

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY		<b>D</b> Employer identification number 77-0480427
	Doing business as		<b>E</b> Telephone number (650) 460-5251
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1501 PAGE MILL ROAD, SUITE MS1105		<b>G</b> Gross receipts \$ 15,905,739.
	City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 94304-1314		
<b>F</b> Name and address of principal officer: TELLE WHITNEY SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.ANITABORG.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1997 **M** State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE CONNECT, INSPIRE AND GUIDE WOMEN IN COMPUTING AND ORGANIZATIONS THAT VIEW TECHNOLOGY INNOVATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	67
	6 Total number of volunteers (estimate if necessary)	6	3431
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,495,626.	11,540,755.
	9 Program service revenue (Part VIII, line 2g)	2,847,619.	4,362,702.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,884.	2,282.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 11)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (C), line 12)	11,348,129.	15,905,739.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	573,685.	686,647.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,531,406.	5,250,854.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 501,136.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,873,979.	9,874,792.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,979,070.	15,812,293.	
19 Revenue less expenses. Subtract line 18 from line 12	1,369,059.	93,446.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,019,817.	End of Year 4,469,168.
	21 Total liabilities (Part X, line 26)	1,029,610.	1,385,515.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,990,207.	3,083,653.

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	TELLE WHITNEY, CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LINDSEY PARNELL	Preparer's signature LINDSEY PARNELL	Date 11/04/16	Check if self-employed <input type="checkbox"/>	PTIN P00546853
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318	Phone no. 415-956-1500		
Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE CONNECT, INSPIRE AND GUIDE WOMEN IN COMPUTING AND ORGANIZATIONS THAT VIEW TECHNOLOGY INNOVATION AS A STRATEGIC IMPERATIVE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 7,730,144. including grants of \$ 616,338. ) (Revenue \$ 4,110,086. ) THE GRACE HOPPER CELEBRATION ("GHC") FOR WOMEN IN COMPUTING IS THE WORLD'S LARGEST GATHERING OF TECHNICAL WOMEN IN COMPUTING. OVER THE LAST DECADE AND TEN GHC CONFERENCES MORE THAN 35,000 WOMEN HAVE ATTENDED AND OVER 4,000 SCHOLARSHIPS HAVE BEEN AWARDED TO STUDENTS. PRESENTED WITH ASSOCIATION ON COMPUTING MACHINERY ("ACM") THE GHC CONFERENCES OFFER OPPORTUNITIES FOR MENTORING, MOTIVATION, NETWORKING, TECHNICAL AND CAREER DEVELOPMENT.

4b (Code: ) (Expenses \$ 533,801. including grants of \$ 3,080. ) (Revenue \$ 11,387. ) THE GRACE HOPPER CELEBRATION FOR WOMEN IN COMPUTING INDIA IS A GATHERING OF TECHNICAL WOMEN IN COMPUTING HELD IN INDIA. THIS IS SIMILAR TO THE ORIGINAL GRACE HOPPER CELEBRATION FOR WOMEN IN COMPUTING HELD IN NORTH AMERICA OVER THE LAST DECADE (SEE 4A ABOVE). THIS WAS THE SIXTH YEAR THE CONFERENCE WAS HELD WITH 2,248 WOMEN ATTENDING AND 170 SCHOLARSHIPS AWARDED TO THE EVENT. THE EVENT OFFERS OPPORTUNITIES FOR MENTORING, MOTIVATION, NETWORKING, TECHNICAL AND CAREER DEVELOPMENT FOR ATTENDEES.

4c (Code: ) (Expenses \$ 274,335. including grants of \$ 11,000. ) (Revenue \$ 219,750. ) THE WOMEN OF VISION AWARDS BANQUET, HOSTED BY THE ANITA BORG INSTITUTE'S BOARD OF TRUSTEES; HONORS WOMEN MAKING SIGNIFICANT CONTRIBUTIONS TO TECHNOLOGY. ONE WINNER IS SELECTED IN EACH CATEGORY; INNOVATION, LEADERSHIP, AND SOCIAL IMPACT. THE EVENT IS ALSO ATTENDED BY NUMEROUS INDUSTRY AND ACADEMIA LEADERS BOTH MALE AND FEMALE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,931,177. including grants of \$ 56,229. ) (Revenue \$ 21,479. )

4e Total program service expenses 13,469,457.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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> .....		X
<b>4 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> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> 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> .....	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 17? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <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> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> 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 .....	X	

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

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 32		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	<b>1b</b> 31		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **FARIDEH ESHAGH - (408) 569-5160**  
**1501 PAGE MILL ROAD MS1105, PALO ALTO, CA 94304**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BECK TREASURER/VP/SECRETARY/BOARD MEMBER	1.00	X		X			0.	0.	0.	
(2) NORA DENZEL TRUSTEE	1.00	X					0.	0.	0.	
(3) FRAN BERMAN TRUSTEE	1.00	X					0.	0.	0.	
(4) ROBIN ABRAMS TRUSTEE	1.00	X					0.	0.	0.	
(5) MARK BREGMAN TRUSTEE	1.00	X					0.	0.	0.	
(6) VIJAY ANAND TRUSTEE	1.00	X					0.	0.	0.	
(7) DEBI COLEMAN TRUSTEE	1.00	X					0.	0.	0.	
(8) NANCY COOPER TRUSTEE	1.00	X					0.	0.	0.	
(9) ALAN EUSTACE TRUSTEE	1.00	X					0.	0.	0.	
(10) ADITYA AGARWAL TRUSTEE	1.00	X					0.	0.	0.	
(11) KATHY HILL TRUSTEE	1.00	X					0.	0.	0.	
(12) BARBARA HOLZAPFEL TRUSTEE	1.00	X					0.	0.	0.	
(13) LEAH JAMIESON TRUSTEE	1.00	X					0.	0.	0.	
(14) TRACY KEOGH TRUSTEE	1.00	X					0.	0.	0.	
(15) BRIAN PAWLOWSKI TRUSTEE	1.00	X					0.	0.	0.	
(16) ANA PINCZUK TRUSTEE	1.00	X					0.	0.	0.	
(17) DIANA BERSOHN TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ASHLEY CONARD TRUSTEE	1.00	X					0.	0.	0.	
(19) MIKE SCHROEPFER TRUSTEE	1.00	X					0.	0.	0.	
(20) ANGELA TUCCI TRUSTEE	1.00	X					0.	0.	0.	
(21) MARIE WIECK TRUSTEE	1.00	X					0.	0.	0.	
(22) COLIN BODELL TRUSTEE	1.00	X					0.	0.	0.	
(23) JEN FITZPATRICK TRUSTEE	1.00	X					0.	0.	0.	
(24) ANNE HARDY TRUSTEE	1.00	X					0.	0.	0.	
(25) DOROTHY NICHOLLS TRUSTEE	1.00	X					0.	0.	0.	
(26) HILARY MASON TRUSTEE	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,051,788.	0.	98,325.	
<b>d Total (add lines 1b and 1c)</b>							2,051,788.	0.	98,325.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK - GRBCC, 1001 AVENIDA DE LAS AMERICAS, HOUSTON, TX 77010	GHC CATERING	795,000.
HARGROVE, INC. ONE HARGROVE DRIVE, LANHAM, MD 20706	DECORATING & ENTERTAINMENT	740,192.
PRODUCTION RESOURCE GROUP, LLC, 13450 SMITH ROAD SUITE 100, AURORA, CO 80011	AUDIO VISUAL	725,057.
CLOUDEL, INC, 2880 ZANKER ROAD SUITE 230, SAN JOSE, CA 95134	WEBSITE CONSULTING	422,586.
TRANSPORTATION MGMT SVCS, 17810 MEETING HOUSE RD #200, SANDY SPRING, MD 20860	GHC SITE TRANSPORTATION	391,308.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **21**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KRISTA CLAUDE TRUSTEE (THRU 12/2015)	1.00	X						0.	0.	0.
(28) PETER GRIFFITHS TRUSTEE (THRU 12/2015)	1.00	X						0.	0.	0.
(29) RICK RASHID TRUSTEE (THRU 12/2015)	1.00	X						0.	0.	0.
(30) JUSTIN RATTNER TRUSTEE (THRU 12/2015)	1.00	X						0.	0.	0.
(31) ELLORA ISRANI TRUSTEE (THRU 08/2015)	1.00	X						0.	0.	0.
(32) PANKAJ PATEL TRUSTEE	1.00	X						0.	0.	0.
(33) NATALIA RODRIGUEZ TRUSTEE	1.00	X						0.	0.	0.
(34) LISA SCHLOSSER TRUSTEE	1.00	X						0.	0.	0.
(35) KEVIN SCOTT TRUSTEE	1.00	X						0.	0.	0.
(36) AICHA EVANS TRUSTEE	1.00	X						0.	0.	0.
(37) TELLE WHITNEY PRESIDENT, CEO, TRUSTEE	40.00	X	X					326,212.	0.	0.
(38) ELIZABETH AMES SVP, STRAT. MKTG, ALLIANCES/PROG.	40.00				X			206,426.	0.	10,292.
(39) BARBARA GEE VP OF PROGRAMS	40.00				X			183,973.	0.	6,800.
(40) JODY MAHONEY SVP, BUSINESS DEVELOPMENT	40.00				X			220,539.	0.	10,150.
(41) AUDREY VAN BELLEGHEM VP, OPERATIONS	40.00				X			171,630.	0.	1,350.
(42) JANICE JOHNSON VP INFRASTRUCTURE AND TOOLS	40.00				X			186,974.	0.	10,900.
(43) FARIDEH ESHAGH VP OF FINANCE	40.00					X		178,707.	0.	18,250.
(44) CAROL GUSTAVESON SR. DIRECTOR, BUSINESS DEVELOPMENT	40.00					X		174,212.	0.	10,005.
(45) MICHAEL IVERS DIRECTOR OF PARTNER ENGAGEMENT	40.00					X		119,036.	0.	19,000.
(46) MONA SABET VP, GEN. MGR GHC INITIATIVE	40.00					X		145,119.	0.	1,000.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	182,010.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	11,358,745.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		13,095.				
	<b>h Total.</b> Add lines 1a-1f .....		11,540,755.				
	<b>Program Service Revenue</b>	<b>2 a</b> REGISTRATION FEES	<b>Business Code</b> 900099	4,362,702.	4,362,702.		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			4,362,702.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,282.			2,282.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			15,905,739.	4,362,702.	0.	2,282.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	599,634.	599,634.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	87,013.	87,013.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,335,246.	911,015.	331,877.	92,354.
<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 .....	3,060,899.	2,088,398.	760,791.	211,710.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	524,257.	357,691.	130,305.	36,261.
<b>10</b> Payroll taxes .....	330,452.	225,462.	82,134.	22,856.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	21,413.		21,413.	
<b>c</b> Accounting .....	31,656.		31,656.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,389,814.	2,139,429.	221,895.	28,490.
<b>12</b> Advertising and promotion .....	191,484.	177,744.	11,849.	1,891.
<b>13</b> Office expenses .....	489,736.	347,613.	112,363.	29,760.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	6,005.	4,289.	1,287.	429.
<b>17</b> Travel .....	647,964.	447,638.	126,445.	73,881.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....	6,017,378.	6,014,125.	2,306.	947.
<b>20</b> Interest .....	79.		79.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	30,877.	22,053.	6,619.	2,205.
<b>23</b> Insurance .....	44,134.	43,101.	681.	352.
<b>24</b> 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.)				
<b>a</b> CURRENCY EXCHANGE LOSS	4,252.	4,252.		
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,812,293.	13,469,457.	1,841,700.	501,136.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	605,543.
	<b>2</b> Savings and temporary cash investments .....	2,432,432.	<b>2</b>	2,020,134.
	<b>3</b> Pledges and grants receivable, net .....	1,421,502.	<b>3</b>	1,404,479.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	125,968.	<b>9</b>	303,263.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 217,981.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 143,261.	39,915.	<b>10c</b> 74,720.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	61,029.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,019,817.	<b>16</b>	4,469,168.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	696,360.	<b>17</b>	1,176,955.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	333,250.	<b>19</b>	208,560.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,029,610.	<b>26</b>	1,385,515.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,569,750.	<b>27</b>	2,688,165.
	<b>28</b> Temporarily restricted net assets .....	212,457.	<b>28</b>	187,488.
	<b>29</b> Permanently restricted net assets .....	208,000.	<b>29</b>	208,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	2,990,207.	<b>33</b>	3,083,653.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,019,817.	<b>34</b>	4,469,168.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,905,739.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,812,293.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	93,446.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,990,207.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,083,653.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</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		

Form **990** (2015)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,482,887.	4,707,991.	4,523,946.	8,495,626.	11,540,755.	32,751,205.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,482,887.	4,707,991.	4,523,946.	8,495,626.	11,540,755.	32,751,205.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3,024,843.
<b>6 Public support.</b> Subtract line 5 from line 4.						29,726,362.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	3,482,887.	4,707,991.	4,523,946.	8,495,626.	11,540,755.	32,751,205.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	10,280.	644.	5,466.	4,884.	2,282.	23,556.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						32,774,761.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,569,047.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	90.70 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	81.77 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organization.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the first 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (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		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

**Part VI**

**Supplemental Information.**

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

DRAFT

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY

Employer identification number

77-0480427

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

<b>Name of organization</b> ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	<b>Employer identification number</b> 77-0480427
------------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

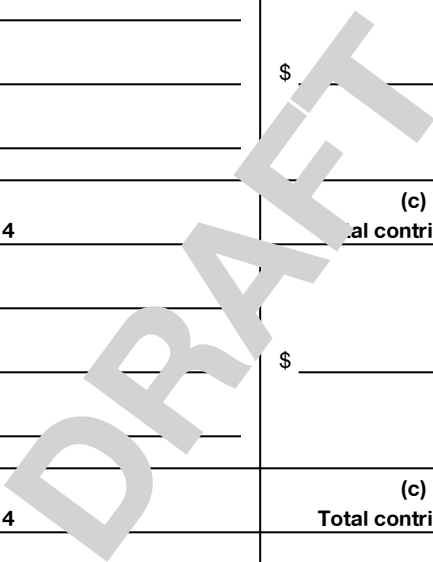
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	APPLE  1 INFINITE LOOP  CUPERTINO, CA 95014	\$ 325,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CISCO SYSTEMS INC.  PO BOX # 696024  SAN ANTONIO, TX 78269	\$ 268,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FACEBOOK, INC.  1601 WILLOW RD  MENLO PARK, CA 94025	\$ 272,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GOOGLE  PO BOX 2050  MOUNTAIN VIEW, CA 94042-2050	\$ 768,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	INTEL CORP.  2200 MISSION COLLEGE BOULEVARD  SANTA CLARA, CA 95054-1549	\$ 266,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JEMA MANAGEMENT  505 HAMILTON AVE #110  PALO ALTO, CA 94301	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	<b>Employer identification number</b> 77-0480427
------------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MICROSOFT  ONE MICROSOFT WAY  REDMOND, WA 98052-6399	\$ 530,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

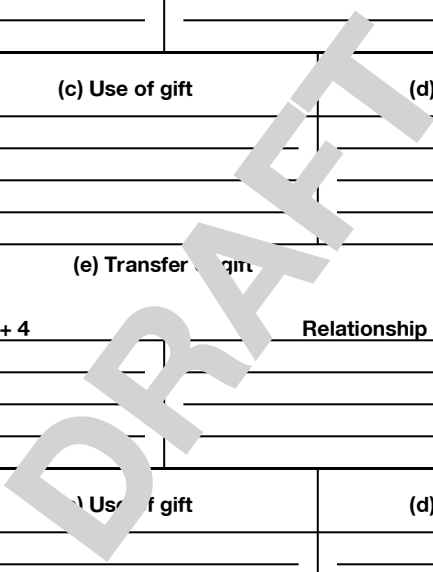




<b>Name of organization</b> ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	<b>Employer identification number</b> 77-0480427
------------------------------------------------------------------------------	-----------------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

Employer identification number 77-0480427

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including amounts for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                        | Amount    |
|----------------------------------------|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial amount liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Form 990, Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	208,000.				
<b>b</b> Contributions		208,000.			
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	208,000.	208,000.			

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  100.00 %
  - c** Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                            | Yes                      | No                                  |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		217,981.	143,261.	74,720.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				74,720.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	16,871,418.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	350,214.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	615,465.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	965,679.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	15,905,739.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	15,905,739.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	16,486,821.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	350,214.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	324,314.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	674,528.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	15,812,293.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part VIII, line 8.)		<b>5</b>	15,812,293.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO FUND SCHOLARSHIPS FOR THE GRACE HOPPER CELEBRATION OF WOMEN IN

COMPUTING CONFERENCE.

PART X, LINE 2:

U.S. GAAP REQUIRES THE ORGANIZATION TO EVALUATE TAX POSITIONS TAKEN BY THE

ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN

AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED

UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITY. THE ORGANIZATION HAS

REVIEWED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS AND BELIEVES THAT IT HAS

APPROPRIATE SUPPORT FOR THE TAX POSITIONS TAKEN. THEREFORE, NO LIABILITY

HAS BEEN RECORDED.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE ATTRIBUTABLE TO ABI INDIA 615,465.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ATTRIBUTABLE TO ABI INDIA 324,314.

DRAFT



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
---------------------------------------------------------------------------	----------------------------------------------

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

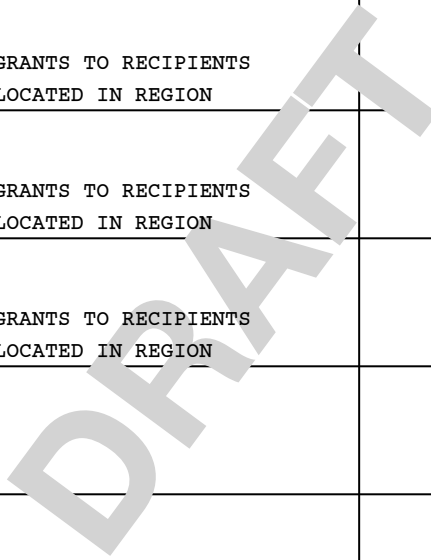
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH ASIA	1	5	PROGRAM SERVICES	CONSULTANT FEES & EXPENSE REIMBURSEMENTS	437,633.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	CONSULTANT FEES & TRAVEL REIMBURSEMENTS	19,714.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL REIMBURSEMENTS	10,249.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL REIMBURSEMENTS & SPONSORSHIP	7,674.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL REIMBURSEMENTS	1,800.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL REIMBURSEMENTS & SPONSORSHIP	10,160.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		18,674.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		17,148.
<b>3 a</b> Sub-total .....	1	5			523,052.
<b>b</b> Total from continuation sheets to Part I .....	0	0			51,191.
<b>c Totals</b> (add lines 3a and 3b) .....	1	5			574,243.

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

Schedule F (Form 990) 2015

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		10,536.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		12,348.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		4,546.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		12,366.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		9,436.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,959.
<b>Totals</b> .....					51,191.

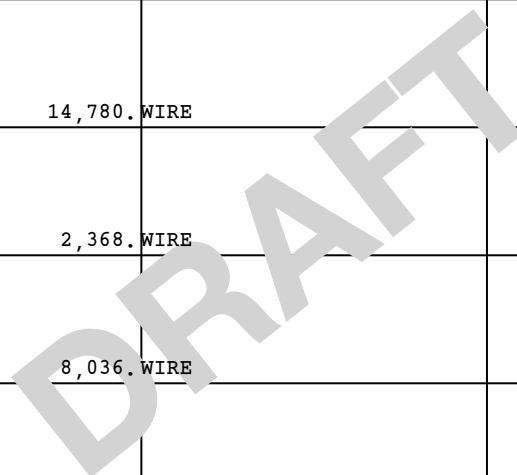




**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SYSTEMS PASS IT ON GRANT	SUB-SAHARAN AFRICA	2	1,805.	WIRE	0.		
GHC SCHOLARSHIPS	SUB-SAHARAN AFRICA	10	16,869.	WIRE	0.		
GHC SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	8	14,780.	WIRE	0.		
BLACK WOMEN IN COMPUTING	EUROPE (INCLUDING ICELAND & GREENLAND)	1	2,368.	WIRE	0.		
GHC SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	4	8,036.	WIRE	0.		
GHC SOCIAL IMPACT AWARD	MIDDLE EAST AND NORTH AFRICA	1	2,500.	WIRE	0.		
SYSTEMS PASS IT ON GRANT	SOUTH ASIA	3	2,150.	WIRE	0.		
GHC SCHOLARSHIPS	SOUTH ASIA	4	10,198.	WIRE	0.		
GHC SCHOLARSHIPS	NORTH AMERICA	4	4,546.	WIRE	0.		



<b>Part III Continuation of Grants and Other Assistance to Individuals Outside the United States.</b> (Schedule F (Form 990), Part III)							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GHC SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	5	12,366.	WIRE	0.		
GHC SCHOLARSHIPS	SOUTH AMERICA	5	9,436.	WIRE	0.		
GHC SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	2	1,959.		0.		

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**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2015

DRAFT

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

PASS IT ON ("PIO") GRANTS RECEIVE NOMINATIONS WHICH INCLUDE DESCRIPTIONS

OF THE PROJECT. GRANT DECISIONS ARE MADE BY A REVIEW COMMITTEE BASED ON

PIO GRANTS RECEIVING NOMINATIONS WHICH INCLUDE DESCRIPTIONS OF THE

PROJECT AND HOW THE MONEY WAS SPENT. FOR AWARD WINNER EXPENSES, WE

REIMBURSE ALL DOCUMENTED EXPENSES, AND THE EXPENSE REPORT IS HELD IN OUR

FINANCIAL FILES. FOR SCHOLARSHIP RECIPIENTS, WE REIMBURSE ALL DOCUMENTED

EXPENSES, AND THE EXPENSE REPORT IS HELD IN OUR FINANCIAL FILES. PIO

GRANTS ARE REQUIRED TO PROVIDE A REPORT DESCRIBING THE USE OF FUNDS. ALL

OTHER FUNDS ARE USED TO REIMBURSE EXPENSES FOR ATTENDING THE GRACE HOPPER

CELEBRATION CONFERENCE OR EXPENSES RELATED TO THE GRACE HOPPER

CELEBRATION CONFERENCE.

PART I, LINE 3, COLUMN F

TOTAL EXPENDITURES INCLUDING PIO CASH GRANTS AND REIMBURSEMENT OF

EXPENSES FOR ATTENDING THE GRACE HOPPER CELEBRATION CONFERENCE. THESE

EXPENSES INCLUDE; FULL CONFERENCE REGISTRATION, TRAVEL EXPENSES TO/FROM

THE CONFERENCE AND HOTEL ACCOMMODATIONS.

PART I AND PART III

REPORTED ON ACCRUAL METHOD OF ACCOUNTING.

FORM 926-RETURN BY A US TRANSFEROR OF PROPERTY TO A FOREIGN CORPORATION

THE ORGANIZATION PAID FOR SERVICES PROVIDED DURING THE YEAR TO A

FOREIGN CORPORATION RELATED TO THEIR CONFERENCE IN INDIA. THESE

TRANSFERS ARE NOT REQUIRED TO BE REPORTED UNDER IRC SEC 6038B AND

CONSEQUENTLY FORM 926 IS NOT REQUIRED TO BE FILED.

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization **ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

**Employer identification number**  
77-0480427

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

**DRAFT**

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

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARDS	8	46,580.	0.		
SYSTEMS PIO	13	12,300.	0.		
BLACK WOMEN IN COMPUTING	1	3,271.	0.		
GHC SCHOLARSHIPS	478	537,483.	0.		

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

PART I, LINE 2:

PASS IT ON ("PIO") GRANTS RECEIVE NOMINATIONS WHICH INCLUDE DESCRIPTIONS OF THE PROJECT. GRANT DECISIONS ARE MADE BY A REVIEW COMMITTEE BASED ON PUBLISHED CRITERIA. PIO GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A REPORT DESCRIBING THE RESULTS OF THE PROJECT AND HOW THE MONEY WAS SPENT. AWARDS ARE PROVIDED AS CASH TO AWARD WINNERS WHO ARE CHOSEN BY AN AWARD COMMITTEE BASED ON PUBLISHED CRITERIAS. GRACE HOPPER CELEBRATION ("GHC") CONFERENCE SCHOLARSHIPS PROVIDE FUNDING FOR STUDENTS TO ATTEND THE GRACE HOPPER CELEBRATION CONFERENCE FOR SCHOLARSHIP RECIPIENTS, THE ORGANIZATION

**Part IV** Supplemental Information

REIMBURSES ALL DOCUMENTED EXPENSES AND THE EXPENSE REPORT IS HELD IN THE

ORGANIZATION'S FINANCIAL FILES.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.

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

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

Employer identification number 77-0480427

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used only by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, receive any of the following with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(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				
(1) TELLE WHITNEY PRESIDENT, CEO, TRUSTEE	(i)	249,212.	77,000.	0.	0.	0.	326,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH AMES SVP, STRAT. MKTG, ALLIANCES/PROG.	(i)	180,226.	26,200.	0.	0.	10,292.	216,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA GEE VP OF PROGRAMS	(i)	113,723.	16,000.	54,250.	0.	6,800.	190,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JODY MAHONEY SVP, BUSINESS DEVELOPMENT	(i)	186,539.	34,000.	0.	0.	10,150.	230,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AUDREY VAN BELLEGHEM VP, OPERATIONS	(i)	153,630.	18,000.	0.	0.	1,350.	172,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANICE JOHNSON VP INFRASTRUCTURE AND TOOLS	(i)	112,641.	21,000.	53,333.	0.	10,900.	197,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FARIDEH ESHAGH VP OF FINANCE	(i)	162,082.	16,625.	0.	0.	18,250.	196,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CAROL GUSTAVESON SR. DIRECTOR, BUSINESS DEVELOPMENT	(i)	133,212.	41,000.	0.	0.	10,005.	184,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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.

PART I, LINE 4A:

BARBARA GEE

SEVERANCE PAY: 54,250; BENEFIT ALLOWANCE: 3,200

JANICE JOHNSON

SEVERANCE PAY: 53,333; BENEFIT ALLOWANCE: 5,660

PART I, LINE 7:

THE ORGANIZATION, AS APPROVED BY THE BOARD OF TRUSTEES, PAID INCENTIVE

COMPENSATION TO CERTAIN INDIVIDUALS BASED ON APPRAISALS OF WORK

PERFORMANCE.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
------------------------------------------------------------------------------	----------------------------------------------

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AS A STRATEGIC IMPERATIVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ABI'S EFFORTS TO INCREASE THE IMPACT OF WOMEN ON ALL ASPECTS OF

TECHNOLOGY HAVE LED TO AN UNDERTAKING OF A NUMBER OF OTHER PROGRAM

SERVICE ACTIVITIES INCLUDING; ABI.LOCAL, SYSTEMS, ORG TRANSFORMATION,

ACADEMIC, PROGRAM FOR WOMEN TECHNOLOGY AND THEIR PARTNER PROGRAMS. ALL

OF WHICH AIM TO CONNECT, INSPIRE AND GUIDE WOMEN IN COMPUTING AND

ORGANIZATIONS THAT VIEW TECHNOLOGY INNOVATION AS A STRATEGIC

IMPERATIVE.

EXPENSES \$ 4,931,177. INCLUDING GRANTS OF \$ 56,229. REVENUE \$ 21,479.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S AUDIT COMMITTEE IS DELEGATED (BY THE BOARD OF TRUSTEES)

WITH PRIMARY RESPONSIBILITY FOR REVIEWING AND APPROVING THE ORGANIZATION'S

FORM 990 BEFORE IT IS FILED WITH THE IRS. THE AUDIT COMMITTEE IS PROVIDED

WITH AN INITIAL DRAFT OF THE FORM 990. ANY COMMENTS OR QUESTIONS FROM THE

AUDIT COMMITTEE MEMBERS ARE REVIEWED DURING A REGULARLY SCHEDULED AUDIT

COMMITTEE MEETING. AFTER THE FORM 990 HAS BEEN APPROVED BY AUDIT COMMITTEE

MEMBERS, THE AUDIT COMMITTEE CHAIR THEN PRESENTS THE FORM 990 AND AUDITED

FINANCIAL STATEMENTS TO THE ENTIRE BOARD OF TRUSTEES. ANY OPEN ITEMS,

COMMENTS OR QUESTIONS ARE DOCUMENTED IN THE MINUTES TO THE MEETING. ONCE

ALL QUESTIONS AND COMMENTS HAVE BEEN RESOLVED, THE VP OF FINANCE EMAILS A

LINK TO THE FINAL FORM 990 TO ALL BOARD TRUSTEES.

Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
------------------------------------------------------------------------	-------------------------------------------

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EACH TRUSTEE AND EXECUTIVE OFFICER OF THE ORGANIZATION AND EACH MEMBER OF THE COMMITTEE WITH BOARD-DELEGATED POWERS ANNUALLY SIGN THE CONFLICT OF INTEREST STATEMENT AND DISCLOSURE FORM. IF ANY FORM SUBMITTED INDICATES A POTENTIAL CONFLICT OF INTEREST, THE FORM IS THEN FORWARDED TO THE BOARD AFFAIRS COMMITTEE, APPOINTED BY THE BOARD OF TRUSTEES, WHICH THEN REVIEWS THE FORM AND DETERMINES IF ANY CONFLICT OF INTEREST EXISTS AND TAKES THE APPROPRIATE ACTION AS OUTLINED IN THE ORGANIZATION'S POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

IN 2015, THE BOARD OF TRUSTEES REVIEWED AND DISCUSSED THE COMPENSATION PACKAGE RECOMMENDED BY THE EXECUTIVE COMMITTEE AND COMPENSATION DATA COMPILED REGARDING THE CEO'S COMPENSATION. VARIOUS FACTORS WERE CONSIDERED INCLUDING CEO'S PERFORMANCE REVIEWS, COMPENSATION DATA OBTAINED FROM VARIOUS RECRUITERS AND NON-PROFIT RESOURCES FOR SIMILARLY SITUATED CHARITABLE ORGANIZATIONS IN THE SAN FRANCISCO BAY AREA AND NATIONALLY, HISTORICAL COMPENSATION AND THE NEED FOR THE ORGANIZATION TO HAVE A TECHNICAL LEADER. THE BOARD THEN APPROVED AND PROPOSED A COMPENSATION PACKAGE WHICH IT DEEMED JUSTIFIED BASED ON THESE FACTORS. THE CEO DETERMINES COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THIS IS DONE WITH THE HELP OF OUTSIDE SALARY SURVEY DATA FROM OTHER NON-PROFIT ORGANIZATIONS, NETWORKING WITH EXECUTIVES FROM OTHER NOT-FOR-PROFIT ORGANIZATIONS, AND WITHIN THE ABI BUDGET CONSTRAINTS. IN ADDITION, THERE IS A COMPENSATION COMMITTEE AND INTERNAL PROCEDURES REQUIRE THAT ALL NEW SALARIES AND ANY SALARY CHANGES FOR OFFICERS AND KEY EMPLOYEES MUST BE APPROVED BY THE COMPENSATION COMMITTEE.



Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427
------------------------------------------------------------------------------	----------------------------------------------

## FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE  
MADE AVAILABLE UPON WRITTEN OR ORAL REQUEST. THE AUDITED FINANCIAL  
STATEMENTS ARE ALSO POSTED ON THE ORGANIZATION'S WEBSITE. WE DO NOT MAKE  
OUR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## ALL OTHER SERVICES:

PROGRAM SERVICE EXPENSES	1,231,627.
MANAGEMENT AND GENERAL EXPENSES	127,741.
FUNDRAISING EXPENSES	16,401.
TOTAL EXPENSES	1,375,769.

## EVENT PLANNING SERVICES:

PROGRAM SERVICE EXPENSES	482,777.
MANAGEMENT AND GENERAL EXPENSES	50,072.
FUNDRAISING EXPENSES	6,429.
TOTAL EXPENSES	539,278.

## WEBSITE CONSULTING:

PROGRAM SERVICE EXPENSES	425,025.
MANAGEMENT AND GENERAL EXPENSES	44,082.
FUNDRAISING EXPENSES	5,660.
TOTAL EXPENSES	474,767.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,389,814.
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# California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name  
**ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY**

California corporation number  
**2070389**

Additional information. See instructions.  
FEIN  
**77-0480427**

Street address (suite or room)  
**1501 PAGE MILL ROAD, SUITE MS1105**

City  
**PALO ALTO**

State  
**CA**

ZIP code  
**94304-1314**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990-PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing requirement, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in \_\_\_\_\_ year?  Yes  No

**P** Is a federal return 1023/1024 pending?  Yes  No  
Filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line C	1	4,364,984.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 2. This line must be completed. If the result is less than \$50,000, see General Instruction B	3	11,540,755.00
	4	STMT 1	4	15,905,739.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	15,905,739.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	15,812,293.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	93,446.00
<b>Filing Fee</b>	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
16	Penalties and Interest. See General Instruction J	16	00	
17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00	

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Title **CEO** Date \_\_\_\_\_ Telephone \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature **LINDSEY PARNELL** Date **11/04/16** Check if self-employed  PTIN **P00546853**

Firm's name (or yours, if self-employed) and address **MOSS ADAMS LLP**  
**101 SECOND STREET SUITE 900**  
**SAN FRANCISCO, CA 94105** Telephone **91-0189318**  
**415-956-1500**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

SEE PART II SUBSTITUTE ATTACHMENT

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	•	7	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	0. 00	
	12	Other salaries and wages	•	12	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	00
		14	Taxes	•	14	00
		15	Rents	•	15	00
		16	Depreciation and depletion (See instructions)	•	16	00
		17	Other Expenses and Disbursements	•	17	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets				
b Less accumulated depreciation	( )	( )	( )	
11 Land				•
12 Other assets				•
13 <b>Total assets</b>				
<b>Liabilities and net worth</b>				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 <b>Total liabilities and net worth</b>				

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	
6 Total. Add line 1 through line 5			

FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
3M	3M CENTER BUILDING 224-01-W-02 ST PAUL, MN 55144	12/31/15	7,150.
ACCENTURE	161 NORTH CLARK STREET CHICAGO, IL 60601	12/31/15	129,250.
ADDEPAR	1215 TERRA BELLA AVE MOUNTAIN VIEW, CA 94043	12/31/15	7,150.
ADOBE	345 PARK AVENUE SAN JOSE, CA 95110-2704	12/31/15	30,000.
ADP	1 ADP BOULEVARD ROSELAND, NJ 07068	12/31/15	25,000.
AIRBNB, INC.	888 BRANNAN STREET SAN FRANCISCO, CA 94103	12/31/15	77,500.
AMAZON	PO BOX 80683 SEATTLE, WA 98108-0683	12/31/15	83,000.
AMERICAN EXPRESS	200 VESEY STREET NEW YORK, NY 10285	12/31/15	101,750.
ANDREESSEN HOROWITZ	2865 SAND HILL ROAD MENLO PARK, CA 94025	12/31/15	28,750.
AOL	22000 AOL WAY DULLES, VA 21066	12/31/15	25,250.
APPDYNAMICS	303 2ND ST. SAN FRANCISCO, CA 94107	12/31/15	7,150.
APPIRIO. INC.	760 MARKET STREET SAN FRANCISCO, CA 94102	12/31/15	10,000.
APPLE	1 INFINITE LOOP CUPERTINO, CA 95014	12/31/15	325,400.

AT&T	308 S. AKARD STREET DALLAS, TX 75202	12/31/15	28,750.
ATHENA HEALTH INC	311 ARSENAL ST. WATERTOWN, MA 02472	12/31/15	25,250.
ATLASSIAN	1098 HARRISON STREET SAN FRANCISCO, CA 94103	12/31/15	25,250.
AUTODESK	111 MCINNIS PARKWAY SAN RAFAEL, CA 94920	12/31/15	25,250.
AVANADE INC	818 STEWART ST SEATTLE, WA 98101	12/31/15	93,500.
BANK OF AMERICA	50 ROCKEFELLER PLAZA NEW YORK, NY 10020	12/31/15	92,800.
BEST BUY	7601 PENN AVENUE SOUTH RICHFIELD, MN 55423	12/31/15	53,750.
BLACKROCK	ONE UNIVERSITY SQUARE DRIVE PRINCETON, NJ 08540-6455	12/31/15	7,150.
BLOOMBERG L.P.	731 LEXINGTON AVENUE NEW YORK, NY 10022	12/31/15	32,250.
BLOOMREACH	82 PIONEER WAY MOUNTAIN VIEW, CA 94041	12/31/15	7,150.
BNY MELLON	ONE PERSHING PLAZA JERSEY CITY, NJ 07399	12/31/15	130,650.
BOOKING.COM	800 CONNECTICUT AVENUE NORWALK, CT 06854	12/31/15	25,250.
BOX	4440 EL CAMINO REAL LOS ALTOS, CA 94022	12/31/15	25,250.
BRAINTREE	222 W MERCHANDISE MART PLAZA CHICAGO, IL 60654	12/31/15	28,750.
BROCADE	130 HOLGER WAY SAN JOSE, CA 94013	12/31/15	7,150.

BUZZFEED	200 5TH AVENUE NEW YORK, NY 10010	12/31/15	6,000.
CA TECHNOLOGIES	ONE CA PLAZA ISLANDIA, NY 11749	12/31/15	137,000.
CABLEVISION SYSTEMS CORPORATION	1111 STEWART AVENUE BETHPAGE, NY 11714	12/31/15	7,150.
CANONICAL	10 MAGUIRE RD LEXINGTON, MA 02421	12/31/15	7,150.
CAPITAL ONE	15000 CAPITAL ONE DR. RICHMOND, VA 23238	12/31/15	172,500.
CERNER	CERNER CORPORATION KANSAS CITY, MO 64117	12/31/15	7,150.
CHARTBOOST	420 TAYLOR ST. SAN FRANCISCO, CA 94102	12/31/15	7,150.
CIMPRESS	275 WYMAN STREET WALTHAM, MA 02451	12/31/15	20,500.
CISCO SYSTEMS INC.	PO BOX # 696024 SAN ANTONIO, TX 78269	12/31/15	268,000.
COMCAST	1701 JFK BLVD PHILADELPHIA, PA 19103	12/31/15	18,060.
COURSERA	381 E EVELYN AVENUE MOUNTAIN VIEW, CA 94041	12/31/15	7,150.
CREDIT SUISSE	ONE MADISON AVENUE NEW YORK, NY 10010	12/31/15	25,250.
D.E. SHAW RESEARCH	120 WEST 45TH ST. 34TH FLOOR NEW YORK, NY 10036	12/31/15	37,800.
DELL	ONE DELL WAY ROUND ROCK, TX 78682	12/31/15	96,300.
DELOITTE	30 ROCKEFELLER PLAZA NEW YORK, NY 10112-0015	12/31/15	25,250.

DEUTSCHE BANK	5201 GATE PARWAY JACKSONVILLE, FL 32256	12/31/15	25,250.
DEV BOOTCAMP	633 FOLSOM ST SAN FRANCISCO, CA 94107	12/31/15	30,000.
DROPBOX	185 BERRY STREET SAN FRANCISCO, CA 94107	12/31/15	76,500.
EBAY, INC.	P.O. BOX 981488 EL PASO, TX 79998-1486	12/31/15	116,800.
EMC	3003 OAK ROAD WALNUT CREEK, CA 94597	12/31/15	65,500.
ERICSSON	6300 LEGACY DRIVE PLANO, TX 75024	12/31/15	91,000.
ESPN	ESPN PLAZA BRISTOL, CT 68511	12/31/15	15,000.
EXPEDIA	333 108TH AVE. NE BELLEVUE, WA 98004	12/31/15	55,000.
FACEBOOK, INC.	1601 WILLOW RD MENLO PARK, CA 94025	12/31/15	272,500.
FACTSET	601 MERRITT 7 NORWALK, CT 06851	12/31/15	25,250.
FAST ENTERPRISES, LLC	6400 S. FIDDLER'S GREEN CIRCLE GREENWOOD VILLAGE, CO 80111	12/31/15	9,150.
FIDELITY INVESTMENTS	245 SUMMER STREET BOSTON, MA 02210	12/31/15	32,150.
FIREEYE, INC.	1440 MCCARTHY BLVD MILPITAS, CA 95035	12/31/15	7,150.
FLATIRON HEALTH	96 SPRING STREET NEW YORK, NY 10012	12/31/15	7,150.
GAP INC.	2 FOLSOM STREET SAN FRANCISCO, CA 94105	12/31/15	7,150.

GE	2326 CAMINO RAMON SAN RAMON, CA 94583	12/31/15	28,750.
GITHUB	548 4TH STREET SAN FRANCISCO, CA 94107	12/31/15	20,000.
GODADDY	14455 N HAYDEN ROAD SCOTTSDALE, AZ 85260	12/31/15	94,300.
GOLDMAN SACHS	85 BROAD STREET NEW YORK, NY 10004	12/31/15	33,150.
GOOGLE	PO BOX 2050 MOUNTAIN VIEW, CA 94042-2050	12/31/15	768,679.
GROUPON	600 W CHICAGO AVE. CHICAGO, IL 60654	12/31/15	28,750.
HACK REACTOR	944 MARKET STREET SAN FRANCISCO, CA 94102	12/31/15	5,000.
HAKERRANK	215 CASTRO ST MOUNTAIN VIEW, CA 94041	12/31/15	7,150.
HARRIS CORPORATION	1025 W. NASA BLVD. MELBOURNE, FL 32919	12/31/15	7,150.
HEWLETT PACKARD, INC.	1501 PAGEMILL ROAD PALO ALTO, CA 94304	12/31/15	90,300.
HUBSPOT	25 FIRST STREET CAMBRIDGE, MA 02141	12/31/15	7,150.
IBM	1 NEW ORCHARD ROAD ARMONK, NY 10504-1722	12/31/15	48,750.
INDIANA UNIVERSITY	535 W. MICHIGAN ST. INDIANAPOLIS, IN 46202-3103	12/31/15	8,415.
INTEL CORP.	2200 MISSION COLLEGE BOULEVARD SANTA CLARA, CA 95054-1549	12/31/15	266,000.
INTERNET SOCIETY (ISOC)	1775 WIEHLE AVENUE RESTON, VA 20190	12/31/15	13,050.



INTUIT	2632 MARINE WAY MOUNTAIN VIEW, CA 94043	12/31/15	106,700.
JANE STREET	1 NEW YORK PLAZA NEW YORK, NY 10004	12/31/15	7,150.
JEMA MANAGEMENT	505 HAMILTON AVE #110 PALO ALTO, CA 94301	12/31/15	450,000.
JOHNSON & JOHNSON	1003 US HIGHWAY ROUTE 202 RARITAN, NJ 88699	12/31/15	28,750.
JP MORGAN CHASE AND CO.	1111 POLARIS PARKWAY COLUMBUS, OH 43240	12/31/15	28,750.
JUNIPER NETWORKS	1194 N MATHILDA AVENUE SUNNYVALE, CA 94089-1206	12/31/15	54,750.
KNEWTON	100 FIFTH AVENUE NEW YORK, NY 10011	12/31/15	7,150.
KOHL'S	UNIVERSITY RELATIONS RECRUITER MENOMONEE FALLS, WI 53051	12/31/15	15,000.
LAM RESEARCH	4650 CUSHING PARKWAY FREMONT, CA 94538	12/31/15	5,000.
LGS INNOVATIONS	13665 DULLES TECHNOLOGY DRIVE ,SUITE 301 HERNDON, VA 20171	12/31/15	7,150.
LIBERTY MUTUAL INSURANCE	10 ST. JAMES AVE BOSTON, MA 02116	12/31/15	25,250.
LINKEDIN	580 N. MARY SUNNYVALE, CA 94086	12/31/15	121,000.
LIVING SOCIAL	1445 NEW YORK AVE NW, WASHINGTON, DC 20005	12/31/15	7,150.
LOCKHEED MARTIN	9500 GODWIN DR. BLDG. 101/J37 MANASSAS, VA 20110	12/31/15	59,750.
MACY'S	685 MARKET STREET SAN FRANCISCO, CA 94105	12/31/15	28,750.

MAILCHIMP	675 PONCE DE LEON AVE NE ATLANTA, GA 30308	12/31/15	25,250.
MARKETO	901 MARINERS ISLAND BLVD SUITE 500 SAN MATEO, CA 94404	12/31/15	25,250.
MARKLOGIC	999 SKYWAY ROAD SAN CARLOS, CA 94070	12/31/15	7,150.
MASTERCARD	2200 MASTERCARD BOULEVARD O'FALLON, MO 63368	12/31/15	71,500.
MESOPHERE	88 STEVENSON STREET SAN FRANCISCO, CA 94105	12/31/15	20,000.
MICROSOFT	ONE MICROSOFT WAY REDMOND, WA 98052-6399	12/31/15	530,643.
MONGODB, INC	229 W. 43RD ST. NEW YORK, NY 10036	12/31/15	7,150.
MORGAN STANLEY	1585 BROADWAY NEW YORK, NY 15317	12/31/15	25,250.
MYLAN	1000 MYLAN BLVD CANONSBURG, PA 15317	12/31/15	25,250.
NATIONAL SECURITY AGENCY	9800 SAVAGE ROAD (SAB3) SUITE 6856 FORT GEORGE G. MEADE, MD 20755-6856	12/31/15	18,000.
NATIONWIDE INSURANCE	3 NATIONWIDE PLAZA COLUMBUS, OH 43215	12/31/15	81,800.
NCWIT	1125 18TH ST BOULDER, CO 80309	12/31/15	7,000.
NETAPP, INC.	PO BOX 61659 SUNNYVALE, CA 94088-1659	12/31/15	69,000.
NETFLIX	100 WINCHESTER CIRCLE LOS GATOS, CA 95032	12/31/15	20,000.
NETSUITE	2955 CAMPUS DRIVE SAN MATEO, CA 94403	12/31/15	73,750.

NEUSTAR	505 HOWARD STREET SAN FRANCISCO, CA 94105	12/31/15	32,150.
NORTHROP GRUMMAN	2980 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	12/31/15	7,150.
NSF	4201 WILSON BOULEVARD ARLINGTON, VA 22230	12/31/15	157,860.
NUTANIX	1740 TECHNOLOGY DRIVE SAN JOSE, CA 95110-2704	12/31/15	7,150.
NVIDIA	2701 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95050	12/31/15	7,150.
OPEN TEXT	275 FRANK TOMPA DRIVE WATERLOO CANADA	12/31/15	7,150.
OPOWER	1515 N COURTHOUSE RD ARLINGTON, VA 22201	12/31/15	7,150.
OPTIMIZELY	631 HOWARD STREET SAN FRANCISCO, CA 94115	12/31/15	7,150.
ORACLE	1001 SUNSET BLVD. ROCKLIN, CA 95765	12/31/15	45,550.
PALANTIR TECHNOLOGIES	100 HAMILTON AVENUE PALO ALTO, CA 94301	12/31/15	28,750.
PALO ALTO NETWORKS	4401 GREAT AMERICA PARKWAY SANTA CLARA, CA 95032	12/31/15	50,250.
PANDORA	2101 WEBSTER STREET OAKLAND, CA 94612	12/31/15	25,250.
PAYPAL	2211 NORTH FIRST STREET MOUNTAIN VIEW, CA 94040	12/31/15	116,800.
PINTEREST	580 7TH STREET SAN FRANCISCO, CA 94103	12/31/15	25,250.
PREMIER, INC.	13034 BALLANTYNE OTHER PLACE CHARLOTTE, NC 28277	12/31/15	7,150.

PRUDENTIAL	751 BROAD STREET NEWARK, NJ 07102	12/31/15	22,150.
PURE STORAGE	650 CASTRO STREET MOUNTAIN VIEW, CA 94041	12/31/15	35,150.
PWC	1800 TYSONS BOULEVARD MCLEAN, VA 22102	12/31/15	25,250.
QATAR COMPUTING RESEARCH INSTITUTE	18TH FLOOR DOHA QATAR	12/31/15	20,000.
QUALCOMM	5775 MOREHOUSE DR SAN DIEGO, CA 92121	12/31/15	121,500.
QUORA	650 CASTRO STREET MOUNTAIN VIEW, CA 94041	12/31/15	25,250.
RACKSPACE	5000 WALZEM ROAD SAN ANTONIO, TX 78218	12/31/15	84,000.
RAYTHEON	870 WINTER STREET WATHAM, MA 02451	12/31/15	24,750.
RED HAT, INC.	100 E DAVIE STREET RALEIGH, NC 27601	12/31/15	45,250.
RMS	7575 GATEWAY BOULEVARD NEWARK, CA 94560	12/31/15	7,000.
SALESFORCE.COM	THE LANDMARK AT ONE MARKET STREET SAN FRANCISCO, CA 94105	12/31/15	73,750.
SAMSUNG	75 WEST PLUMERIA DRIVE SAN JOSE, CA 95134	12/31/15	7,150.
SANDISK CORP.	951 SANDISK DRIVE MILPITAS, CA 95035	12/31/15	25,000.
SAP	15 WAYSIDE ROAD BURLINGTON, MA 01803	12/31/15	32,150.
SEARS HOLDING CORPORATION	3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179	12/31/15	7,150.

SEQUOIA CAPITAL	3000 SAND HILL ROAD MENLO PARK, CA 94025	12/31/15	7,150.
SLACK	155 5TH STREET SAN FRANCISCO, CA 94103	12/31/15	25,250.
SNAPCHAT	64 MARKET STREET VENICE, CA 90291	12/31/15	7,150.
SPICEWORKS	7300 FM 2222 AUSTIN, TX 78730	12/31/15	7,150.
SPOTIFY	45 WEST 18TH STREET NEW YORK, NY 10011	12/31/15	25,250.
SQUARE	1455 MARKET STREET SAN FRANCISCO, CA 94103	12/31/15	25,250.
STATE FARM INSURANCE	3 STATE FARM PLAZA SOUTH BLOOMINGTON, IL 61791-0001	12/31/15	25,250.
STRIPE	3180 18TH ST. SAN FRANCISCO, CA 94110	12/31/15	7,150.
SURVEYMONKEY	101 LYTTON AVENUE PALO ALTO, CA 94301	12/31/15	7,150.
SYMANTEC	20330 STEVENS CREEK BOULEVARD CUPERTINO, CA 95014	12/31/15	92,050.
SYNOPSISYS	690 EAST MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043	12/31/15	15,000.
T. ROWE PRICE	P.O. BOX 270695 ST. LOUIS, MO 63127-0095	12/31/15	7,150.
TABLEAU SOFTWARE	837 NORTH 34TH ST SEATTLE, WA 98103	12/31/15	7,150.
TARGET	1000 NICOLLET MALL MINNEAPOLIS, MN 55403	12/31/15	28,750.
TERADATA CORPORATION	10000 INNOVATION DRIVE MIAMISBURG, OH 45342	12/31/15	25,250.

THE WALT DISNEY COMPANY	500 S. BUENA VISTA STREET BURBANK, CA 91521	12/31/15	28,750.
THOUGHTWORKS	200 EAST RANDOLPH STREET CHICAGO, IL 60601-6501	12/31/15	55,500.
THUMB TACK	360 9TH ST SAN FRANCISCO, CA 94103	12/31/15	7,150.
TIME INC,	1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020	12/31/15	31,900.
TRAVELERS INSURANCE	112 SEDGWICK RD HARTFORD, CT 06107	12/31/15	25,250.
TRIPADVISOR	141 NEEDHAM STREET NEWTON, MA 02464	12/31/15	25,250.
TWITTER, INC.	1355 MARKET STREET SAN FRANCISCO, CA 94103	12/31/15	28,750.
TWO SIGMA INVESTMENTS, LP	100 AVENUE OF THE AMERICAS NEW YORK, NY 10013	12/31/15	82,000.
UBER	1455 MARKET STREET SAN FRANCISCO, CA 94720	12/31/15	32,150.
US NAVY	5722 INTEGRITY DRIVE MILINGTON, TN 38054	12/31/15	6,150.
USAA	9800 FREDERICKSBURG SAN ANTONIO, TX 78288	12/31/15	28,750.
VANGUARD	PO BOX 2600 VM B24 VALLEY FORGE, PA 19482	12/31/15	7,150.
VERIZON	ONE VERIZON WAY NEW JERSEY, NJ 07920	12/31/15	30,750.
VIASAT	6155 EL CAMINO REAL CARLSBAD, CA 92009	12/31/15	25,250.
VISA	8910 RIDGELINE BLVD DENVER, CO 80129	12/31/15	121,300.

WALMART	850 CHERRY AVENUE SAN BRUNO, CA 94066	12/31/15	28,750.
XILINX, INC.	2100 LOGIC DRIVE SAN JOSE, CA 95124	12/31/15	7,950.
YAHOO! INC.	701 FIRST AVENUE SUNNYVALE, CA 94089-0703	12/31/15	76,000.
YELP	706 MISSION STREET SAN FRANCISCO, CA 94103	12/31/15	25,250.
ZAYO GROUP	1805 29TH ST BOULDER, CO 80301	12/31/15	7,150.
ZENPAYROLL	425 2ND STREET SAN FRANCISCO, CA 94107	12/31/15	25,250.
CHWICK, JANE	P.O. BOX 15203 ALBANY, NY 12212-5203	12/31/15	5,000.
FITZPATRICK, JENNIFER	809 IRWIN COURT HILLSBOROUGH, CA 94010	12/31/15	5,000.
DR. MANTTARI, HENRY AND DENZEL, NORA	15668 BOHLMAN ROAD SARATOGA, CA 95070	12/31/15	5,000.
PATEL, PANKAJ	10915 MIRAMONTE ROAD CUPERTINO, CA 95014	12/31/15	5,000.
HOELZLE,URS	PO BOX 60520 PALO ALTO , CA 94306	12/31/15	5,000.
O'REILLY MEDIA ROYALTY	1005 GRAVENSTEIN HWY NORTH SEBASTOPOL, CA 95472-2814	12/31/15	5,942.
RASHID, RICHARD	788 110TH AVENUE NE, APT # N-2002 BELLEVUE, WA 98004	12/31/15	6,000.
MICROSOFT MATCHING	ONE MICROSOFT WAY REDMOND, WA 98052	12/31/15	7,779.
CRAIGSLIST CHARITABLE FUND	222 SUTTER STREET, 9TH FLOOR SAN FRANCISCO, CA 94108	12/31/15	20,000.

AGARWAL, ADITYA	1501 PAGE MILL ROAD, SUITE MS1105 PALO ALTO, CA 94304-1314	12/31/15	25,000.
EUSTICE KWAN FAMILY FOUNDATION	205 HANNA WAY MENLO PARK, CA 94025	12/31/15	85,000.
DARTMOUTH COLLEGE	9 MAYNARD ST. HANOVER, NH 03755	12/31/15	5,740.
TOTAL INCLUDED ON LINE 3			8,815,718.

FORM 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

BREGMAN, MARK

401 CASTRO ST., STE 300 SAN FRANCISCO, CA  
94102

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

STOCK DONATIONS

12/29/15

5,136.

5,136.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

PAWLOWSKI, BRIAN

495 EAST JAVA DR. SUNNYVALE, CA 94301

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

STOCK DONATIONS

12/30/15

7,959.

7,959.

TOTAL INCLUDED ON LINE 3

13,095.



MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>111700</u>  ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY <small>Name of Organization</small>  1501 PAGE MILL ROAD, SUITE MS1105 <small>Address (Number and Street)</small>  PALO ALTO, CA 94304-1314 <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>2070389</u>  Federal Employer I.D. No. <u>77-0480427</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2015 and ending 12/31/2015) list:  
 Gross annual revenue \$ 15,905,739. Total assets \$ 4,469,168.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or indirectly in which any such officer, director or trustee had any financial interest?	x	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		x
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		x
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		x
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		x
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;">SEE STATEMENT 3</span>	x	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		x
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		x
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	x	

Organization's area code and telephone number (650) 460-5251

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

TELLE WHITNEY	CEO		
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

NSF  
4201 WILSON BOULEVARD  
ARLINGTON, VA 22230  
KAMAU BOBB, 703-292-4291

NATIONAL SECURITY AGENCY  
9800 SAVAGE ROAD (SAB3) SUITE 6856  
FORT GEORGE G. MEADE, MD 20755-6856  
PEG PARSONS, 301-688-6524

US NAVY  
5722 INTEGRITY DRIVE  
MILINGTON, TN 38054  
JOEL PENA, 301-837-0561

DRAFT