0	0
CHANDY JEANNETTE CO-COMMUNICATIONS - SOCAL	1 00 0 00	X						0	0	0
ROXANNE JOHNSON CO-COMMUNICATIONS - SOCAL	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICOLE PELAEZ-DANDREA CO-COMMUNICATIONS CHAIR - NEW ENGLAND	1 00 0 00	X						0	0	0
DIANE LARIVEE CO-COMMUNICATIONS CHAIR - NEW ENGLAND	1 00 0 00	X						0	0	0
AMY WATTERSON CO-DIRECTOR MARKETING & COMMUNICATIONS - RM	1 00 0 00	X						0	0	0
JANI BURKE CO-MENTOR DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
KARA HUGHS CO-MENTOR DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
LAUREN SCHNATZ COMMUNICATIONS CONTENT STRATEGY DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
ANGELA RUGGIERI COMMUNICATIONS - MIDWEST	1 00 0 00	X						0	0	0
SONIA RICO COMMUNICATIONS CHAIR - CHICAGO	1 00 0 00	X						0	0	0
ANDI BLEDSOE COMMUNICATIONS CHAIR - HEARTLAND	1 00 0 00	X						0	0	0
LENA VO COMMUNICATIONS CHAIR - NOCAL	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELISSA MERRIMAN COMMUNICATIONS CHAIR - PHILLY	1 00 0 00	X						0	0	0
LESLIE GILCHRIST COMMUNICATIONS CHAIR - SW	1 00 0 00	X						0	0	0
CYNTHIA ELLINGTON COMMUNICATIONS CHAIR - SW	1 00 0 00	X						0	0	0
CHRISTY GENENBACHER COMMUNICATIONS CHAIR - TEXAS	1 00 0 00	X						0	0	0
CATHERINE CALE COMMUNICATIONS CO-CHAIR - NOCAL	1 00 0 00	X						0	0	0
KERRI DUPREY COMMUNICATIONS CO-CHAIR - NOCAL	1 00 0 00	X						0	0	0
JAN WACHHOLZ COMMUNICATIONS CO-CHAIR - PNW	1 00 0 00	X						0	0	0
MARY ROSE BRESKOVICH COMMUNICATIONS CO-CHAIR - PNW	1 00 0 00	X						0	0	0
LISA TISDALE COMMUNITY SERVICE & CHAPTER VOLUNTEERS CHAIR - NEW	1 00 0 00	X						0	0	0
KAREN WILLIAMS CO-PROFESSIONAL DEVELOPMENT - SOCAL	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NATALIE TAYLOR CO-PROFESSIONAL DEVELOPMENT - SOCAL	1 00 0 00	X						0	0	0
MEGAN LEES DIGITAL - UK	1 00 0 00	X						0	0	0
LORI MAXWELL DIRECTOR AT LARGE - OHIO	1 00 0 00	X						0	0	0
CHRISTINE RODOCKER DIRECTOR AT LARGE - CAROLINAS	1 00 0 00	X						0	0	0
DEANNA GRIFFITH-HOUSE DIRECTOR AT LARGE - CAROLINAS	1 00 0 00	X						0	0	0
RHONDA LYNN DIRECTOR AT LARGE - CAROLINAS	1 00 0 00	X						0	0	0
JANE TOWNSEND DIRECTOR AT LARGE - CAROLINAS	1 00 0 00	X						0	0	0
KRISTEN SMITH DIRECTOR AT LARGE - CAROLINAS	1 00 0 00	X						0	0	0
DIANA MONK DIRECTOR AT LARGE - CAROLINAS	1 00 0 00	X						0	0	0
BETH PLUMMER DIRECTOR AT LARGE - CAROLINAS	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JASON CORAM DIRECTOR AT LARGE - CAROLINAS	1 00 0 00	X						0	0	0
LATANYA BUTLER DIRECTOR AT LARGE - DC	1 00 0 00	X						0	0	0
KALYN HOVE DIRECTOR AT LARGE - MIDWEST	1 00 0 00	X						0	0	0
ALMA MARTINEZ DIRECTOR AT LARGE - NOCAL	1 00 0 00	X						0	0	0
HOLLY DRUILLARD DIRECTOR AT LARGE - NOCAL	1 00 0 00	X						0	0	0
JEN BANTA DIRECTOR AT LARGE - NOCAL	1 00 0 00	X						0	0	0
JHANN BURKE DIRECTOR AT LARGE - NOCAL	1 00 0 00	X						0	0	0
JOANNA CULPEPPER DIRECTOR AT LARGE - NOCAL	1 00 0 00	X						0	0	0
KIM MUELLER DIRECTOR AT LARGE - NOCAL	1 00 0 00	X						0	0	0
MICKIE CAULKINS DIRECTOR AT LARGE - NOCAL	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NAOMI GONZALES DIRECTOR AT LARGE - NOCAL	1 00 0 00	X						0	0	0
TIFFANY STUART DIRECTOR AT LARGE - NOCAL	1 00 0 00	X						0	0	0
MARIAN JACKSON DIRECTOR AT LARGE - PNW	1 00 0 00	X						0	0	0
CHRISTIE WOLGAMOTT DIRECTOR AT LARGE - PNW	1 00 0 00	X						0	0	0
LISA CLARK DIRECTOR AT LARGE - SCHOLARSHIPS - DC	1 00 0 00	X						0	0	0
SHABNAM DEWJI DIRECTOR AT LARGE - SOCAL	1 00 0 00	X						0	0	0
CHI SAVAGE DIRECTOR AT LARGE - SOCAL	1 00 0 00	X						0	0	0
AMBRA VIRBAN DIRECTOR AT LARGE - SOCAL	1 00 0 00	X						0	0	0
LESLIE FISCHER DIRECTOR FINANCE - RM	1 00 0 00	X						0	0	0
ELLY LINDGREN DIRECTOR BOARD OPERATIONS - RM	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA OLIVER DIRECTOR BOARD, CHAPTER, AND COMMUNITY DEVELOPMEN	1 00 0 00	X						0	0	0
JEN SHADBOLT DIRECTOR GENERAL PROGRAMMING - RM	1 00 0 00	X						0	0	0
DAVI MACHEN DIRECTOR LEADERSHIP PROGRAMMING - RM	1 00 0 00	X						0	0	0
BEA DELUCA DIRECTOR MEMBERSHIP - RM	1 00 0 00	X						0	0	0
TRAVIS WOUDSTRA DIRECTOR SPONSORSHIP - RM	1 00 0 00	X						0	0	0
JENNY NAGL DIRECTOR SUCCESSION PLANNING/VOLUNTEERS - RM	1 00 0 00	X						0	0	0
ERICA HULINGS DIRECTOR TECH IT OUT - RM	1 00 0 00	X						0	0	0
MEGAN MCCOURT MERK DIRECTOR WALK OF FAME - RM	1 00 0 00	X						0	0	0
ROBIN VEIT DIRECTOR WICT SPEAKS - RM	1 00 0 00	X						0	0	0
ROBERTA SEGERS DIRECTOR-AT-LARGE - FLORIDA	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY PARKS DIRECTOR-AT-LARGE - FLORIDA	1 00 0 00	X						0	0	0
ALICIA THOMPSON DIRECTOR-AT-LARGE - FLORIDA	1 00 0 00	X						0	0	0
JANICE CALUDA DIRECTOR-AT-LARGE - FLORIDA	1 00 0 00	X						0	0	0
SHANI BOONE DISTANCE LEARNING - DC	1 00 0 00	X						0	0	0
MARIA SANTOS EOE DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
KATE MCNEEL EXECUTIVE CHAMPION - MEMPHIS	1 00 0 00	X						0	0	0
JODI FRIEDMAN EXECUTIVE CHAMPION - PHILLY	1 00 0 00	X						0	0	0
ROB ROCKELL EXECUTIVE CHAMPION - PHILLY	1 00 0 00	X						0	0	0
THERESA HENNESY EXECUTIVE CHAMPION - PHILLY	1 00 0 00	X						0	0	0
BETSY BRIGHTMAN EXECUTIVE CHAMPION - PHILLY	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHANNON ATKINSON EXECUTIVE CHAMPION/ CHAPTER ADVISOR - OHIO	1 00 0 00	X						0	0	0
BRAD SURDHAM EXECUTIVE CHAMPION/AMBASSADOR - DC	1 00 0 00	X						0	0	0
CHAP HANLEY EXECUTIVE OUTREACH AMBASSADOR - NEW ENGLAND	1 00 0 00	X						0	0	0
CARMEN CANNON HIGH SCHOOL/COLLEGE OUTREACH CHAIR - OHIO	1 00 0 00	X						0	0	0
CHARLENE KEYS IMMEDIATE PAST PRESIDENT - CAROLINAS	1 00 0 00	X						0	0	0
JENNIFER HOLT IMMEDIATE PAST PRESIDENT - CHICAGO	1 00 0 00	X						0	0	0
MONICA LUCERO IMMEDIATE PAST PRESIDENT - DC	1 00 0 00	X						0	0	0
STEVE SUSSMAN IMMEDIATE PAST PRESIDENT - FLORIDA	1 00 0 00	X						0	0	0
KRISTIN QUINN IMMEDIATE PAST PRESIDENT - GREAT LAKES	1 00 0 00	X						0	0	0
LAURA AUSMUS IMMEDIATE PAST PRESIDENT - NEW ENGLAND	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENISE GOUGH IMMEDIATE PAST PRESIDENT - SE	1 00 0 00	X						0	0	0
MARY K BUTLER IMMEDIATE PAST PRESIDENT - VIRGINIA	1 00 0 00	X						0	0	0
CHELSEY MAY INFORMATION TECHNOLOGY DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
AMY EVANS INSPIRE MENTOR CHAIR - TEXAS	1 00 0 00	X						0	0	0
GRETCHEN KELLY IT/WEBMASTER - MIDWEST	1 00 0 00	X						0	0	0
NATHALIE CAPELLUTO MARCOM - VIRGINIA	1 00 0 00	X						0	0	0
INGRID LAUB MARCOMM CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0
SHEA PEPPER MARCOMM CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0
KRISTINA POGGIALI MARCOMM CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0
CATHY JAMISON MARCOMM CREATIVE ADVISOR NEW YORK	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA VEGA MARKETING & COMMUNICATIONS CHAIR - DC	1 00 0 00	X						0	0	0
LISA SHOEMAKER MARKETING & COMMUNICATIONS CHAIR - MEMPHIS	1 00 0 00	X						0	0	0
ALEX MOWLE MARKETING AND COMMUNICATIONS CHAIR - UK	1 00 0 00	X						0	0	0
LISA COURTEMANCHE MARKETING CHAIR - NEW ENGLAND	1 00 0 00	X						0	0	0
JESSICA WELSH MARKETING CHAIR - TEXAS	1 00 0 00	X						0	0	0
KELLY LEBOEUF MARKETING DIRECTOR - DC	1 00 0 00	X						0	0	0
MELAYNE COHEN MARKETING DIRECTOR - DC	1 00 0 00	X						0	0	0
SUZETTE ROBERTS MARKETING DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
KIM KANNER MARKETING DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
KELTY HEILMAN MARKETING/COMM CHAIR - FLORIDA	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEGHAN OLSZKO MARKETING/COMMUNICATIONS CHAIR - OHIO	1 00 0 00	X						0	0	0
JESSICA KENDLICK MARKETING/COMMUNICATIONS CHAIR - PITTSBURGH	1 00 0 00	X						0	0	0
JESSICA MUIR MARKETING/SOCIAL MEDIA DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
CHRISTINE CLENDANIEL MEMBER AT LARGE - VIRGINIA	1 00 0 00	X						0	0	0
KIMBERLY VOXLAND MEMBER AT LARGE - VIRGINIA	1 00 0 00	X						0	0	0
TRACY BROWN MEMBER AT LARGE - VIRGINIA	1 00 0 00	X						0	0	0
KIMBERLY AAKHUS MEMBERSHIP - NORTH - MIDWEST	1 00 0 00	X						0	0	0
JEANNIE THURSTON MEMBERSHIP - SOUTH - MIDWEST	1 00 0 00	X						0	0	0
JOHNNETTA JONES MEMBERSHIP CHAIR - CHICAGO	1 00 0 00	X						0	0	0
MARY CORCORAN MEMBERSHIP CHAIR - DC	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JO-ANNE NEWBY MEMBERSHIP CHAIR - FLORIDA	1 00 0 00	X						0	0	0
ARETINA MAHOLMES MEMBERSHIP CHAIR - HEARTLAND	1 00 0 00	X						0	0	0
MICHELLE COOK MEMBERSHIP CHAIR - MEMPHIS	1 00 0 00	X						0	0	0
DEBRA GOULDING MEMBERSHIP CHAIR - NEW ENGLAND	1 00 0 00	X						0	0	0
VALENCIA WOODS MEMBERSHIP CHAIR - NOCAL	1 00 0 00	X						0	0	0
MONICA COLE MEMBERSHIP CHAIR - SW	1 00 0 00	X						0	0	0
JENNIFER VELASQUEZ MEMBERSHIP CHAIR - SW	1 00 0 00	X						0	0	0
MARTA BERRIOS MEMBERSHIP CHAIR - TEXAS	1 00 0 00	X						0	0	0
LAKIESHA JONES MEMBERSHIP CHAIR - VIRGINIA	1 00 0 00	X						0	0	0
JENNIFER GILMAN MEMBERSHIP CHAIR - VIRGINIA	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY KLEIN MEMBERSHIP CO-CHAIR - DC	1 00 0 00	X						0	0	0
PATRICIATRISH SCANLON MEMBERSHIP CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0
JESSICA GARCIA MEMBERSHIP CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0
ANGY VALENCIA MEMBERSHIP CO-CHAIR - OHIO	1 00 0 00	X						0	0	0
TOYA MILLER MEMBERSHIP CO-CHAIR - OHIO	1 00 0 00	X						0	0	0
DEIDRA BARTLETT MEMBERSHIP CO-CHAIR - OHIO	1 00 0 00	X						0	0	0
STEPHANIE AMES MEMBERSHIP CO-CHAIR - PITTSBURGH	1 00 0 00	X						0	0	0
KELLY COLBERT MEMBERSHIP CO-CHAIR - PITTSBURGH	1 00 0 00	X						0	0	0
JENNIFER FISCHER MEMBERSHIP CO-CHAIR - PNW	1 00 0 00	X						0	0	0
TRACEE LINN MEMBERSHIP CO-CHAIR - PNW	1 00 0 00	X						0	0	0

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MELISSA DOOGAN MEMBERSHIP DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
SAPNA PATIL MEMBERSHIP DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
AMINA CAMPBELL MEMBERSHIP VICE CHAIR - MEMPHIS	1 00 0 00	X						0	0	0
KATHRYN FALK MENTOR PROGRAM CO-CHAIR - DC	1 00 0 00	X						0	0	0
BELLA METCALF MENTOR PROGRAM CO-CHAIR - DC	1 00 0 00	X						0	0	0
ASHLEY HEISELT MENTORING - SOCAL	1 00 0 00	X						0	0	0
AMA AFRIFA KYEI MENTORING AND DEVELOPMENT - UK	1 00 0 00	X						0	0	0
SHERRI BECK MENTORING CHAIR - FLORIDA	1 00 0 00	X						0	0	0
ALICIA BROCK MENTORING CHAIR - NOCAL	1 00 0 00	X						0	0	0
DEBBIE POWERS MENTORING CHAIR - PITTSBURGH	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEB SHAMAYLOV MENTORING CHAIR - SW	1 00 0 00	X						0	0	0
JANIS HURT MENTORING CHAIR - SW	1 00 0 00	X						0	0	0
KIM MOSLEY MENTORING CHAIR - VIRGINIA	1 00 0 00	X						0	0	0
SHINESE COLLINS MENTORING CHAIR - VIRGINIA	1 00 0 00	X						0	0	0
JULIA ZANGWILL MENTORING CIRCLE CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0
ANDREA JOMIDES MENTORING CIRCLE CO-CHAIR & MEMBERSHIP COMMITTEE -	1 00 0 00	X						0	0	0
ANITA EWALD MENTORING CO-CHAIR - PNW	1 00 0 00	X						0	0	0
SAVANAH SERVICE MENTORING CO-CHAIR - PNW	1 00 0 00	X						0	0	0
SARA TIMMINS MENTORING DIRECTOR - DC	1 00 0 00	X						0	0	0
AMANDA WILSON MENTORING DIRECTOR - PHILLY	1 00 0 00	X						0	0	0

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MINDY YABLONKSI MENTORING DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
JULIE POTTHAST MENTORSHIP - MIDWEST	1 00 0 00	X						0	0	0
URSULA BROOKS NEWSLETTER/WEBMASTER DIRECTOR - DC	1 00 0 00	X						0	0	0
LISA VETERE OPERATIONS CHAIR - PHILLY	1 00 0 00	X						0	0	0
ERIN HAYES OUTREACH - MIDWEST	1 00 0 00	X						0	0	0
ASHLEY POWERS OUTREACH - PNW	1 00 0 00	X						0	0	0
MARY PRATT-HENAGHAN OUTREACH CHAIR - DC	1 00 0 00	X						0	0	0
WENDY MONTES OUTREACH CHAIR - NOCAL	1 00 0 00	X						0	0	0
JAMIE LEBOVITZ OUTREACH CHAIR - PITTSBURGH	1 00 0 00	X						0	0	0
SANDRA REGALADO OUTREACH CO-CHAIR - NOCAL	1 00 0 00	X						0	0	0

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LILLIAN CASARES PAST - PRESIDENT - NOCAL	1 00 0 00	X						0	0	0
YOLANDA DAY PAST PRESIDENT - GREAT LAKES	1 00 0 00	X						0	0	0
SHANNON DULIN PAST PRESIDENT - GREAT LAKES	1 00 0 00	X						0	0	0
MARIA HOLMES PAST PRESIDENT - GREAT LAKES	1 00 0 00	X						0	0	0
JADA ROBERTS PAST PRESIDENT - HEARTLAND	1 00 0 00	X						0	0	0
ANDREA COSTELLO PAST PRESIDENT - PNW	1 00 0 00	X						0	0	0
HELENE JUCEAM PAST PRESIDENT & ADVISOR - SOCAL	1 00 0 00	X						0	0	0
STACIE GRAY PAST PRESIDENT & PROGRAMMING ADVISOR - NEW YORK	1 00 0 00	X						0	0	0
HEATHER SOKOLLU PAST-PRESIDENT - PHILLY	1 00 0 00	X						0	0	0
KAILA MILLER POWERBROKERS CO-CHAIR - DC	1 00 0 00	X						0	0	0

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CLAIRE KOSTBAR PRIME ACCESS CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0
MELANIE ASHLEY PRIME ACCESS CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0
TERRI RICE PROFESSIONAL DEVELOPMENT/MENTORING CHAIR - HEARTLA	1 00 0 00	X						0	0	0
BRITTANY LAHM PROGRAM CHAIR - NEW ENGLAND	1 00 0 00	X						0	0	0
MARION ROSITA PROGRAM CHAIR - NOCAL	1 00 0 00	X						0	0	0
CHRIS DRAPER PROGRAM DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
ALEXIS GARCIA PROGRAM DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
KRISTEN MARTIN PROGRAM DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
JENNIFER GODE PROGRAM DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
JARA ZERULL PROGRAM DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0

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TAMMY HEBERT PROGRAM DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
SADIE MOLINET PROGRAMMING CHAIR - FLORIDA	1 00 0 00	X						0	0	0
CRYSTAL LAKE PROGRAMMING CHAIR - SW	1 00 0 00	X						0	0	0
JESSICA TOSCANO PROGRAMMING CHAIR - SW	1 00 0 00	X						0	0	0
LISA OEZALPAY PROGRAMMING CO-CHAIR - NOCAL	1 00 0 00	X						0	0	0
SYDNEY SMITH PROGRAMMING - NORTH - MIDWEST	1 00 0 00	X						0	0	0
CANDICE UNDERWOOD PROGRAMMING - SOUTH - MIDWEST	1 00 0 00	X						0	0	0
SHANTA AVERHART PROGRAMMING CHAIR - CHICAGO	1 00 0 00	X						0	0	0
NIKIA GREEN PROGRAMMING CHAIR - TEXAS	1 00 0 00	X						0	0	0
LIZ HILLMAN PROGRAMMING CHAIR - DC	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA CROSS PROGRAMMING CHAIR - HEARTLAND	1 00 0 00	X						0	0	0
LISA STUTZMAN PROGRAMMING CHAIR - MEMPHIS	1 00 0 00	X						0	0	0
CAROL ANN SWEENEY PROGRAMMING CHAIR - PHILLY	1 00 0 00	X						0	0	0
AMANDA DELLINGER PROGRAMMING CHAIR - VIRGINIA	1 00 0 00	X						0	0	0
HEATHER EDMONDS PROGRAMMING CHAIR - VIRGINIA	1 00 0 00	X						0	0	0
TERRY ELLIS PROGRAMMING CHAIR - VIRGINIA	1 00 0 00	X						0	0	0
JAZMINE SMITH PROGRAMMING CHAIR - VIRGINIA	1 00 0 00	X						0	0	0
MARY SHAW PROGRAMMING CO-CHAIR - DC	1 00 0 00	X						0	0	0
VICTORIA POLUBINSKA PROGRAMMING CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0
INGRID SIMUNIC PROGRAMMING CO-CHAIR - NEW YORK	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATIE BEARDSLEY PROGRAMMING CO-CHAIR NEW YORK	1 00 0 00	X						0	0	0
CONNIE BEKIER PROGRAMMING CO-CHAIR - OHIO	1 00 0 00	X						0	0	0
ROSALIND EDWARDS PROGRAMMING CO-CHAIR - OHIO	1 00 0 00	X						0	0	0
MARY LASOTA PROGRAMMING CO-CHAIR - PITTSBURGH	1 00 0 00	X						0	0	0
NICOLE CALDWELL PROGRAMMING CO-CHAIR - PITTSBURGH	1 00 0 00	X						0	0	0
STEPHANIE KENISON PROGRAMMING CO-CHAIR - PNW	1 00 0 00	X						0	0	0
KINDRA BOSCH PROGRAMMING CO-CHAIR - PNW	1 00 0 00	X						0	0	0
KAREN RICCI PROGRAMMING DIRECTOR - FLORIDA	1 00 0 00	X						0	0	0
SILVIA GARCIA PROGRAMMING DIRECTOR - FLORIDA	1 00 0 00	X						0	0	0
DESSIRE LEON PROGRAMMING DIRECTOR - FLORIDA	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURA LEE PROGRAMMING DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
SARA ERBSTEIN PROGRAMMING DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
JESSICA GUNTER PROGRAMMING VICE CHAIR - MEMPHIS	1 00 0 00	X						0	0	0
KAREN SERVICE PROJECT CHAIR - CHICAGO	1 00 0 00	X						0	0	0
ASHLEY FARRELL RISING STAR MENTORING - CHICAGO	1 00 0 00	X						0	0	0
REBECCA LAFLEUR RISING STAR MENTORING - CHICAGO	1 00 0 00	X						0	0	0
MARY ELDRIDGE SCHOLARSHIP DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
KIMBERLY NOETZEL SOCIAL MEDIA - MIDWEST	1 00 0 00	X						0	0	0
ZAKI'YA BLACK SOCIAL MEDIA CHAIR - OHIO	1 00 0 00	X						0	0	0
SUSANNE FORNO SOCIAL MEDIA DIRECTOR - DC	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEVON CROOM SOCIAL MEDIA DIRECTOR - VIRGINIA	1 00 0 00	X						0	0	0
TARA ANDERSON SOM CHAIR - MIDWEST	1 00 0 00	X						0	0	0
JEANNE CIAMPA SPONSORSHIP DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
STEPHANIE CARVER SPONSORSHIP - MIDWEST	1 00 0 00	X						0	0	0
NADIYA ALI SPONSORSHIP CHAIR - CHICAGO	1 00 0 00	X						0	0	0
DEBRA GESSEL SPONSORSHIP CHAIR - DC	1 00 0 00	X						0	0	0
KIM WEBBER SPONSORSHIP CHAIR - NEW ENGLAND	1 00 0 00	X						0	0	0
CHRISTINE LYLES SPONSORSHIP CHAIR - NOCAL	1 00 0 00	X						0	0	0
JESSICA REBHOLZ SPONSORSHIP CHAIR - PITTSBURGH	1 00 0 00	X						0	0	0
GLENDA HALLMAN SPONSORSHIP CHAIR - TEXAS	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN D'ANTONIO SPONSORSHIP CHAIR - VIRGINIA	1 00 0 00	X						0	0	0
CINDY RICCARDO SPONSORSHIP CO-CHAIR - PNW	1 00 0 00	X						0	0	0
DYANA LANGLEY-ROBINSON SPONSORSHIP CO-CHAIR - PNW	1 00 0 00	X						0	0	0
JUDY COLLINSWORTH SPONSORSHIP CO-CHAIR - TEXAS	1 00 0 00	X						0	0	0
KATHY TUDISCO SPONSORSHIP DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
ANNA CISERANO SPONSORSHIP/FUNDRAISING CHAIR - FLORIDA	1 00 0 00	X						0	0	0
DAN KARNISH SPONSORSHIP/FUNDRAISING CHAIR - HEARTLAND	1 00 0 00	X						0	0	0
GLORIA LEE SPONSORSHIPS & STRATEGIC PARTNERS CHAIR - NEW YORK	1 00 0 00	X						0	0	0
MARY MALONE TECH IT OUT DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
PAM NOBLES TECH IT OUT DIRECTOR - PHILLY	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLAIRE NICKELL VOLUNTEER CHAIR - SW	1 00 0 00	X						0	0	0
AMY FRANTZMAN WEBMASTER - FLORIDA	1 00 0 00	X						0	0	0
SANJA BAJOVIC WEBMASTER - NOCAL	1 00 0 00	X						0	0	0
SUE PALMIERI WICT CONNECTS DIRECTOR - NEW ENGLAND	1 00 0 00	X						0	0	0
CAROLYN KENDRICK WICT PHILLY GIVES BACK DIRECTOR - PHILLY	1 00 0 00	X						0	0	0
ALICIA KING WICT PHILLY GIVES BACK DIRECTOR - PHILLY	1 00 0 00	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number
36-3539302

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,055,559	854,516	543,484	463,718	848,435	3,765,712
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,055,559	854,516	543,484	463,718	848,435	3,765,712
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						3,765,712

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	1,055,559	854,516	543,484	463,718	848,435	3,765,712
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	190	111	8,879	12,408	18,821	40,409
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)	1,056	28,081	63,132	145,949	108,975	347,193
11 **Total support.** Add lines 7 through 10						4,153,314

12 Gross receipts from related activities, etc (see instructions)	12	5,606,138

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	90 670 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	91 240 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section 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		

Section 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		

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	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.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
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*	3b		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number
36-3539302

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

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

Revenue / Direct Expenses		(a) Event #1 ROCKY MOUNTAIN WALK OF FAME (event type)	(b) Event #2 NEW YORK 2017 EWL (event type)	(c) Other events 12 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	248,000	112,581	264,507	625,088
	2 Less Contributions	1,250	21,390	77,392	100,032
	3 Gross income (line 1 minus line 2)	246,750	91,191	187,115	525,056
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,744		23,357	26,101
	6 Rent/facility costs		58,203	10,715	68,918
	7 Food and beverages	109,443		195,509	304,952
	8 Entertainment		13,075		13,075
	9 Other direct expenses	49,366	16,166	119,143	184,675
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				597,721
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-72,665

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number
36-3539302

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GIRLS INC OF GREATER PHILADELPHIA 1315 WALNUT ST PHILADELPHIA, PA 19107	23-1607172	501C3	10,000				PROGRAM SUPPORT
(2) WOMEN IN CABLE TELECOMMUNICATIONS 2000 K STREET NW SUITE 350 WASHINGTON, DC 20006	36-3539302	501C3	48,855				PAR INITIATIVE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS & DONATIONS	0	105,563			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART III	THE INDIVIDUAL GRANTS/ASSISTANCE WAS PROVIDED BY MULTIPLE CHAPTERS TO A VARIETY OF RECIPIENTS

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number
36-3539302

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 21	THE FOLLOWING CHAPTERS DID NOT MAKE GRANTS OF MORE THAN $5,000 TO DOMESTIC ORGANIZATIONS/GOVERNMENT ENTITIES -CAROLINAS -FLORIDA -GREATER CHICAGO -GREATER OHIO -GREATER MEMPHIS JACKSON -GREATER PITTSBURGH -GREATER TEXAS -HEARTLAND/OKLAHOMA -MIDWEST -NEW ENGLAND -NORTHERN CALIFORNIA -PACIFIC NORTHWEST -SOUTHEAST -SOUTHWEST -SOUTHERN CALIFORNIA -VIRGINIA -UNITED KINGDOM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 22	THE FOLLOWING CHAPTERS DID NOT MAKE GRANTS OF MORE THAN $5,000 TO DOMESTIC INDIVIDUALS -CAROLINAS -FLORIDA -GREAT LAKES/MICHIGAN -GREATER CHICAGO -GREATER OHIO -GREATER MEMPHIS JACKSON -GREATER PITTSBURGH -GREATER TEXAS -HEARTLAND/OKLAHOMA -MIDWEST -NORTHERN CALIFORNIA -ROCKY MOUNTAIN -SOUTHEAST -SOUTHERN CALIFORNIA -SOUTHWEST -UNITED KINGDOM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 18	THE FOLLOWING CHAPTERS DID NOT HAVE GROSS REVENUES FROM FUNDRAISING EVENTS OF $15,000 OR M ORE -CAROLINAS -FLORIDA -GREAT LAKES/MICHIGAN -GREATER CHICAGO -GREATER OHIO -GREATER MEM PHIS JACKSON -GREATER PITTSBURGH -GREATER TEXAS -HEARTLAND/OKLAHOMA -MIDWEST -NORTHERN CAL IFORNIA -PACIFIC NORTHWEST -SOUTHWEST -VIRGINIA -UNITED KINGDOM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 7A & 7B	THE FOLLOWING CHAPTERS EITHER DID NOT RECEIVE PAYMENTS IN EXCESS OF $75 MADE PARTLY AS A C ONTRIBUTION AND PARTLY FOR GOODS/SERVICES, OR DID NOT PROVIDE WRITTEN STATEMENTS INDICATIN G THE AMOUNT OF NON-DEDUCTIBLE GOODS/SERVICES RECEIVED -CAROLINAS -GREAT LAKES/MICHIGAN - GREATER CHICAGO -GREATER OHIO -GREATER MEMPHIS JACKSON -GREATER TEXAS -HEARTLAND/OKLAHOMA -MIDWEST -NEW ENGLAND -NEW YORK -NORTHERN CALIFORNIA -PACIFIC NORTHWEST -WASH DC/BALTIMORE -UNITED KINGDOM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SEVEN MEMBERSHIP CLASSES ARE AS FOLLOWS REGULAR MEMBERSHIP- SUCH MEMBERS ARE ENTITLED TO ONE VOTE AND MAY HOLD OFFICE AND SERVE ON THE NATIONAL OR CHAPTER LEVEL BOARD OF DIRECTORS EXECUTIVE MEMBERSHIP- THESE MEMBERS ARE ENTITLED TO ONE VOTE AND MAY HOLD OFFICE AND SERVE ON THE NATIONAL OR CHAPTER LEVEL BOARD OF DIRECTORS CHARTER MEMBERSHIP- SUCH MEMBERS MAY UPGRADE THEIR STATUS TO EXECUTIVE IF THEY MEET EXECUTIVE MEMBERSHIP CRITERIA ENTRY LEVEL MEMBERSHIP- THESE MEMBERS DO NOT HAVE VOTING RIGHTS AND CANNOT SERVE IN AN APPOINTED OR ELECTED OFFICE EXECUTIVE LIFE MEMBERSHIP- SUCH MEMBERS ARE ENTITLED TO ONE VOTE AND MAY HOLD OFFICE AND SERVE ON THE NATIONAL OR CHAPTER LEVEL BOARD OF DIRECTORS HONORARY MEMBERSHIP- THOSE CONFERRED HONORARY MEMBERSHIP DO NOT RECEIVE A VOTE AND CANNOT SERVE IN AN APPOINTED OR ELECTED OFFICE STUDENT MEMBERSHIP- STUDENT MEMBERS DO NOT HAVE VOTING RIGHTS OR THE RIGHTS TO SERVE IN AN APPOINTED OR ELECTED OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE FOLLOWING CLASSES MAY USE THEIR VOTING RIGHTS TO ELECT NOMINEES FOR POSITIO NS IN THE GOVERNING BODY -REGULAR MEMBERS -EXECUTIVE MEMBERS -EXECUTIVE LIFE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8A	THE FOLLOWING CHAPTERS DID NOT CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR WRITTEN ACTIONS UNDERTAKEN DURING THE YEAR BY THE GOVERNING BODY -GREATER MEMPHIS JACKSON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE FOLLOWING CHAPTERS DID NOT CONTEMPORANEOUSLY DOCUMENT THE MEETINGS HELD OR WRITTEN ACT IONS UNDERTAKEN DURING THE YEAR BY EACH COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE G OVERNING BODY, OFTEN BECAUSE THERE ARE NO SUCH COMMITTEES -FLORIDA -GREATER MEMPHIS JACKS ON -PHILADELPHIA -NEW ENGLAND -SOUTHEAST -SOUTHERN CALIFORNIA -SOUTHWEST -VIRGINIA -WASHIN GTON DC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 TAX RETURN IS REVIEWED BY THE EVP AND BY THE OUTSIDE ACCOUNTING FIRM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL CHAPTERS REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY, AS AUTHORIZED BY WICT HQ

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WOMEN IN CABLE TELECOMMUNICATIONS
GROUP RETURN

Employer identification number
36-3539302

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1)WOMEN IN CABLE AND TELECOMMUNICATIONS 2000 K STREET SUITE 350 WASHINGTON, DC 20006 36-3814358	DEVELOPING WOMEN LEADER IN TELECOMMUNICATIONS	IL	501(C)(3)	LINE 7			No

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)WOMEN IN CABLE TELECOMMUNICATIONS	C	475,000	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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