Form **990** 

# **Return of Organization Exempt From Income Tax**

2010

DLN: 93493132031841 OMB No. 1545-0047

Total position   Page	•			'" '	ial acqueity numbers on this form	•		-		,,,,,	<b>2019</b>
Agricated Service Service    Agrication Service   Agrication   Colored to grow programming 07-01-2019   and ending 08-30-2020   Creat for positional processing of the programming of the processing of the proces	Depart	ment o	of the		•	•		•			Open to Public
For the 2019 calendary year, or tax year beginning 07-01-2019   and ending 06-30-2020		•	6		ov/Form990 for Instructions and	a the lat	est in	tormat	ion.		Inspection
Licked is applicable.    Common of organization   Common of organization   Common of organization   Common or				I	uning 07-01-2019 and ending	06-30-3	2020				
Address durant   Decision structure   Decision s				C Name of organization	-	, 00 30 2	2020		D Employer	identif	ication number
Barrel California				NATIONAL CENTER FOR WOMEN AN	D						
Bankender January   Symposium   Check of P.C. Boot final is not delibered to street address)   Incompleted   Check of P.C. Boot final is not delibered to street address)   Incompleted   Check of Symposium   Check of	□ Na	me ch	ange						00-05914	-01	
Annexion cream   Supplications pandings    Supplications				-							
Application princing   1009 27th STREET SECOND FLOOR   2007			•		-:::	/ :		<u> </u>	E Telephone	number	
City to form, safe or promotes country, and ZP or foreign postal code    Filters and address of principal officer:				1000 26TH STREET SECOND ELOOP		.oom/suite			(202) 725	. 6702	
## Allowed the processing of the property of the programment of the processing of t	ш Ар	piicatii	on pendii		atry, and ZID or foreign postal sada				(303) /33	0-6/03	
F. Name and address of principal officer: LOCHING ASSOCIATION   LOCKING ASSOCIATION					icry, and 21F or foreign postar code				•		604.003
LUCITOA SANDERS   SUBJECT SECOND FLOOR   SOUTH   SUBJECT SECOND FLOOR   SOUTH   SUBJECT SECOND FLOOR   SOUTH					1 66						604,092
1909_26TH_STREET_SECOND FLOOR   1900UDER, COR 80302					officer:		H(a) I	s this a	group retu	rn for	
The second status				1909 26TH STREET SECOND FLO	OOR						∐Yes <b>⊻</b> No
Mebalter   Mown.hc.(WIT.ORG						'				5	☐ Yes ☐No
Websites   WWW.NCWIT.ORG	Ta:	x-exer	npt statu	5: <b>☑</b> 501(c)(3) <b>☐</b> 501(c)( ) <b>◄</b>	(insert no.) 4947(a)(1) or	527				t. (see	instructions)
Summary   The Mids John Control of Summary   The	ı w	ebsit	te:► W				H(c) (	Group e	xemption n	umber	<b>&gt;</b>
Summary   The Mids John Control of Summary   The											
Summary	<b>∢</b> Forr	n of o	raanizatio	n: 🗹 Corporation 🔲 Trust 🔲 Asso	ciation Other ►	L	Year of	formatio	on: 2004 N	1 State	of legal domicile: CO
Birdify describe the organization's mission or most significant activities: THE MISSION OF THE ARTIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY IS TO ENSURE THAT WOMEN ARE FULLY REPRESENTED IN THE INFLUENTIAL WORLD OF INFORMATION TECHNOLOGY/COMPUTING, WHILE OTHER ORGANIZATIONS ARE FOO ON THE BROADER ISSUES OF SCIENCE, MATH, AND BROADER ISSUES OF SCIENCE, MATH, AND BROADER ISSUES OF SCIENCE, MATH, AND ENGINEERING, THE SEPRORT SO INFORMATION THEOLOGY INCOMPUTING WHILE OTHER ORGANIZATIONS ARE FOO ON THE BROADER ISSUES OF SCIENCE, MATH, AND BROADER ISSUES FORT IS ON INFORMATION THEOLOGY INFORMATION THEOLOGY INFORMATION THEOLOGY INFORMATION THEOLOGY INDUSTRY TECHNOLOGY INCOMPUTING WITH THE PROPERTY OF ORGANIZATIONS ACROSS THE COUNTY THROUGH INDUSTRY INCOMPUTING THE PROPERTY OF THE PROPERTY OF THE WITH THE TOOLS AND SUPPORT TO BE CHANGE WITHIN THEIR ORGANIZATIONS, AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE AND OUR WITH THE TOOLS AND SUPPORT TO BE AND OUR WITH THE TOOLS AND SUPPORT TO BE AND OUR WITH THE TOOLS AND SUPPORT TO BE AND OUR WITH THE TOOLS AND SUPPORT TO BE AND OUR WITH THE TOOLS AND SUPPORT TO BE AND OUR WITH THE TOOLS AND SUPPORT TO BE AND OUR WITH THE TOOLS AND SUPPORT TO BE AND OUR WITH THE TOOLS AND SUPPORT TO BE AND			,	·							
THE MISSION OF THE NATIONAL CENTER FOR WOMEN AND INFORMATION TECHNOLOGY IS TO ENSURE THAT WOMEN ARE FULLY REPRESENTED IN THE INFULIENTIAL WOMEN AND ENCINEERING, THIS EFFORT IS UNIQUE IN THE COUNTRY, AND CONNECTS EFFORTS TO NOT THE BROADER ISSUES OF SCIENCE, MATH, AND ENCINEERING, THIS EFFORT IS UNIQUE IN THE COUNTRY, AND CONNECTS EFFORTS TO NOT THE REPORT OF CONNECTS EFFORTS TO PROMISE ACROSS THE COUNTRY, AND CONNECTS EFFORTS TO ACADEMIC CAREERS, AFFINITY GROUPS, AND ENTREPREBIBILIAL ENGRAVORS, NCWIT ENCOURAGES ITS MEMBERS TO UNDERTAKE INSTITUTIONAL CHANGE WITHIN THEIR ORGANIZATIONS, AND OUR WORK PROVIDES THEM WITH THE TOOLS AND SUPPORT TO BE CHANGE AGENTS.  2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of independent voting members of the governing body (Part VI, line 1a)	Pa	art I	Sur	nmary							
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)	vernance	1 /	INCREAS ACADEM INSTITU	EE WOMEN'S PARTICIPATION IN IT IC CAREERS, AFFINITY GROUPS, AI TIONAL CHANGE WITHIN THEIR OR	ALONG THE ENTIRE PIPELINE, FRC ND ENTREPRENEURIAL ENDEAVOR:	OM K-12 A S. NCWIT	ND HI	IGHER E DURAGE	EDUCATION S ITS MEME	THROU BERS T	JGH INDUSTRY, O UNDERTAKE
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)	Ő.	-									
S   Total number of individuals employed in calendar year 2019 (Part V, line 2a)   S		-									
S   Total number of individuals employed in calendar year 2019 (Part V, line 2a)   S	S)	,	Check t	his box $\triangleright \square$ if the organization dis	scontinued its operations or dispose	ed of mor	e than	25% o	f its net ass	ets.	
S   Total number of individuals employed in calendar year 2019 (Part V, line 2a)   S	Ě										28
S   Total number of individuals employed in calendar year 2019 (Part V, line 2a)   S	É	4	Numbe	of independent voting members of	the governing body (Part VI, line 1	<b>1</b> b) .				4	28
6   Total number of volunteers (estimate if necessary)   7a   Total unrelated business revenue from Part VIII, column (C), line 12   7a   7b   Net unrelated business texable income from Form 990-T, line 39   7b   Total unrelated business texable income from Form 990-T, line 39   Prior Year   Current Year   10,460,791   6,35   6,35   9   Program service revenue (Part VIII, line 1h)   10,460,791   6,35   9   Program service revenue (Part VIII, column (A), lines 3, 4, and 7d )   93,366   16   10   Investment income (Part VIII, column (A), lines 3, 4, and 7d )   93,366   16   Investment income (Part VIII, column (A), lines 3, 4, and 7d )   93,366   16   Investment income (Part VIII, column (A), lines 1-3 )   10,645,657   6,60   Investment income (Part VIII, column (A), lines 1-3 )   10,645,657   6,60   Investment income (Part VIII, column (A), lines 1-3 )   10,645,657   6,60   Investment income (Part VIII, column (A), lines 1-3 )   10,645,657   6,60   Investment income (Part VIII, column (A), lines 1-3 )   10,645,657   6,60   Investment income (Part VIII, column (A), lines 1-3 )   10,645,657   6,60   Investment income (Part VIII, column (A), lines 1-3 )   10,645,657   6,60   Investment income (Part VIII, column (A), lines 1-3 )   10,645,657   6,60   Investment income (Part VIII, column (A), lines 1-3 )   10,645,657   6,60   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII, column (A), lines 1-3 )   Investment income (Part VIII,	ď.	5	Total n	ımber of individuals employed in ca	lendar vear 2019 (Part V, line 2a)					5	0
Total unrelated business revenue from Part VIII, column (C), line 12   Total unrelated business taxable income from Porm 990-T, line 39   Prior Year   Current Year   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,355   10,460,791   6,455   10,460,791   6,455   10,460,791   6,455   10,460,7657   6,600   11,460,7657   6,600   12,460,7657   6,600   12,460,791   12,460,791   13,460,791   14,460,791		l		' '	, , , , ,					6	1,282
B   Net unrelated business taxable income from Form 990-T, line 39   Prior Year   Current Year		l		•	**				-	7a	0
Section   Prior Year   Current Year   10,460,791   6,35		ı			, ,,,		•				0
8		<del>                                     </del>		ciaca pasiness taxasie meeme ne		-	Ť	Prior	Vear	1 -	
9 Program service revenue (Part VIII, cline 2g)		。	Contrib	utions and grants (Part VIII line 1h)				11101		1	6,353,810
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	럁	l								+	83,250
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	ďΑ	ı	_	· · · · · · · · · · · · · · · · · · ·		•					<u> </u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	æ	l									167,032
13 Grants and similar amounts paid (Parl IX, column (A), lines 1–3).  14 Benefits paid to or for members (Parl IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Parl IX, column (A), lines 5–10)  16a Professional fundraising fees (Parl IX, column (A), line 11e).  16 Total fundraising expenses (Parl IX, column (D), line 25)   17 Other expenses (Parl IX, column (A), lines 11a–11d, 11f–24e).  18 Total expenses. Add lines 13–17 (must equal Parl IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Parl X, line 16).  21 Total liabilities (Parl X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Index 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 any knowledge.  20 Indicate 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 any knowledge.  20 Indicate penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  20 Indicate penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  20 Indicate penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  20 Indicate penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  20 Indicate penalties of perjury I declare that I have examined this return.  20 I		l		* * * * * * * * * * * * * * * * * * * *							6 604 003
14 Benefits paid to or for members (Part IX, column (A), line 4)		_				12)	_		· · ·	_	6,604,092
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0		l		, , ,	* **						6,499,170
16a Professional fundraising fees (Part IX, column (A), line 11e)		l		,	* **					_	0
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	£	l								0	0
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	SUS	<b>1</b> 6a	Profess	ional fundraising fees (Part IX, colu	mn (A), line 11e)	•				0	0
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	Š	b	Total fur	draising expenses (Part IX, column (D),	line 25) ▶17,932						
19 Revenue less expenses. Subtract line 18 from line 12	ŭ	17	Other e	xpenses (Part IX, column (A), lines	11a-11d, 11f-24e)				3,304,56	4	2,704,036
Total liabilities (Part X, line 16)		18	Total ex	penses. Add lines 13–17 (must equ	ıal Part IX, column (A), line 25)				9,205,79	5	9,203,206
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 any knowledge.  Sign    *******		19	Revenu	e less expenses. Subtract line 18 fr	om line 12				1,439,86	2	-2,599,114
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 any knowledge.  Sign    *******	<u>8</u> 8						Begin	nning of	Current Yea	ır	End of Year
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 any knowledge.  Sign    *******	2 S										
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 any knowledge.  Sign    *******	S TE	20	Total as	sets (Part X, line 16)					20,154,06	8	19,267,615
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 any knowledge.  Sign    *******	₹ <u>₹</u>	21	Total lia	bilities (Part X, line 26)		•			287,92	3	803,236
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 any knowledge.  Sign    ******	Z	22	Net ass	ets or fund balances. Subtract line :	21 from line 20				19,866,14	5	18,464,379
Sign Here LUCINDA SANDERS CEO & CO-FOUNDER Type or print name and title  Print/Type preparer's name Preparer's signature Date PTIN	Jnder (now	r pena ledge	alties of and be	perjury, I declare that I have exam							
Sign Here   Date	,		11								
Here   LUCINDA SANDERS CEO & CO-FOUNDER     Type or print name and title     Print/Type preparer's name   Preparer's signature   Date   PTIN			****	**					05-12		
Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   PTIN	_		J sign	active of officer				Date			
Print/Type preparer's name Preparer's signature Date PTIN	Here	•									
			Type	<u> </u>	T						
				Print/Type preparer's name	Preparer's signature			Check			3

Firm's name **KINGSBERY CPAS PC** 

Firm's address ► 1470 WALNUT STREET SUITE 200

BOULDER, CO 803025335

Paid

**Preparer Use Only**  Firm's EIN ► 84-0960772

Phone no. (303) 444-2240

☑ Yes ☐ No

Form	990 (2019)					Page <b>2</b>
Pa	ort     Statement	of Program Service	e Accomplis	hments		
	Check if Sched	lule O contains a respo	onse or note to	any line in this Part III .		🗸
1	Briefly describe the or	ganization's mission:				
THE OF S LEVE ALON ENTE	INFLUENTIAL WORLD O CIENCE, MATH, AND EN RAGES THE EFFORTS C NG THE ENTIRE PIPELIN REPRENEURIAL ENDEAV	F INFORMATION TECH IGINEERING, THIS EF OF ORGANIZATIONS A IE, FROM K-12 AND HI ORS. NCWIT ENCOUR	HNOLOGY/COMF FORT IS UNIQU CROSS THE COU IGHER EDUCATI AGES ITS MEME	PUTING. WHILE OTHER O E IN ITS EXCLUSIVE FOO JNTRY, AND CONNECTS ON THROUGH INDUSTRY	IS TO ENSURE THAT WOMEN AR PRGANIZATIONS ARE FOCUSED COME ON INFORMATION TECHNOLOUSED TO INCREASE WOMEN'S ACADEMIC CAREERS, AFFINITY STITUTIONAL CHANGE WITHIN TOS.	ON THE BROADER ISSUES OGY. NCWIT'S WORK S PARTICIPATION IN IT Y GROUPS, AND
_	Did the consciention				:-L	
2	_	, -	ant program ser	vices during the year wh	ich were not listed on	☐ Yes ☑ No
	the prior Form 990 or					∟ Yes ⊻ No
	If "Yes," describe thes					
3	Did the organization o	ease conducting, or m	nake significant	changes in how it conduc	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe thes	se changes on Schedu	le O.			
4		l 501(c)(4) organizatio	ons are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code:	) (Expenses \$	996,716	including grants of \$	) (Revenue \$	)
	See Additional Data					
4b	(Code:	) (Expenses \$	2,744,807	including grants of \$	1,460,407 ) (Revenue \$	)
	See Additional Data					, 
4c	(Code:	) (Expenses \$	349,439	including grants of \$	) (Revenue \$	83,250 )
	See Additional Data					
	(Code:	) (Expenses \$	5,004,337	including grants of \$	5,038,763 ) (Revenue \$	)
	ADVISORY BOARD AND T AND THE UNDERGRADUA EDUCATION. THE AFFINI PROFESSIONAL DEVELOF ON THE IMAGE AND TEA' ADVISORY BOARD ADVIS TECHNICAL SUPPORT IN	HEIR RESPECTIVE PROJE RESEARCH MENTORIN TY GROUP ALLIANCE BRII MENT. THE ENTREPRENE CHING OF COMPUTING. T SES NCWIT AND ITS MEM SUPPORT OF THE ABOVE	CTS THAT INCLUD IG PROGRAM. THE NGS TOGETHER NA URIAL ALLIANCE H HE WORKFORCE A BERS ON PROJECT LISTED MAJOR PR	E, BUT ARE NOT LIMITED TO ACADEMIC ALLIANCE MEMB ATIONAL AND LOCAL AFFINIT BELPS YOUNG COMPANIES ES LLIANCE LEADS EFFORTS IN S AND EVALUATION.THE REI	REPRENEURIAL, K-12 AND AFFINITY GF ), ALLIANCE SPECIFIC RESEARCH, THE ERS WORK TOWARDS INSTITUTIONAL TY GROUPS THAT PROVIDE SUPPORT, STABLISH DIVERSITY AT THE START. CORPORATE ORGANIZATIONAL REFO MAINING PROGRAM EXPENSES COVER MENTS AND DONATIONS TO THE UNIV IT'S OPERATIONS.	E PACÉSETTERS PROGRAM, . CHANGE IN HIGHER NETWORKING, AND IHE K-12 ALLIANCE WORKS RM. THE SOCIAL SCIENCE . OPERATIONAL AND
4d	Other program service	•	•			
	(Expenses \$	5,004,337 incl	uding grants of	\$ 5,038,76	33 ) (Revenue \$	)
4e	Total program servi	ice expenses ►	9,095,2	99		

Nο

Nο

Nο

Nο

Nο

16

17

18

19

20a

20b

21

Yes

Form **990** (2019)

Form	990 (2019)			Page <b>3</b>
Par	tiV 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 2	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? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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? <i>If "Yes," complete Schedule D,</i> Part   2	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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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 . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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orm	990 (2019)			Page 4			
Par	Checklist of Required Schedules (continued)						
			Yes	No			
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? <i>If "Yes," complete Schedule J </i>	23		No			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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					
С	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No			
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> 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):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes				
80	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No			
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No			
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes				
Par		· · · · ·					
	Check if Schedule O contains a response or note to any line in this Part V						
4 -	Entantha number reported in Pay 2 of Farm 1006 Entan 0 if not conflictly		Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 85  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0			ı			

**1**c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>
	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).		
а	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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
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		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
	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:		
	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	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	
	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		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No

	(-				- age o
	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	nse to i	ines  ✓
Se	ction	A. Governing Body and Management			
		20		Yes	No
1a		the number of voting members of the governing body at the end of the tax year  28			
	body,	re are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b  28			
2	office	ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3	Did th of offi	ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person? .	3		No
4		ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5		ne organization become aware during the year of a significant diversion of the organization's assets?  ne organization have members or stockholders?	5		No
6		6		No	
/a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
а	The g	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
<b>S</b> e	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code		
40-	D: 1 41	and the second s	10-	Yes	No
		ne organization have local chapters, branches, or affiliates?  s," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
U		oranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has tl form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	confli		12b	Yes	
	Sched	ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13		ne organization have a written whistleblower policy?	13	Yes	
14		ne organization have a written document retention and destruction policy?	14	Yes	
15	perso	ne process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		organization's CEO, Executive Director, or top management official	15a		No
D		r officers or key employees of the organization	15b		No
16a	Did th	es" to line 15a or 15b, describe the process in Schedule O (see instructions).  The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a little entity during the year?	16a		No
b	If "Ye in joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation on the venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
		s with respect to such arrangements?	16b		-
		C. Disclosure			
17	List th	he states with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CO , CT , FL , GA , HI , , MA , MI , MN , MS , NH , NJ , NM , NY , N , PA , RI , SC , TN , UT , VA , WA , WV , W	C, ND		
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s 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	policy	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: Y SANDERSCATHERINE ERTZ 1909 26TH STREET SECOND FLOOR BOULDER, CO 80302 (303) 735-6703			

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 nor any related organization and any related organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee)</li> <li>Position (do not check more than one box, unless person is both an officer and a director/trustee)</li> <li>Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line)</li> </ul>	Form 990 (2019)											Page <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above.  □ 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)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's tax
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 organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,			
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no												
■ 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. See instructions for the order in which to list the persons above.  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 below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.												
Average hours per week (list any hours for related organizations) below dotted line)    Continue than \$10,000 of reportable compensation from the organization and any related organizations.   Continue the organization nor any related organization compensated any current officer, director, or trustee.   Continue the organization nor any related organization compensated any current officer, director, or trustee.   Continue the organization nor any related organization compensated any current officer, director, or trustee.   Continue the organization organization organization organization (continue the organization organizat	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (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)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		for related organizations below dotted				Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

	(A) Name and title	Average hours per week (list any hours	than o	one b	ox, u n off	t che unles ficer	eck moss pers and a	son	Reportable compensation from the organization	Reportable compensation from related organizations		Estima amount o compens from t	ited f other sation the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)		organizati relate organiza	ed		
See	See Additional Data Table														
				<u> </u>	₩	<u> </u>					_				
					Ш	_									
c T	Sub-Total	art VII, Section	Α				•								
	Total (add lines 1b and 1c)						<b>&gt;</b>		60,000	(	0		0		
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than \$1	00,000					
										_		Yes	No		
3	Did the organization list any former							or hi	ghest compensated	employee on					
١.	line 1a? If "Yes," complete Schedule										3		No		
4	For any individual listed on line 1a, is organization and related organization individual									n the	4		No		
5	Did any person listed on line 1a recei														
	services rendered to the organization		ete Sch	edule	) J fo	r su	ich per	rson			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														
1	Complete this table for your five high	est compensate	d indepe	ender	nt co	ntra	ctors	that	received more than	\$100,000 of com	npens	sation			

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

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

(A)

Name and business address

CREATIVE RESEARCH SOLUTIONS LLC

compensation from the organization ▶ 3

1359 OAKENGATE DR STONE MOUNTAIN, GA 30082

PAULA STERN LLC

3314 ROSS PLACE WASHINGTON, DC 20008 CULTURE FOUNDRY

600 N 36TH ST STE 200 SEATTLE, WA 98103 **(C)** Compensation

127,176

108,000

106,051

Form **990** (2019)

(B)
Description of services

EVALUATION AND RESEARCH

OUTREACH AND MESSAGING

WEBSITE DEVELOPMENT AND

SERVICES IN WASHI

DESIGN SERVICES

SERVICES

		Statement	of E	Povonuo						Page <b>9</b>
Part	VIII	<del></del>			respo	onse or note to any	y line in this Part VIII			$\square$
		Check in School		o contains a	ТСЭРС	and or more to uni	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, s	18	a Federated campa	aigns	· . [	1a			revenue		312 311
ant		<b>b</b> Membership due:	s.	. [	<b>1</b> b					
Ame		<b>c</b> Fundraising even		Ļ	1c					
Sifts Iar /		d Related organiza		Ļ	1d	<u> </u>				
ıs, ( imi		Government grants     All other contribution		Ļ	1e	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above					6,353,810				
Contributions, Gifts, Grants and Other Similar Amounts	,	g Noncash contribution lines 1a - 1f:\$	ons in	cluded in	10	27,000				
ont		<b>h Total.</b> Add lines	1a-1	f	1g	27,900				
9						Business Code	6,353,810			
	2a	SUMMIT REGISTRATI	IONS			900099	83,250	83,250		
же						- 300033				
Program Service Revenue	b									
сеВ	C									
er vi										
anı (	d									
rogr	е									
٥	f	All other program	serv	rice revenue.						
	g	Total. Add lines 2	2a-2	f	<b>&gt;</b>	83,250				
	3	Investment income similar amounts) .	(inc	luding divide			167,032			167,032
		Income from invest								
	5	Royalties	_			1	•			
				(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	6c							
	c	or (loss) Net rental income								
				(i) Securi	ties	(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses								
	С	Gain or (loss)	7c							
		Net gain or (loss)			_	· · · •				
ne	Od	Gross income from fu (not including \$		of						
ven		contributions reported See Part IV, line 18			8a					
Other Revenue	b	Less: direct expen	ises		8b					
the	c	: Net income or (los	ss) fr	om fundraisi	ing ev	ents 🕨				
	9a	Gross income from	gam	ing activities.						
	L	See Part IV, line 19			9a					
		Less: direct expen : Net income or (los			<b>9b</b> activit	ies \blacktriangleright				
	10	aGross sales of inve returns and allowa	ento: ance:	ry, less s • •	10a					
	b	Less: cost of good	ls so	ld	10b					
	c	Net income or (los			invent		_			
	11	Miscellaneo .a	us R	evenue		Business Code				
	b	,								
	c									
		All other revenue  Total. Add lines 1								
	12	<b>Total revenue.</b> S	ee Ir	isu uctions i	•	· · · •	6,604,092	83,250	(	167,032

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c		_		
Check if Schedule O contains a response or note to an	y 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	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,308,697	6,308,697		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	190,473	190,473		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
<b>10</b> Payroll taxes				
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	28,301	16,981	11,320	
c Accounting	34,770		34,770	
<b>d</b> 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)	1,234,808	1,234,808		
12 Advertising and promotion				_
13 Office expenses	101,553	72,231	26,408	2,914
14 Information technology	417,801	415,104	2,697	
15 Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	124,541	119,672	2,981	1,888
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	215,578	210,594	4,984	
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,500	17,325	175	
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 PR/PRESS	172,652	172,652		
b ASPIRATION AWARDS EXPEN	142,530	142,530		
c SPEAKER HONORARIUMS	95,000	95,000		
d POSTAGE & SHIPPING	67,201	48,541	5,530	13,130
e All other expenses	51,801	50,691	1,110	
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,203,206	9,095,299	89,975	17,932
<b>26 Joint costs.</b> 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).				

Form 990 (2019)

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Fund Balances

ō 29

Assets 30

27

28

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33

(B)

End of year

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14,440

287.923

1,999,407

17,866,738

19,866,145

20,154,068

17,500

20,154,068

273,483

725

Beginning of year

Page **11** 

205,583

12,665,461

6,310,546 85,800

225

19,267,615

771,603

31,633

803.236

2.445,393

16,018,986

18,464,379

19,267,615

Form 990 (2019)

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

Cash-non-interest-bearing	169,435	1	
Savings and temporary cash investments	15,244,999	2	
Pledges and grants receivable, net	4,637,524	З	
Accounts receivable, net	83.885	4	

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Assets Inventories for sale or use . .

Prepaid expenses and deferred charges .

10a

10b

basis. Complete Part VI of Schedule D Investments—publicly traded securities .

b Less: accumulated depreciation Investments—other securities. See Part IV, line 11 .

10a Land, buildings, and equipment: cost or other 11 12

Investments—program-related. See Part IV, line 11

Intangible assets .

13 14 15 Other assets. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses .

Grants payable .

16 17 18 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . .

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

21 Secured mortgages and notes payable to unrelated third parties

22 23 24

Liabilities 25 and other liabilities not included on lines 17 - 24).

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 . .

26

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \end{and} \)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

3h

Form 990 (2019)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

## Additional Data

Software ID:

Software Version: **EIN:** 68-0591481

Name: NATIONAL CENTER FOR WOMEN AND

INFORMATION TECHNOLOGY

Form 990 (2019)

COMPUTING, AMONG OTHERS.

Form 990, Part III, Line 4a: MESSAGING AND OUTREACH EXPENSES TO DEVELOP NATIONAL STRATEGY FOR INCREASING WOMEN'S PARTICIPATION IN THE IT FIELD. MESSAGING AND OUTREACH INCLUDES COMPREHENSIVE WEB SITE DEVELOPMENT TO SUPPORT ALLIANCE MEMBERS, AS WELL AS RESOURCE DISTRIBUTION, ALLIANCE BUILDING, PUBLIC RELATIONS, PRESS DEVELOPMENT, SOCIAL MEDIA, THE AUDIO PODCAST SERIES ON "ENTREPRENEURIAL HEROES INTERVIEWS", AND THE NATIONAL ADVOCACY CAMPAIGN. SIT WITH ME, THE COUNSELORS FOR COMPUTING PROGRAM. AS WELL AS THE NEWLY DEVELOPED TECHNOLOCHICAS CAMPAIGN. OUTREACH INCLUDES INCREASED PRESENCE AT NATIONAL CONFERENCES, INCLUDING, BUT NOT LIMITED TO, SIGCSE, ISTE, AERA, SWE, GRACE HOPPER CELEBRATION OF WOMEN IN

#### Form 990, Part III, Line 4b:

LATINX AND NATIVE AMERICAN WOMEN RECEIVING COMPUTING DEGREES.

FOR MIDDLE SCHOOL AGED GIRLS, THE SYMONS INNOVATOR AWARD HONORING ENTREPRENEURIAL WOMEN IN THE IT FIELD, THE EDUCATOR AWARD HONORING HIGH SCHOOL TEACHERS WHO ENCOURAGE THEIR FEMALE STUDENTS TO PURSUE COMPUTER SCIENCE, ROBOTICS AND ENGINEERING OPPORTUNITIES. . THE ACADEMIC ALLIANCE SEED GRANTS PROGRAM THAT AWARDS ACADEMIC ALLIANCE MEMBERS START-UP FUNDS (UP TO \$10,000 PER PROJECT) TO DEVELOP AND IMPLEMENT

AWARD PROGRAMS- AWARD PROGRAMS INCLUDE THE NCWIT AWARD FOR ASPIRATIONS IN COMPUTING FOR HIGH SCHOOL GIRLS, THE NCWIT COLLEGIATE AWARD, THE NCWIT ASPIREIT SEED FUND PROGRAM WHICH AWARDS UP TO \$5,000 TO ALLIANCE MEMBERS TO PARTNER WITH ASPIRATIONS WINNERS AND RUN TECHNOLOGY CAMPS

INITIATIVES FOR RECRUITING AND RETAINING WOMEN IN COMPUTING AND INFORMATION TECHNOLOGY. THE PIONEER AWARD TO RECOGNIZE INDIVIDUALS WHOSE

LIFETIME CONTRIBUTIONS HAVE CHANGED THE WAY WE THINK ABOUT WOMEN'S PARTICIPATION IN THE HISTORY OF COMPUTING AND TECHNOLOGY, THE UNDERGRADUATE RESEARCH MENTORING AWARD WHICH RECOGNIZES FACULTY FOR THEIR ACCOMPLISHMENTS AND WORK IN MENTORING UNDERGRADUATE

STUDENTS, THE NCWIT HARROLD AND NOTKIN RESEARCH AND GRADUATE MENTORING AWARD WHICH RECOGNIZES FACULTY FOR THEIR ACCOMPLISHMENTS IN

GRADUATE STUDENT MENTORING. NCWIT EXTENSION SERVICES NEXT AWARD THAT CELEBRATES PAST AND PRESENT EXTENSION SERVICES CLIENTS FOR THEIR EXCELLENCE IN RECRUITING AND RETAINING WOMEN INTO UNDERGRADUATE PROGRAMS. THE ENGAGECSEDU AWARD WHICH RECOGNIZES FACULTY FOR EXCELLENT AND ENGAGING INTRODUCTORY COMPUTER SCIENCE CURRICULUM, AND THE REBOOT REPRESENTATION PROGRAM WHICH AIMS TO DOUBLE THE NUMBER OF BLACK,

#### Form 990, Part III, Line 4c: MEETINGS, WORKSHOPS, AND RECEPTIONS EXPENSES TO SUPPORT AN ANNUAL ALLIANCE MEETING, WORKSHOPS, AND RECEPTIONS, TYPICALLY FOR OVER 600

STRATEGIZE AND SHARE GOALS.

YEAR AND SUBSEQUENT MEETINGS MOVED TO A VIRTUAL FORMAT. THESE MEETINGS, WORKSHOPS AND RECEPTIONS BRING TOGETHER LEADERS, CHANGE AGENTS, AND STAKEHOLDERS TO FOCUS ON RESEARCH-DRIVEN PRACTICES THAT STRENGTHEN THE COMPUTING WORKFORCE AND PROMOTE TECHNOLOGY INNOVATION BY INCREASING THE PARTICIPATION OF GIRLS AND WOMEN. ATTENDEES ARE MEMBERS IN NCWIT'S FIVE ALLIANCES (WORKFORCE, ACADEMIC, ENTREPRENEURIAL, K-12

ATTENDEES, HOWEVER DURING FY19-20, IN PERSON MEETINGS WERE CANCELLED DUE TO THE COVID-19 PANDEMIC. THERE WERE MEETINGS AND EVENTS EARLY IN THE

AND AFFINITY GROUP), THE SOCIAL SCIENCE ADVISORY BOARD. THE ACADEMIC ALLIANCE MEMBERS WORK TOWARDS INSTITUTIONAL CHANGE IN HIGHER EDUCATION. THE AFFINITY GROUP ALLIANCE BRINGS TOGETHER NATIONAL AND LOCAL AFFINITY GROUPS THAT PROVIDE SUPPORT, NETWORKING, AND PROFESSIONAL

DEVELOPMENT. THE ENTREPRENEURIAL ALLIANCE HELPS YOUNG COMPANIES ESTABLISH DIVERSITY AT THE START. THE K-12 ALLIANCE WORKS ON THE IMAGE AND

TEACHING OF COMPUTING. THE WORKFORCE ALLIANCE LEADS EFFORTS IN CORPORATE ORGANIZATIONAL REFORM. THE SOCIAL SCIENCE ADVISORY BOARD ADVISES

NCWIT AND ITS MEMBERS ON PROJECTS AND EVALUATION. MEETINGS ALSO INCLUDE AN ANNUAL MEETING FOR NCWIT PACESETTER ORGANIZATIONS TO GATHER.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) organization organizations from the

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

	any hours	and	a dir	recto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
AVIS YATES-RIVERS BOARD MEMBER	13.50	Х						60,000	0	0
BETH MAZZEO BOARD MEMBER	2.00	Х						0	0	0
BRAD FELD BOARD MEMBER	2.00	X						0	0	0

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BRAD FELD
BOARD MEMBER
COLIN BODELL
BOARD MEMBER
DAVE WILLIAMS

BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

GEORGE LLADO

BOARD MEMBER

BOARD MEMBER

JANICE ZDANKUS

BOARD MEMBER

GEORGIA PAPATHOMAS

FARNAM JAHANIAN

.......

DEBBIE GUILD

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

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

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JENIFER ROBERTSON BOARD MEMBER	2.00	Х						0	0	0
KATHLEEN HOGAN BOARD MEMBER	2.00	Х						0	0	0
	2.00	ĺ		1						

KATHLEEN HOGAN	2.00	v			0	
BOARD MEMBER		^				
KIM VORRATH	2.00					
BOARD MEMBER		X			0	
KRISTA MARKS	2.00					
		Х			"	

2.00

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and Independent Contractors

CEO & CO-FOUNDER

MAGGIE JOHNSON

**BOARD MEMBER** 

MICHAEL BORRUS

NANCY PHILLIPS

BOARD MEMBER

PHILLIP J BOND

**BOARD MEMBER** 

BOARD MEMBER

RICK KLAU

......... BOARD MEMBER

KIM VORRATH	2.00	~				0	0	
BOARD MEMBER		^					J	
KRISTA MARKS	2.00	×				0	0	
BOARD MEMBER		Λ.						
LUCY SANDERS	65.00	V						
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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

1								(1)1 0 (1 0 0 0	(1)		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RONNIE CAROPRESO BLACKHAM BOARD MEMBER	2.00							0	0	0	
THADDEOUS ARROYO BOARD MEMBER	2.00	X						0	0	0	
TRISH JONES BOARD MEMBER	2.00	X						0	0	0	
ANTHONY NEAL-GRAVES BOARD MEMBER	2.00							0	0	0	
DARON GREEN	2.00								1		

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BOARD MEMBER

**BOARD MEMBER** 

BOARD MEMBER

BOARD MEMBER

CAROL COHEN

**BOARD MEMBER** 

BOARD MEMBER

KATHARINA MUMFORD

VICKI MEALER-BURKE

DWANA FRANKLIN-DAVID

......

CHRIS MOODY

and Independent Contractors

and Independent Contractors
(A)
Name and Title

MARY GENDRON

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

SIGAL ZARMI

NINA JOHAL

week (list any hours for related organizations below dotted line)
2.00
 •••••
2.00

(B)

Average hours per

2.00

. . . . . . . . . . . . . . . . . .

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

Position (do

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betasaeataoo tsedaiH	Former

(D)

Reportable

compensation

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organization

(W- 2/1099-

MISC)

(E)

Reportable

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from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

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efile GRAPHIC print - DO No			1t - DO NOT	PROCESS	DLN: 9	LN: 93493132031841						
SCI	HED	ULE A		Public (	Charity Statu	e and Dul	nlic Sunn	ort	OMB No. 1545-0047			
	m 99			plete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2019			
		f the Treasury	<b>▶</b> G	o to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	<del>nie Service</del> <b>he organiza</b> ENTER FOR WO						Employer identific	<u> </u>			
INFOR	OITAM	N TECHNOLOG	Y					68-0591481				
	rt I				<b>is</b> (All organization it is: (For lines 1 thro			See instructions.				
1	n garnz		•		sociation of churches	· ,	, ,	(A)(i)				
2		·		,								
3			nool described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)  spital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>									
4		·	·	•	-			<i>).</i> 170(b)(1)(A)(iii). E	nter the bosnital's			
•	Ш	name, city,		iization operate	ed iii conjunction with	a nospital descri	bed in <b>Section</b> .	170(b)(1)(A)(III). E	inter the hospitars			
5			ation operated ( <b>iv).</b> (Complet		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>			
6		A federal, s	tate, or local o	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).				
7	✓			nally receives a vi). (Complete		s support from a	governmental u	ınit or from the gener	al public described in			
8					170(b)(1)(A)(vi).	(Complete Part I	I.)					
9					scribed in <b>170(b)(1)</b> ee instructions. Enter				ege or university or a			
10		from activit investment	ies related to income and u	its exempt fund nrelated busine	ctions—subject to cer	tain exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	•			
11		An organiza	ation organized	d and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ly supported o	organizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th <b>).</b> See <b>section 509(a</b> s 12e, 12f, and 12g.				
a		<b>Type I.</b> A so	supporting org n(s) the power	anization opera	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga				
b		Type II. A manageme	supporting or nt of the supp	ganization supe	tion vested in the sar			organization(s), by ha ge the supported orga				
c		Type III f	unctionally in	n <b>tegrated.</b> A s	upporting organizatio			nd functionally integra	ted with, its			
d		Type III n	on-functional	illy integrated he organization		ization operated fy a distribution	in connection wi	th its supported orgar l an attentiveness req				
e		Check this	box if the orga	nization receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter		of supported		integrated supporting	-						
g	Provi	de the follow	ing informatio	n about the su	pported organization(	s).		_				
(i) Name of s organiza		Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota		5 '			structions for	Cat. No. 11285		 Schedule A (Form 9	000 == \ 2515			

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

6

7

8

the organization had excess business holdings).

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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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

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.

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 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 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

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 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

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 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.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	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 <b>Part VI identify those supported organizations and explain</b> 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		
ı	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? <i>Provide details in Part VI</i> .	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	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 <b>Part VI</b> ). 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 <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in <b>Part VI</b> ). See instruction			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019

o∨ide	
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019
derdistributions	Distributable
0	vide

8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	sive (provide		
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

Schedule A (Form 990 or 990-EZ) (2019)

### **Additional Data**

# Software ID: Software Version:

**EIN:** 68-0591481

Name: NATIONAL CENTER FOR WOMEN AND

Page 8

INFORMATION TECHNOLOGY

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

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).

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132031841

OMB No. 1545-0047

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection
cation number

Na	me of the organization TONAL CENTER FOR WOMEN AND			Emplo	yer identificatio	n number
	ORMATION TECHNOLOGY			68-059	91481	
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye			r Acco	unts.	
	complete if the organization anovered to	(a) Donor ad		(L	) Funds and othe	er accounts
	Total number at end of year				-	
2	Aggregate value of contributions to (during year)					
1	Aggregate value of grants from (during year)					
Ļ	Aggregate value at end of year					
;	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex				_	☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or fo	r any other purpose o		g impermissible	☐ Yes ☐ No
Pa	rt II Conservation Easements.  Complete if the organization answered "Ye	s" on Form 990 Par	t IV line 7			
	Purpose(s) of conservation easements held by the organ	· · · · · · · · · · · · · · · · · · ·				
•		` —		h:-bi	. Us a financial metallicity	J
	Preservation of land for public use (e.g., recreation	n or education) $\square$				a area
	☐ Protection of natural habitat	Ц	Preservation of a d	certified h	nistoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	qualified conservation of	contribution in the for	m of a co		
_	easement on the last day of the tax year.  Total number of conservation easements			<u>ہ</u> ۔	Held at the End	of the Year
a b	Total acreage restricted by conservation easements			2a 2b		
c	Number of conservation easements on a certified histori			2c		
d	Number of conservation easements included in (c) acqui		` ′	2d		
u	structure listed in the National Register	rea arter 7, 23, 00, and	not on a motoric	Zu		
1	Number of conservation easements modified, transferre tax year ▶	d, released, extinguish	ed, or terminated by	the orga	nization during th	e
Ļ	Number of states where property subject to conservatio	n easement is located t	<b>&gt;</b>			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			of violation	ons,	□ No
5	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violati	ions, and enforcing co	onservati	on easements du	ring the year
,	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations,	and enforcing conser	vation ea	sements during t	he year
3	Does each conservation easement reported on line 2(d)	above satisfy the requ	irements of section 1	70(h)(4)	(B)(i)	
	and section $170(h)(4)(B)(ii)$ ?				☐ Yes	□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organiz				
ar	Organizations Maintaining Collections Complete if the organization answered "Ye			er Simi	ilar Assets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, educa	ation, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:					
(	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$	
	ii)Assets included in Form 990, Part X					
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:	cal treasures, or other s	similar assets for fina			
а	Revenue included on Form 990, Part VIII, line ${f 1}$				<b>▶</b> \$	
b	Assets included in Form 990, Part X				<b>▶</b> \$	
or I	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat. No.	52283D	Schedule D (	Form 990) 201

Par	t III	Organizations M	aintaining Col	lections of Ar	t, Histori	ical Tı	reasure	es, or Other	· Similar As	ssets (con	tinued)
3		g the organization's acq s (check all that apply):		n, and other reco	rds, check	any of	the follow	wing that are	a significant ι	use of its co	llection
а		Public exhibition			d		Loan or	exchange pro	grams		
b		Scholarly research			е		Other				
C		Preservation for future	e generations								
4		ide a description of the XIII.	organization's col	ections and expl	ain how th	ey furtl	ner the o	rganization's	exempt purpo	se in	
5		ng the year, did the org ts to be sold to raise fur								☐ Yes	□ No
Pa	rt IV										
		Complete if the or X, line 21.	ganization answ	ered "Yes" on	Form 990	), Part	IV, line	9, or report	ed an amou	ınt on Fori	m 990, Part
1a		e organization an agent ded on Form 990, Part								☐ Yes	□ No
b	If "Y	es," explain the arrange	ement in Part XIII	and complete th	ne following	table:			А	mount	
C	Begii	nning balance						1c			
d	Addi	tions during the year .						. 1d			
е	Distr	ibutions during the year	r					1e			
f	Endi	ng balance						1f			
2a	Did t	the organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrow	or custo	odial account l	iability?	☐ Yes	□ No
b	If "Y	es," explain the arrange	ement in Part XIII	Check here if th	ne explanat	ion has	been pr	ovided in Part	XIII		
Pa	art V						<u> </u>				
		Complete if the or	ganization ansv								
	Di	-if halanaa		(a) Current yea	r <b>(b)</b> F	Prior yea	ir (c)	Two years back	(d) Three yea	ars back (e)	Four years back
	-	ning of year balance .									
		butions									
		vestment earnings, gair	•								
		s or scholarships									
е		expenditures for facilition	es								
f	Admin	nistrative expenses .									
g	End of	f year balance									
2	Prov	ide the estimated perce	ntage of the curre	ent year end bala	nce (line 1	g, colu	mn (a)) l	held as:			
а	Boar	d designated or quasi-e	ndowment ►								
b	Perm	nanent endowment ►									
c	Tem	porarily restricted endov									
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100%.							
3a		there endowment funds nization by:	not in the posses	sion of the orgar	nization tha	it are h	eld and a	administered f	or the		Yes No
	-	inrelated organizations								3a(i)	
		related organizations .								3a(ii	)
b		es" on 3a(ii), are the re					?			3b	
4		cribe in Part XIII the inte			ndowment	funds.					
Pa	rt VI	, ,			Form 000	) Dov	T\/ line	115 555 5	orm 000 D-	rt V line :	10
	Descr	Complete if the or-	ganization answ (a) Cost or oth		Cost or other	<u> </u>	<del></del>	c) Accumulated			IO. Book value
	_ 2221		(investme				<i>[</i> ]		·	. 7	
1a	Land										
		ngs									
		hold improvements									
		ment					-+				
							+				
E Tak	- I A-1-1		Salvena (d) maves a		Dank V z-li	(7	\ /in = 10	1/-1 1			

	Complete if the organization answered "Yes" on Form 990,		<u>ne 11b</u>			
	(a) Description of security or category (including name of security)	(b) Book value		(c) Metho Cost or end-of		
	neld equity interests					
(3)Other (A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
		•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV, li	ne 11c	. See Form 990, (b) Book value	(c)	line 13.  Method of valuation: or end-of-year market value
(1)						yaiue
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col.(B) line 13.)		Þ			
	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, F	art IV, lir	ne 11d.	. See Form 990, Par	t X, line	
(1)	(a) Description				_	(b) Book value
(2)					_	
(3)					_	
(4)					_	
(5)					+	
(6)						
(7)					$\dashv$	
(8)					$\dashv$	
					$\dashv$	
(9)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Total. (Colur	onn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F	· · ·	 ne 11e	or 11f.See Form	990, P	art X, line 25.
Total. (Colur Part X	Other Liabilities.	art IV, lir	 ne 11e	or 11f.See Form	990, P (b) Book	
Total. (Column Part X  1.  (1) Federal in (2) CREDIT (2)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability		 ne 11e	or 11f.See Form	990, P	-
Total. (Column Part X 1. (1) Federal ii (2) CREDIT (3)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes	art IV, lir		or 11f.See Form	990, P (b) Book value	-
Total. (Column Part X 1. (1) Federal ii (2) CREDIT (3) (4)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes	art IV, lir		or 11f.See Form	990, P (b) Book value	-
Total. (Column Part X )  1. (1) Federal i (2) CREDIT (3) (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes	art IV, lir		or 11f.See Form	990, P (b) Book value	-
1. (1) Federal i (2) CREDIT ( (3) (4) (5)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes	art IV, lir		or 11f.See Form	990, P (b) Book value	-
Total. (Column Part X )  1. (1) Federal i (2) CREDIT (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes	· · ·		or 11f.See Form	990, P (b) Book value	-
1. (1) Federal i (2) CREDIT C (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes			or 11f.See Form	990, P (b) Book value	-
Total. (Column Part X )  1. (1) Federal i (2) CREDIT (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes	· · ·		or 11f.See Form	990, P (b) Book value	-
1. (1) Federal i (2) CREDIT C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability  ncome taxes				990, P (b) Book value 31,633	- - - - - -

2

а

b

3

4

b

C 5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

Schedule D (Form 990) 2019

Page 4

1,696,968

6,604,092

6,604,092

9,702,826

499,620

9,203,206

9.203.206

Schedule D (Form 990) 2019

0

#### d Other (Describe in Part XIII.) е

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

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1 . . . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements . . . . .

Add lines **4a** and **4b** . . . . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . . Other losses . . . . . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . . Subtract line **2e** from line **1** . . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2c Amounts included on Form 990, Part VIII, line 12, but not on line 1:

2d 4a 4b

> 2a 2b

2c

2d

4a 4b

Explanation

2a

2b

1.675.937 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

2e 3 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

3

4c

5

-25.181

46.212

499,620

chedule D (Form 990) 2019		
Part XIII Supplemental Info	ormation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2019

# **Additional Data**

**EIN:** 68-0591481

Name: NATIONAL CENTER FOR WOMEN AND

INFORMATION TECHNOLOGY

## **Supplemental Information**

PART XI, LINE 2D - OTHER

ADJUSTMENTS:

Return Reference

ACCRUAL TO CASH - CHANGES IN PROMISES TO GIVE ACCRUAL TO CASH - CHANGES IN ACCOUNTS

RECEIVABLE

Software ID: Software Version:

Explanation

upplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ACCRUAL TO CASH - CHANGES IN A/P ACCRUAL TO CASH - CHANGES IN EXPENSES					

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

DLN: 93493132031841

Open to Public Inspection

nternal Revenue Service						- · · · · · · · · · · · · · · · · · ·		
ame of the organization ATIONAL CENTER FOR WOMEN	AND	' '	Employer identification number					
NFORMATION TECHNOLOGY	RMATION TECHNOLOGY 68-0591481							
					<u> </u>			
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 org	•	_	_					
			ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, line	21, for any recipient	
(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) See Additional Data								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								
<ul><li>Enter total number of secti</li><li>Enter total number of othe</li></ul>	. , . ,	-						

(Form 990)

Department of the

Treasury

Schedule I (Form 990) 2019

Page 2

(1) PRIZES FOR ASPIRATIONS IN COMPUTING AFFILIATE WINNERS, ASPIREIT CAMP PARTICI	5000		,	FMV PROVIDED BY DONOR OR COST OF COMPARABLE ITEMS IS RESEARCHED ONLINE	
(2) 2019 EDUCATOR AWARD	73	20,500			
(3) 2019 AIC NATIONAL AWARD	40	20,000			
(4) 2019 ASPIRATIONS IN COMPUTING COLLEGIATE AWARD	19	92,800			

(d) Amount of

noncash assistance

(e) Method of valuation (book,

FMV, appraisal, other)

(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

PUBLICATION.

(4)

PART I, LINE 2:

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

(c) Amount of

cash grant

FOR THE ACADEMIC ALLIANCE SEED FUND, NCWIT DOCUMENTS THE SEED FUND AWARD ELIGIBILITY AND SELECTION CRITERIA IN THE NCWIT SEED FUND GUIDELINES. ADDITIONAL INFORMATION FOR SPECIFIC ROUNDS IS SUPPLIED IN THE CALL FOR PROPOSALS FOR EACH ROUND. NCWIT ALSO MAINTAINS A FINANCIAL AND AN OPERATIONAL RECORD THAT DOCUMENTS RECIPIENT INFORMATION, AWARD AMOUNT, PROGRAM BUDGET, PAYMENT CONFIRMATION, ETC.

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

THE GRANT AWARD ELIGIBILITY AND SELECTION CRITERIA IN THE NCWIT AFFILIATE OUTREACH FUND AND AFFILIATE ASSISTANCE FUND REQUESTS FOR APPLICATIONS. NCWIT ALSO MAINTAINS A FINANCIAL AND AN OPERATIONAL RECORD THAT DOCUMENTS APPLICATIONS, RECIPIENT INFORMATION, AWARD AMOUNT, PROGRAM BUDGET, PAYMENT CONFIRMATION, ETC. NOWIT MAINTAINS DIRECT COMMUNICATION WITH EACH NOWIT AIC AFFILIATE PROGRAM AWARD RECIPIENT THROUGHOUT THE PROJECT. EACH RECIPIENT SUBMITS FINAL REPORTS REGARDING THE FOLLOWING TOPICS: FINAL PROGRAM INFORMATION, EVALUATION SURVEYS, PARTICIPANT INFORMATION, MEDIA RECOGNITION, AND FINAL BUDGET INFORMATION. FOR OTHER GRANT RECIPIENTS, IT IS A CASE BY CASE BASIS, BUT THERE IS ALWAYS SIGNIFICANT WRITTEN COMMUNICATION VIA EMAIL BETWEEN NCWIT AND THE GRANT RECIPIENT(S) REGARDING THE

## **Additional Data**

AAUW GREENSBORO BRANCH

GREENSBORO, NC 27214

PO BOX 10754

81-3155649

501(C)(3)

		Software ID Software Version EIN Name	: 68-0591481				
Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION 4603 CALVERT ROAD COLLEGE PARK, MD 20740	52-2197313	501(C)(3)	11,125				ACADEMIC ALLIANCE SEED AND ASPIREIT GRANT RECIPIENT

6,000

ASPIREIT GRANT

RECIPIENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) COLORADO SCHOOL OF MINES! 84-0509064 501(C)(3) 9.266 NEXT AWARD FOUNDATION RECIPIENT 1812 ILLINOIS ST GOLDEN, CO 80402

GIRL SCOUTS OF CENTRAL & 22-1928958 501(C)(3) 5.400 ASPIREIT GRANT

SOUTHERN NJ RECIPIENT 40 BRACE RD

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

CHERRY HILL, NJ 08034

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 91-6001537 501(C)(3) 79.765 GIFT TO CENTER FOR UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE BOX WORKFORCE 354965 DEVELOPMENT, SEATTLE, WA 98195 HARROLD NOTKIN

AWARD, CERSE EVAL AND ASPIREIT GRANT CENTER FOR 47-2005040 501(C)(3) 10.000

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

GREAT FALLS, VA 22066

IRECIPIENT GENDER DIVERSITY ENTREPRENEURSHIP TRESEARCH SUPPORT 503 ARNON LAKE DRIVE

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) DUIZE LINEVED CITY EC 0E22120 E01(C)(2) E 0001 CEED COANT DECIDIENT

PO BOX 602651 CHARLOTTE, NC 282602651	56-0532129	501(C)(3)	5,000		SEED GRANT RECIPIENT
LAS VEGAS COMMUNITY TECH FUND 1452 W HORIZON RIDGE	47-5547467	501(C)(3)	5,550		ASPIREIT GRANT RECIPIENT AND AIC AFFILIATE ASSISTANCE

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

PKWY

HENDERSON, NV 89012

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) SOUTHERN NEW HAMPSHIRE 02-0274509 501(C)(3) 10 0001 SEED GRANT RECIPIENT

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

UNIVERSITY 2500 N RIVER ROAD MANCHESTER, NH 03106		332(4)(3)			
STONY BROOK UNIVERSITY 230 ADMINISTRATION	11-6077945	501(C)(3)	10,000		EXTENSION SERVICES GIFT FUND

STONY BROOK, NY 11794

BUILDING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-6002248 501(C)(3) 15.693 TEXAS STATE UNIVERSITY **IEXTENSION SERVICES** 601 UNIVERSITY DRIVE IGIFT FUND SAN MARCOS, TX 78666

SAN MARCOS, TX 78666

UNIVERSITY OF CALIFORNIA 95-2540117 501(C)(3) 16,576

IRVINE FOUNDATION ASPIREIT GRANT RECIPIENT

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

IRVINE, CA 92617

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 54-6001796 501(C)(3) 11,000 ACHENBACH SUPPORT UNIVERSITY OF VIRGINIA

WEST VIRGINIA UNIVERSITY	55-6017181	501(C)(3)	9,000		ASPIREIT GRANT
THORNTON HALL 351 MCCORMICK ROAD CHARLOTTESVILLE, VA 229044744					

OF INST OF TECH RECIPIENT AND AIC ONE WATERFRONT PLACE 7TH AFFILIATE ASSISTANCE

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

DO BOY 400744 A227

MORGANTOWN, WV 26501

FLOOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 52-1573446 501(C)(3) 456,400 **IREBOOT** AMERICAN INDIAN COLLEGE FUND TREPRESENTATION GIFT

8333 GREENWOOD BLVD DENVER, CO 80221

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

DAVIE, FL 33314

BROWARD COLLEGE 59-1216107 501(C)(3) 10.000 **TEXTENSION S** 3501 SW DAVIE RD BLDG13

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 47-3097839 501(C)(3) 10.000 ES-UP LEARNING CAL STATE UNIVERSITY

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

ICIRCLES GIFT

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

GRAND RAPIDS, MI 49546

DOMINGUE

(b) EIN

CALVEN COLLECE	20 2071514	E01(C)(2)	6 000		ACDIDETT CDANT
DOMINGUEZ HILLS CARSON, CA 90747					
NSM A132 CALIFORNIA STATE UNIVERSIT					

CALVIN COLLEGE 38-3071514 6,0001 IASPIREIT GRANT 501(C)(3) 3201 BURTON ST SE RECIPIENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 34-1018992 501(C)(3) 12.000l CASE WESTERN RESERVE ASPIREIT GRANT UNIVERSITY RECIPIENT AND ES-UP LEARNING CIRLCES

10900 FUCLID AVE CLEVELAND, OH 44106 IGIFT

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

3500 6TH AVE SOUTH BIRMINGHAM, AL 35222

CENTRAL SIX DEVELOPMENT 46-2680335 501(C)(3) 5.000 COGNIZANT REGIONAL COUNCIL INITIATIVES PROJECT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 20-3122281 501(C)(3) 1.500l ASPIREIT GRANT CHANGING EXPECTATIONS CORP RECIPIENT PO BOX 1965

ROUND ROCK, TX 78680

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

47-4869137 501(C)(3) 19.000 ASPIREIT GRANT RECIPIENT

EVERYBODY CODE NOW 43341 JULIE MARTIN CT

ASHBURN, VA 20147

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 22-1494434 501(C)(3) 10.000 ES-UP LEARNING FARLEIGH DICKINSON CIRCLES GIFT UNIVERSITY FDU UNIVERSITY

ADVANCEMENT H-DH3-13 H-DH3-13 TEANECK, NJ 07666					
FLORIDA A&M UNIVERSITY FOUNDATION INC 625 FAST TENNESSEE ST	59-6175096	501(C)(3)	11,965		REBOOT REPRESENTATION GIFT

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

SUITE 100

TEALLAHASSEE, FL 32308

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation I (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-0836354	501(C)(3)	18,530		REPRESENTATION GIFT
HOLM ELEMENTARY SCHOOL	84-6001099	501(C)(3)	6.000		ASPIREIT GRANT

.(~)(~) 900 GRANT STREET RM 301 RECIPIENT

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

DENVER, CO 80203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

ASSPIRATIONS IN

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

501(C)(3)

ILLINOIS INSTITUTE OF

PUBLIC SCHOOLS 2601 BRANSFORD AVE NASHVILLE, TN 37204 36-2170136

TECHNOLOGY 10 WEST 35TH STREET SUITE 1700 CHICAGO, IL 60616		(-)(-)	,		COMPUTING GIFT
METROPOLITAN NASHVILLE PUBLIC SCHOOLS	62-0717138	501(C)(3)	6,000		ASPIREIT GRANT

10.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 94-3330604 501(C)(3) 653.599 IREBOOT MITCHELL KAPOR FOUNDATION TREPRESENTATION GIFT

NEW JERSEY INSTITUTE OF TECHNOLOGY TECHNOLOGY URM AWARE AND ES-UP LEARNING CIRLCES COMPUTER SCIENCE

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

SCIENCE

NEWARK, NJ 07102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7034689 501(C)(3) 10.000 **IES-UP LEARNING** NORTHEASTERN ILLINOIS UNIVERSITY CIRCLES GIFT 5500 N ST LOUIS AVE

CHICAGO, IL 60625 PASO DEL NORTE COMMUNITY 46-1997449 501(C)(3) 6.000

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

ASPIREIT GRANT FOUNDATION RECIPIENT 221 N KANSAS ST STE 1900 EL PASO, TX 79901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DUTCEDS LINEVEDSITY 22 7210742 E01/C1/21 22 500 IDEROOT ATION GIFT

IES-UP LEARNING

CIRCLES GIFT

FOUNDATION 335 GEORGE STREET NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	22,500			REPRESENTAT
THE RESTRETATION OF THE PROPERTY OF THE PROPER					<del></del>	

10.000

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

501(C)(3)

59-1210158

SEMINOLE STATE COLLEGE

100 WELDON BOULEVARD

SANFORD, FL 32773

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SOUTHWESTERN UNIVERSITY 74-1233796 501(0)(3) 10 0001 IES-UP LEARNING

1001 E UNIVERSITY AVE GEORGETOWN, TX 78626	, ,,	55=(5)(5)	20,000		CIRCLES GIFT
TECH BIRMINGHAM 1500 FIRST AVE NORTH UNIT	34-1975251	501(C)(3)	31,680		ALABAMA REGIONAL COORDINATOR

PROJECT 42 BIRMINGHAM, AZ 35203

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-2197313 501(C)(3) 14.300 **IREBOOT** THE UNIVERSITY OF

TREPRESENTATION GIFT

MARYLAND FOUNDATION
4603 CALVERT RD
COLLEGE PARK, MD 20740

TOWER FOUNDATION OF SAN 83-0403915 501(C)(3) 18,225

REBOOT

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

JOSE UNIVERSITY

1 WASHINGTON SQUARE SAN JOSE, CA 95192

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-1109633 501(C)(3) 13.000l ASPIREIT GRANT TRINITY UNIVERSITY NORTHRUP HALL 210 TRINITY IRECIPIENT AND

UNIVERSIT 1 TRINITY PLACE SAN ANTONIO, TX 78212

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

SOMERVILLE, MA 02144

501(C)(3) 5.000 TUFTS UNIVERSITY 04-2103634 ACADEMIC ALLIANCE 169 HOLLAND STREET TURM AWARD

(b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNIVERSITY OF CALIFORNIA 95-6006142 501(C)(3) 10,000 ACADEMIC ALLIANCE RIVERSIDE ISEED FUND

MAIN CASHIERS OFFICE STUDENT SERVICES BUILDING ROOM 1111 900 UNI RIVERSIDE, CA 92521					
UNIVERSITY OF COLORADO	84-6049811	501(C)(3)	4,175,000		CUF SALARIES, CUF

FOUNDATION ISUMMIT AND CUF OPS UNIVERSITY OF COLORADO GIFTS

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

(a) Name and address of

FOUNDATION

DENVER, CO 802179155

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) UNIVERSITY OF MARYLAND 52-2197313 501(C)(3) 10.000 ES-UP LEARNING CIRCLES GIFT COLLEGE

UNIVERSITY OF MEMPHIS	62-6048540	501(C)(3)	10.000		ES-UP
5109 IRIBE CENTER 8125 PAINT BRANCH DRIVE COLLEGE PARK, MD 20742					

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

MEMPHIS.TN 381480001

JP LEARNING .( \_/( \_/| DEPARTMENT 238 THE U OF M CIRCLES GIFT FOUNDATIO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 38-6006309 501(C)(3) 94,600 **IREBOOT** UNIVERSITY OF MICHIGAN

1221 BEAL AVENUE SUITE G264 ANN ARBOR, MI 48109					REPRESENTATION GIFT AND ES-UP GIFT
UNIVERSITY OF RICHMOND 118 UR DRIVE PURYEAR HALL 106	54-0505965	501(C)(3)	10,000		ES-UP LEARNING CIRCLES GIFT

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

UNIVERSITY OF RICHMOND RICHMOND, VA 23173

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 59-0879015 501(C)(3) 10.000 IES-UP LEARNING UNIVERSITY OF SOUTH

FLORIDA ICIRCLES GIFT 4202 F FOWLER AVE ALC100 TAMPA, FL 336205455

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

WINSTON SALEM, NC 27109

WAKE FOREST UNIVERSITY 56-0532138 501(C)(3) 10.000 ACADEMIC ALLIANCE PO BOX 7201 ISEED FUND

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

WILLAMETTE UNIVERSITY UNIVERSITY SERVICES	93-0386972	501(C)(3)	10,000		ACADEMIC ALLIANCE SEED FUND
BUILDING ATTN					
ACCOUNTING 900 STATE ST					

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

SALEM, OR 97301

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	49313	32031	841
Sch	edule J	C	ompensati	ion Information	10	4В No.	1545-0	0047
(Form 990)		For certain Office	2019					
•	tment of the Treasury	► Go to <u>www.irs.go</u>		i to Form 990. instructions and the latest inforr	nation.	pen t	to Pul ectio	
Nar	al Revenue Service ne of the organiz				Employer identificat			
	IONAL CENTER FOR ORMATION TECHNO				68-0591481			
Pa	rt I Questi	ons Regarding Compensa	ntion					
							Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
		companions	님	Payments for business use of perso				
		nification and gross-up payment	ts 📙	Health or social club dues or initiation				
	□ Discretion	nary spending account		Personal services (e.g., maid, chauf	reur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		<b>1</b> b		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20.122	2		
	unectors, truste	ees, officers, including the CEO/	Executive Director	r, regarding the items checked on th	e ia:			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
				Note: the control of				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	F	Approval by the board or compensa	tion committee			
4	During the year	, did any person listed on Form	990, Part VII, Se	ction A, line 1a, with respect to the f				
	related organiza							l
a		ance payment or change-of-cor				4a 4b		No
b c			•	ified retirement plan?		46 4c		No No
·				olicable amounts for each item in Part		1		
_		5), 501(c)(4), and 501(c)(29	-					
5		ed on Form 990, Part VII, Section on tingent on the revenues of:		the organization pay or accrue any				
a	=	n?				5a		No
b		anization?				5b		No_
6	For persons liste	•		the organization pay or accrue any				
а	The organization	n?				6a		No
b	=					6b		No
		6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do				NI -
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		No
For F		uction Act Notice, see the Ins			0053T Schedule J		1 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

(A) Name and Title		( <b>B)</b> Breal	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other deferred compensation	D) and (E) amoun (D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	ı		 		 I	 	 	
					I	<u> </u>	Schedule J (Fo	orm 990) 2019

Schedule J (Form 990) 2019	Page <b>3</b>
Part III Supplemental Info	rmation
Provide the information, explanation,	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
SCHEDULE J, PART II	BECAUSE NCWIT IS HEADQUARTERED AT THE UNIVERSITY OF COLORADO, MOST EMPLOYEES OF THE HEADQUARTERS STAFF ARE ADMINISTRATIVELY EMPLOYEES OF THE UNIVERSITY OF COLORADO, INCLUDING THE CEO (LUCY SANDERS), WHO REPORTS TO THE ASSOCIATE DEAN FOR ACCESS, INCLUSION AND STUDENT PROGRAMS IN THE COLLEGE OF ENGINEERING & APPLIED SCIENCE (CEAS) AT THE UNIVERSITY OF COLORADO. IN FISCAL YEAR FYE2020, THE ASSOCIATE DEAN FOR ACCESS, INCLUSION AND STUDENT PROGRAMS WITHIN THE UNIVERSITY OF COLORADO HUMAN RESOURCES SYSTEM WAS TERRI WRIGHT. CERTAIN FUNDS, INCLUDING SALARIES OF MOST EMPLOYEES OF THE HEADQUARTERS STAFF, FLOW THROUGH THE UNIVERSITY OF COLORADO, SPECIFICALLY, THE CEAS. BECAUSE THE CEO'S COMPENSATION COMES DIRECTLY FROM THE UNIVERSITY OF COLORADO (CEAS), THE CEO DOES NOT CHARGE NCWIT DIRECTLY FOR HER COMPENSATION, AND THE UNIVERSITY OF COLORADO DOES NOT TREAT THE CEO'S COMPENSATION AS A CHARITABLE CONTRIBUTION TO NCWIT. THE SALARY AND BENEFITS OF THE CEO AND NCWIT HEADQUARTERS STAFF AT THE UNIVERSITY OF COLORADO ARE ADMINISTERED WITHIN HR PROCESSES OF THE UNIVERSITY OF COLORADO AND ARE GOVERNED BY REGENT LAWS AND POLICIES, UNIVERSITY ADMINISTRATIVE POLICY STATEMENTS (APS), CAMPUS POLICIES, FEDERAL AND STATE LAWS AND REGULATIONS, AND INDUSTRY BEST PRACTICES.

Schedule 1 (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132031841 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization NATIONAL CENTER FOR WOMEN AND **Employer identification number** INFORMATION TECHNOLOGY 68-0591481 Part I Types of Property (c) (d) (a) (b) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . . **MISCELLANEOUS** Χ 46,212 VALUE BY DONOR Other ► ( GOODS ) 25 Other ▶ ( \_\_\_\_\_ Other ▶ ( \_\_ 28 Other ▶ (. Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2				
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization				
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
	Schedule M (Form 990) (2019)				

efile GRAPH	IC print -	DO NOT F	ROCES	5	As Filed D	ata -			DLN:	93493132031841
SCHEDULE O (Form 990 or 990- EZ)  Supplemental Information to Form 9 Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.  So to www.irs.gov/Form990 for the latest in						r responses to specific qu ide any additional inform n 990 or 990-EZ.	estions on ation.		OMB No. 1545-0047  2019 Open to Public Inspection	
Name! Betherofg NATIONAL CENTER INFORMATION TEC 990 Schedule	R FOR WOMEN A		Informa	tion	1			<b>Employe</b> 68-05914		fication number
Return Reference							Explanation			
FORM 990, PART VI, SECTION B, LINE 11B		OVAL BY 1	HE BOAF	RD F	INANCE CON		OF THE BOARD FINANCE EE, THE 990 IS ELECTRON			

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN ADDITION TO THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT, ON 4/6/2020 WE SENT A DETAILED QUESTIONNAIRE TO ALL CURRENT AND FORMER MEMBERS OF THE BOARD OF DIRECTORS, REQUE STING DISCLOSURE OF THEIR RELATIONSHIPS TO OTHER BOARD MEMBERS OR ANYONE ELSE HAVING A REL ATIONSHIP WITH NCWIT, EITHER ON A BUSINESS OR PERSONAL RELATIONSHIP BASIS. WHEN THERE IS A CONFLICT OF INTEREST, WE ASK THAT THE AFFECTED PERSON (BOARD MEMBER OR KEY EMPLOYEE) LEAV E THE ROOM DURING DISCUSSIONS THAT PERTAIN TO THEIR CONFLICT OF INTEREST. UP TO NOW, THIS HAS ONLY HAPPENED IN TWO INSTANCES WHEN THE BOARD VOTED TO APPROVE A CONTRACT INVOLVING A BOARD MEMBER. IN THE FIRST INSTANCE, THE AFFECTED BOARD MEMBER WAS REQUESTED TO LEAVE THE ROOM DURING THE DISCUSSION AND SUBSEQUENT VOTE. IN THE SECOND INSTANCE A PRIVATE VOTE WAS CONDUCTED THROUGH ELECTRONIC MAIL BETWEEN ALL BOARD MEMBERS MINUS THE AFFECTED BOARD MEMBE R.

Return Explanation
Reference

FORM 990,	NCWIT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE
PART VI,	TO THE PUBLIC UPON REQUEST.
SECTION C,	
LINE 19	

Return Explanation

Reference	
FORM 990,	CONSULTING FEES: PROGRAM SERVICE EXPENSES 1,234,808. MANAGEMENT AND GENERAL EXPENSES 0.
PART IX,	FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,234,808.
LINE 11G	

Return Explanation

Pafaranca

Reference	
FORM 990,	ACCRUAL TO CASH ADJUSTMENTS - CHANGES IN PROMISES TO GIVE 1,675,937. ACCRUAL TO CASH ADJUS
PART XI	TMENTS - CHANGES IN ACCOUNTS PAYABLE 498 120 ACCRUAL TO CASH AD JUSTMENTS - CHANGES IN DE

₄PAKI∧I, LINE 9: POSITS -1,500.

Return Explanation
Reference

FORM 990, PART XII, INDEPENDENT ACCOUNTANT.

LINE 2C:

THE BOARD OF DIRECTORS FINANCE COMMITTEE HAS OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Return Reference	Explanation
FORM 990	2019 SUPPLEMENTAL INFORMATION THE UNIVERSITY OF COLORADO AT BOULDER (CU) RECEIVES FINANCIA L SUPPORT WHICH BENEFITS NCWIT. THROUGH THE COLLEGE AND ENGINEERING AND APPLIED SCIENCE, C U HAS BEEN AWARDED FINANCIAL SUPPORT FROM THE NATIONAL SCIENCE FOUNDATION (NSF) TO HELP FU ND NCWIT AND TO FURTHER ITS MISSION THROUGH SPECIFIC PROGRAMS AS OF JUNE 30, 2020. BECAUSE CU IS THE RECIPIENT AND MANAGER OF THE NSF AWARDS AND SUB-CONTRACTS, THESE FUNDS ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS OF NCWIT. CU PROVIDES NCWIT WITH PERSONNEL AND ACCESS TO OTHER UNIVERSITY RESOURCES, WHICH ARE KEY TO NCWIT'S OPERATIONS. NCWIT DONATED \$4,020, 000 IN FYE 6/30/19, \$2,709,000 IN FYE 6/30/18, \$2,807,000 IN FYE 6/30/17, \$2,000,000 IN FY E 06/30/16, \$1,367,000 IN FYE 06/30/15, \$648,000 IN THE FIRST SIX MONTHS OF 2014, \$1,000,0 00 IN 2013, \$755,200 IN 2012, \$710,000 IN 2011, \$640,000 IN 2010, \$440,000 IN 2009 AND \$50 3,000 IN 2008 TO CU VIA THE UNIVERSITY OF COLORADO FOUNDATION. THESE DONATED FUNDS PROVIDE PARTIAL FUNDING FOR COMPENSATION OF NCWIT'S HEADQUARTERS STAFF, INCLUDING CEO, LUCY SANDE RS.