2018 Return Of Organization Exempt From Income Tax

Prepared for:

ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

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		PU				TATE REGI				OMB No. 1545-0047
Forn	Q	90				n Exempt				2010
Form		JU				e Internal Revenu nbers on this form				<u> </u>
		of the Treasury nue Service			-	for instructions an	-	-		Open to Public Inspection
			ar year, or tax ye				d ending	intornation.		
_	heck if		f organization	gg			J	D Employer	r identificati	on number
ap	oplicab	la.	A BORG IN	STITUTE	FOR WOM	EN AND				
X	Addre		NOLOGY							
-	Name		usiness as						77-048	0427
	Initial return		and street (or P.0). box if mail is n	ot delivered to str	eet address)	Room/suite	E Telephone	e number	
	Final return	1301	SHOREWAY	ROAD		,	425			2-7500
	termir ated	City or t	own, state or prov	vince, country,	and ZIP or forei	gn postal code		G Gross receipt	ts \$	34,365,136.
	Amen return	BELM	ONT, CA	94002				H(a) Is this a	group retur	n
	Applic tion	^{ca-} F Name a	nd address of prin	ncipal officer: B	RENDA DA	ARDEN WILK	ERSON	for subo	ordinates?	Yes X No
	pendi	SAME	AS C ABOV	Έ				H(b) Are all sub	ordinates includ	ed? Yes No
		empt status:		501(c) () 🗲 (insert r	no.) 4947(a)(1)) or 527	lf "No,"	attach a list.	. (see instructions)
			ANITABORG	• ORG				H(c) Group e		
			X Corporation	Trust	Association	Other 🕨	L Year	of formation: 1	. 997 м St	ate of legal domicile: CA
Ра	rt I	Summary								
a	1					activities: WE C				
Activities & Governance						TIONS THAT				
erné	2	Check this bo		-		operations or dispo	osed of more	than 25% of it	1 1	
Š	3		ting members of th							34
~						ly (Part VI, line 1b)				<u> </u>
ies	5					Part V, line 2a)				4067
Ę										<u> 4067</u> 0.
Pet						ne 12				0.
\rightarrow	b	Net unrelated	business taxable	Income from F	orm 990-1, line	38				
		Contributions	and grants (Dort)	(III line 1h)				Prior Yea		Current Year 9,671,736.
en	8 9		and grants (Part V ce revenue (Part V					12,766,		24,578,606.
Revenue		•	•					118,		112,489.
Be						nd 11e)			0.	2,305.
	12					olumn (A), line 12)		28,531,		34,365,136.
	13		milar amounts paid					1,721,		1,960,737.
			to or for members	-		,			0.	0.
ം	15	Salarias atha	r componention o		ite (Dart IV, colu	(Λ) lines 5.10		9,606,	628.	10,362,745.
ise	16a	Professional f	undraising fees (P	art IX, column	(A), line 11e)	(, , , , , , , , , , , , , , , , , , ,			0.	0.
Expenses	b	Total fundrais	ing expenses (Par	t IX, column (D), line 25) 🕨 🕨	<u>420,1</u>	.43.			
Ш								13,938,	004.	16,694,869.
	18	Total expense	s. Add lines 13-17	' (must equal P	art IX, column (A), line 25)		25,265,	962.	29,018,351.
		Revenue less	expenses. Subtra	ct line 18 from	line 12			3,265,	500.	5,346,785.
t Assets or Id Balances							Be	ginning of Curre		End of Year
sets alan	20	Total assets (I	Part X, line 16)					<u>11,662,</u>		16,515,451.
tAs	21		s (Part X, line 26)					2,690,		2,267,827.
<u>E</u> R	22			ubtract line 21 f	from line 20			8,972,	256.	14,247,624.
	rt II	•								
									-	owledge and belief, it is
true,	corre	ct, and complete	. Declaration of prepa	arer (other than	officer) is based o	on all information of w	vhich preparer	has any knowled	dge.	
_		Cianatur	e of officer	אר 🔶				Dot-		
Sign		, °						Date		
Here	e		DA DARDEN print name and title	WILKER	SON, PRE	SIDENT &	CEO			
		F Type of						Date	Oheels	

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	TAMARA L. MCINERNEY	TAMARA L. MCINERNEY	11/14/19	e self-employed P00011797	
Preparer	Firm's name BPM LLP		Firm	's EIN ▶ 81-4234542	
Use Only	Firm's address 4200 BOHANNON DR	IVE, SUITE 250			
	MENLO PARK, CA 9	4025-1021	Phon	ne no. 650 - 855 - 6800	
May the IRS discuss this return with the preparer shown above? (see instructions)					
832001 12 3	1-19 I HA For Paperwork Beduction Act Notic	ca see the senarate instructions		Form 990 (2018)	

 12-31-18
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2018)

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

	ANITA BORG INSTITUTE FOR WOMEN AND		
	1990 (2018) TECHNOLOGY	77-0480427	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: WE CONNECT, INSPIRE AND GUIDE WOMEN IN COMPUTING AND (ORGANIZATIONS	
	THAT VIEW TECHNOLOGY INNOVATION AS A STRATEGIC IMPERAT		
2	Did the organization undertake any significant program services during the year which were not listed on the	10	
	prior Form 990 or 990-EZ?	Ye	s 🚺 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Ye	s 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a			,080.)
	THE GRACE HOPPER CELEBRATION (GHC) FOR WOMEN IN COMPUT		
	WORLD'S LARGEST GATHERING OF TECHNICAL WOMEN IN COMPUT		DED
	BY DR. ANITA BORG AND DR. TELLE WHITNEY IN 1994 AND IN		
	LEGACY OF ADMIRAL GRACE MURRAY HOPPER, THE GRACE HOPPE		
	WOMEN IN COMPUTING BRINGS THE RESEARCH AND CAREER INTH		N IN
	COMPUTING TO THE FOREFRONT. THE CONFERENCE RESN COLLA		
	PROPOSALS, NETWORKING, AND MENTORING FOR OUR ATTENDEES		
	SPEAKERS ARE LEADERS IN THEIR RESPECTIVE FIELDS, REPRI		<i>.</i>
	ACADEMIA, AND GOVERNMENT. IN 2018, GHC HAD OVER 20,00		
	ATTENDEES WITH 898 SPEAKERS PRESENTING A VARIETY OF IS	SSUES FACING TH	HE
	TECHNOLOGY INDUSTRY AS IT RELATES TO WOMEN.		
4b	(Code:) (Expenses \$2,350,876. including grants of \$20,000.)		,552.)
	ORGANIZATIONAL TRANSFORMATION/PARTNERSHIPS - ABI RECO		
	OF WOMEN TECHNOLOGISTS, AND HELPS INNOVATION DRIVEN OF		
	BALANCED TEAMS. ABI PARTNERS WITH APPROXIMATELY 80 IN		5
	WORLDWIDE. THESE FORWARD THINKING ORGANIZATIONS ARE I		
	BUILDING A DIVERSE WORKFORCE WITH ROBUST REPRESENTATION	<u>ON OF TECHNICAI</u>	L
	WOMEN.		
4-	(<u> </u>	,714.)
4C	(Code:) (Expenses \$1,098,496. including grants of \$86,650.) ANITAB.ORG COMMUNITIES ARE A NETWORK OF LOCALLY ORGAN		
	THAT BRING WOMEN TECHNOLOGISTS TOGETHER IN CITIES AROU		- G
	OUR COMMUNITIES HELP WOMEN IN TECHNOLOGY GET CONNECTED		
		IES ARE ACTIVE	TN
	MANY CITIES AROUND THE WORLD INCLUDING: AMSTERDAM, ATI		
	BOSTON, CHICAGO, HOUSTON, LONDON, LOS ANGELES, MINNEAR		
	NEW YORK, SEATTLE. SILICON VALLEY, TOKYO.	CUIS, MAIROBI,	/
	NEW TORK, SEATTLE: STLICON VALLET, TORIO.		
4 d	Other program services (Describe in Schedule O.)		
τu	(Expenses \$ 4,053,625 · including grants of \$ 657,614 ·) (Revenue \$	5,260.)	
4e	Total program service expenses ► 23,015,290.		
-10		Form	990 (2018)
83200	2 12-31-18	1.0111	(2010)

ANITA BORG INSTITUTE FOR WOMEN AND Form 990 (2018) TECHNOLOGY Part IV Checklist of Required Schedules

77-0480427	Page 3
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>x</u>	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZa		100		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- 23
D		12b	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	i-ta		
0	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	x	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form **990** (2018)

ANITA BORG INSTITU	JTE FOR WOMEN	AND
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Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Schedule J

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current

and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the

	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		
	Schedule K. If "No," go to line 25a	24a	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		
	any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	
ja	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		
	Schedule L, Part I	25b	X
;	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		
	complete Schedule L, Part II	26	X

complete Schedule L, Part II
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
of any of these persons? If "Yes," complete Schedule L, Part III

28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
	instructions for applicable filing thresholds, conditions, and exceptions):
2	A current or former officer, director, trustee, or key employee? If "Vec." complete Schedule L. Dert IV

а	A current or former officer, director, trustee, of	r key employee?	If "Yes," complete :	Schedule L, Par	tIV	
	A family manual an of a symmetry family of family	dina at an transform				

b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
	Did the organization receive more than \$25,000 in non-cash contributions? If "Ves." complete Schoolule M

29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
	contributions? If "Yes," complete Schedule M
31	Did the organization liquidate, terminate, or dissolve and cease operations?
	If "Yes," complete Schedule N, Part I

32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
	Schedule N, Part II	32	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	2
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		
	Part V, line 1	34	2
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	2
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	

36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI lines 11b and 192			

38	d the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and
	ote. All Form 990 filers are required to complete Schedule O
Par	V Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response or note to any line in this Part V

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	103			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c		
с		portat	ble gaming	1c		

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22

23

26

38

Х

22

23

27

28a

28b

28c

29

30

31

Yes

Х

х

No

х

Х

Х

х

х

Х

Х

х

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

Part IV Checklist of Required Schedules (continued)

Form	990 (2018) TECHNOLOGY 77-0480	427	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 93			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

Form	990 (2	018) TECHNOLOGY		77-0480		P	age 6
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b	below, and for a "	No" re	spons	se
		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
		Check if Schedule O contains a response or note to any line in this Part VI					X
Sec		A. Governing Body and Management					
						Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	34			
		e are material differences in voting rights among members of the governing body, or if the governing					
		lelegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b		the number of voting members included in line 1a, above, who are independent	1b	33			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship					
2					2		x
3		r, director, trustee, or key employee? e organization delegate control over management duties customarily performed by or under the			2		
3		cers, directors, or trustees, or key employees to a management company or other person?		•	3		x
					4		X
4		e organization make any significant changes to its governing documents since the prior Form 9			4 5		X
5		e organization become aware during the year of a significant diversion of the organization's ass			5 6		X
6		e organization have members or stockholders?			0		
7a		e organization have members, stockholders, or other persons who had the power to elect or ap	•		-		x
		members of the governing body?			7a		
b		ny governance decisions of the organization reserved to (or subject to approval by) members, st					v
-	•	ns other than the governing body?			7b		X
8		e organization contemporaneously document the meetings held or written actions undertaken during the yea		-	-	37	
а		overning body?			8a	X	
b		committee with authority to act on behalf of the governing body?			8b	Х	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					37
<u> </u>	organ	ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			9		X
Sec		3. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	ode.)			
						Yes	No
		e organization have local chapters, branches, or affiliates?			10a		X
b		s," did the organization have written policies and procedures governing the activities of such ch	apters, a	ffiliates,			
					10b		
		ne organization provided a complete copy of this Form 990 to all members of its governing body	before f	iling the form?	11a		X
		ibe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
		e organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b		fficers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С		e organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v	
		edule O how this was done			12c	X	
13		e organization have a written whistleblower policy?			13	X	
14		e organization have a written document retention and destruction policy?			14	Х	
15		e process for determining compensation of the following persons include a review and approva	by inde	pendent			
		ns, comparability data, and contemporaneous substantiation of the deliberation and decision?				77	
а		rganization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b		officers or key employees of the organization			15b	Х	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with	а			
		e entity during the year?			16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to evaluat		icipation			
		t venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
<u></u>		ot status with respect to such arrangements?			16b		
Sec		C. Disclosure					
17		he states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					
18		on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-T (Section 501(c)(3)s	only) a	availat	ble
		blic inspection. Indicate how you made these available. Check all that apply.					
		Own website Another's website X Upon request Other (explain		,			
19		ibe in Schedule O whether (and if so, how) the organization made its governing documents, cor	flict of in	terest policy, and	financi	al	
		nents available to the public during the tax year.					
20		the name, address, and telephone number of the person who possesses the organization's boo	ks and r	ecords 🕨			
		NNE LEE - 650-352-7500					
	130	1 SHOREWAY ROAD #425, BELMONT, CA 94002					

ANITA BORG INSTITUTE FOR WOMEN AND		
Form 990 (2018) TECHNOLOGY	77-0480427	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
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 c	or within the organization's	tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardle Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ss of amount of compensa	ation.

• 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 report-able 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior) than d		Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a di	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) AICHA EVANS	1.00			0	×	Ξœ	<u> </u>			
TRUSTEE		х						0.	0.	0.
(2) ANA PINCZUK	1.00									
TRUSTEE		Х						0.	0.	0.
(3) ANGELA TUCCI	1.00									
TRUSTEE		Х						0.	0.	0.
(4) BARBARA HOLZAPFEL	1.00									
TRUSTEE		Х						0.	0.	0.
(5) COLIN BODELL	1.00									
TRUSTEE		Х						0.	0.	0.
(6) DIANA BERSOHN	1.00									
TRUSTEE		Х						0.	0.	0.
(7) DOROTHY NICHOLLS	1.00									
TRUSTEE		Х						0.	0.	0.
(8) FRAN BERMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(9) FREADA KAPOOR KLEIN	1.00									
TRUSTEE (FROM FEB 2018)		Х						0.	0.	0.
(10) HILARY MASON	1.00									
TRUSTEE		Х						0.	0.	0.
(11) JEN FITZPATRICK	1.00									
TRUSTEE		Х						0.	0.	0.
(12) JESSICA MERRITT	1.00									
TRUSTEE (FROM SEPT 2018)		Х						0.	0.	0.
(13) JOY CHIK	1.00									
TRUSTEE		Х						0.	0.	0.
(14) KAMAU BOBB	1.00									
TRUSTEE		Х						0.	0.	0.
(15) KRISTIN MAJOR	1.00									
TRUSTEE (FROM SEPT 2018)	1	Х						0.	0.	0.
(16) LISA SCHLOSSER	1.00							_	•	•
TRUSTEE	1 00	Х						0.	0.	0.
(17) LUCILLE MAYER	1.00							_	•	•
TRUSTEE		Х						0.	0.	0.

ANITA BOR	G INSTITUTE	FOR	WOMEN	AND
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TECHNOLOGY

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Form 990 (2018) TECHNOLOG	βY								77-04	1804	127	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi		l than o	no	Reportable	Reportable		Est	timate	ed
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	n	am	ount	of
	week		cer an	d a di	recto	r/trust	ee)	from	from related	I		other	
	(list any hours for	recto						the	organizations	I		oensa	
	related	or di	ee			ated		organization	(W-2/1099-MIS	,C)		om th	
	organizations	rustee	trust		66	npens		(W-2/1099-MISC)			0	anizat I relat	
	below	dual ti	itiona		nploy	st cor yee	-					nizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				e.gu		0.110
(18) MARGARET OATES	1.00												
TRUSTEE		х						0.		0.			Ο.
(19) MARIE WIECK	1.00												
TRUSTEE		х						0.		0.			Ο.
(20) NICOLE ANASENES	1.00												
TRUSTEE		Х						0.		0.			0.
(21) NORA DENZEL	1.00												
TRUSTEE		Х						0.		0.			0.
(22) REBECCA PARSON	1.00												
TRUSTEE		Х						0.		0.			0.
(23) TARA RADFORD	1.00												
TRUSTEE (FROM SEPT 2018)		Х						0.		0.			0.
(24) TRACY KEOGH	1.00												
TRUSTEE		Х						0.		0.			0.
(25) VALERIE TAYLOR	1.00												
TRUSTEE		Х						0.		0.			0.
(26) VIJAY ANAND	1.00												
TRUSTEE		Х						0.		0.			0.
1b Sub-total						I		0.		0.			0.
c Total from continuation sheets to Part VI								3,380,764.		0.	269		
d Total (add lines 1b and 1c)								3,380,764.		0.	269	1,5	84.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	l.			20
compensation from the organization												<u> </u>	30
										Г	_	Yes	No
3 Did the organization list any former officer,													37
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150			•							·····	4	X	
5 Did any person listed on line 1a receive or a									Iual for services		-		x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedule	<u>ə J f</u> o	or su	ich p	bers	on .				<u></u>	5	l	л
1 Complete this table for your five highest cor	monsated ind	ana	ndor		ntra	octor	e tk	at received more than \$	100 000 of comp	oneat	ion fro		
the organization. Report compensation for t		•							•	chisat			
(A)	ne calendar ye		nuir	ig wi			<u> </u>	(B)			(C)	<u>،</u>	
Name and business	address							Description of s	ervices	C	ompen		n
OPUS SOLUTIONS, LLC, 9000	SW NIM	BIJ	S J	AVI	Ε.			· · ·			<u> </u>		
BEAVERTON, OR 97008-7181	D. 1111		~ .		- •	'		CONFERENCE SI	ERVICES	1	,357	7.5	98.
PRODUCTION RESOURCES GROU	P. LLC										<u>,</u>	<u> </u>	
P.O. BOX 419470, BOSTON,		1						AUDIO VISUAL		1	,123	3,8	92.
FREEMAN AUDIO VISUAL, INC												_	
PO BOX 650519, DALLAS, TX		05	19					AUDIO VISUAL			703	3,9	05.
THE BRIDGESPAN GROUP, INC				Pl	LA	CE	_	PROFESSIONAL					
SUITE 3700B, BOSTON, MA 0								SERVICES			590),9:	10.
LMG TECHNICAL SERVICES LL													
2350 INVESTORS ROW, ORLAN	DO, FL	32	83	7				AUDIO VISUAL			544	1,7	55.

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

ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

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Part VII Section A. Officers, Directors, Tr		nnlo	NOO	e an	чн	liab	oct ($0 \neq 0 = 77$	0427
			yee			igne	851		```	(E)
(A)	(B)			(C Posi				(D) Bapartabla	(E) Bapartabla	(F)
Name and title	Average hours	(c		all t			N)	Reportable compensation	Reportable compensation	Estimated amount of
	per					αρρ	'y)	from	from related	other
	week					ee,		the	organizations	compensation
	(list any	ector				n plo)		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted ei		(W-2/1099-MISC)		organization
	related	stee o	truste			pen sa				and related
	organizations	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee				organizations
	below	dividu	stituti	Officer	ey em	ghest	Former			
	line)	-	=	6	ž	Η	Ę			
(27) ADITYA AGRAWAL	1.00									•
TRUSTEE (THROUGH DEC 2018)	1.00	Х						0.	0.	0.
(28) BRIANNA FUGATE	1.00									
TRUSTEE (THROUGH DEC 2018)		Х						0.	0.	0.
(29) DEBI COLEMAN	1.00									
TRUSTEE (THROUGH DEC 2018)		Х						0.	0.	0.
(30) JAMES BECK	1.00									
TRUSTEE (THROUGH DEC 2018)		Х						0.	0.	0.
(31) MARK BREGMAN	1.00									
TRUSTEE (THROUGH DEC 2018)		Х						0.	0.	0.
(32) MIKE SCHROEPFER	1.00									
TRUSTEE (THROUGH DEC 2018)		Х						0.	0.	0.
(33) ROBIN ABRAMS	1.00									
TRUSTEE (THROUGH DEC 2018)		Х						0.	0.	0.
(34) TELLE WHITNEY	40.00									
PRESIDENT & CEO		Х		Х				275,000.	0.	1,300.
(35) BRENDA DARDEN WILKERSON	40.00									
PRESIDENT AND CEO		Х		Х				332,194.	0.	42,428.
(36) ELIZABETH STARK AMES	40.00									
SVP MKTG, ALLIANCES, PROGRAM				Х				139,500.	0.	9,960.
(37) YLONDA DAVIS	40.00									
VICE PRESIDENT, GLOBAL EVENTS				Х				32,356.	0.	2,280.
(38) MICHELLE CELESTE FLATT	40.00									
VICE PRESIDENT OF PROGRAMS				Х				65,082.	Ο.	4,570.
(39) LAURIE RAE GREER	40.00									
VP, PARTNER PROGRAM				х				281,796.	Ο.	27,928.
(40) CAROL J GUSTAVESON	40.00									
VP BUSINESS DEVELOPMENT				х				286,483.	Ο.	21,979.
(41) JEANNE M HULTQUIST	40.00									
VP, MKTG,STRATEGY,& ALLIANCES				х				187,039.	0.	8,730.
(42) MARY KEMPSKI	40.00							•		
VP, CIO		1		х				301,314.	0.	13,339.
(43) JODY MAHONEY	40.00							,		,
SENIOR VP OF DEVELOPMENT				х				279,490.	0.	13,100.
(44) STEPHANIE RODRIGUEZ	40.00							,		,
VICE PRESIDENT, POLICY ENGAGEMENT				x				90,741.	Ο.	10,290.
(45) AUDREY K VAN BELLEGHEM	40.00									,,
SVP, OPERATIONS & GHC				x				149,064.	0.	510.
(46) CATHLYN WHALEN	40.00									
CHIEF FINANCIAL OFFICER				x				57,876.	0.	6,250.
	1									
Total to Part VII, Section A, line 1c										

Form 990

ANITA BO Form 990 TECHNOLO	GY								77-048	0427
Part VII Section A. Officers, Directors, Tr	rustees, Key Er	nplo	yee	s, a	nd H	ligh	est	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	stee or director		(Pos	C) itior	ı		(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
(47) STEVE BAK	40.00	-	-		×	<u> </u>	ш			
BUSINESS DEVELOPMENT EXEC	40.00	-				x		204,531.	0.	27,094
(48) JASON C CONNELL	40.00					1		204,331.	••	27,0540
CONTROLLER						x		153,262.	0.	22,335.
(49) JULIAN S. GREEN	40.00									
DIRECTOR DIVERSITY & INCLUSION						x		156,588.	0.	13,026
(50) CHRISTIANA DAWN FAIRRER JONAS	40.00									
BUSINESS DEVELOPMENT EXECUTIVE						X		196,357.	0.	14,854
(51) SHIVA HEMATYA	40.00									
BUSINESS DEVELOPMENT EXECUTIVE						X		192,091.	0.	29,611
						-				
		-								
		-								
		-								
		\vdash	-	-						
Total to Part VII, Section A, line 1c								3,380,764.		269,584

		ANITA	BORG	INSTITUTE	FOR	WOMEN	AND
Form 990 (20 ⁻	18)	TECHNO	DLOGY				
Part VIII	Statement of	of Revenu	le				

	Check if Schedule O cont	ains a response	or note to any line		(D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>ទ</u> 1 a	Federated campaigns	1a					
and Other Similar Amounts 4 d J a p a q a	Membership dues	1b					
c M	Fundraising events	1c					
L d	Related organizations						
e Bil	Government grants (contributi	ions) 1e	297,500.				
io f	All other contributions, gifts, gran						
the	similar amounts not included abor		9,374,236.				
Ö g	Noncash contributions included in lines		6,673.				
h au	Total. Add lines 1a-1f	-		9,671,736.			
			Business Code				
2 a	REGISTRATIONS		900099	18,103,189.	18,103,189.		
b	CONFERENCE PRODUCTS ANI) SERVICES	900099	3,716,010.	3,716,010.		
onu c	PROGRAM PARTNERSHIP		900099	1,869,952.	1,869,952.		
b Se	OTHER CONFERENCE REVENU	JE	900099	588,855.	588,855.		
2 a b c d e f	ORG. TRANSFORMATION		900099	300,600.	300,600.		
f	All other program service reve	nue		· ·			
g	Total. Add lines 2a-2f			24,578,606.			
3	Investment income (including						
	other similar amounts)		· ·	84,738.			84,738
4	Income from investment of tax						
5	Royalties		· · · · ·	2,305.			2,305
-		(i) Real	(ii) Personal	,			,
6 a	Gross rents	() ! ! • • •	(1) - 01001101				
	Less: rental expenses						
	Rental income or (loss)						
	Net rental income or (loss)						
	Gross amount from sales of	(i) Securities	(ii) Other				
7 4	assets other than inventory	27,751.					
h	Less: cost or other basis						
	and sales expenses	0.					
	Gain or (loss)						
	Net gain or (loss)	,		27,751.			27,751
	Gross income from fundraising		·····				
	including \$	0					
Nen	contributions reported on line						
нe		,					
	Part IV, line 18						
5 2	Less: direct expenses						
	Gross income from gaming ac	0					
58	0 0						
L .	Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gam	•					
	Gross sales of inventory, less						
	and allowances						
	Less: cost of goods sold						
c	Net income or (loss) from sale						
	Miscellaneous Revenu		Business Code				
11 a							
b							
c							
	All other revenue						
	Total. Add lines 11a-11d			24.255.425	04.550.606	-	
12	Total revenue. See instructions		🕨	34,365,136.	24,578,606.	0	. 114,794

ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

Form 990 (2018) TECHNOLOGY
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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp				X
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGES	general expenses	expenses
•	and domestic governments. See Part IV, line 21	646,720.	646,720.		
2	Grants and other assistance to domestic	010,7200	01077200		
2		1,028,460.	1,028,460.		
~	individuals. See Part IV, line 22	1,020,400.	1,020,400.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	285,557.	205 557		
	individuals. See Part IV, lines 15 and 16	205,557.	285,557.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 640 600	1 040 750	CO4 010	00 020
	trustees, and key employees	2,640,600.	1,846,750.	694,918.	98,932.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)		4 000 540		
7	Other salaries and wages	5,893,688.	4,228,719.	1,438,433.	226,536.
8	Pension plan accruals and contributions (include				• • • •
	section 401(k) and 403(b) employer contributions)	235,231.	168,778.	57,412. 223,485.	9,041. 35,195.
9	Other employee benefits	915,681.	657,001.	223,485.	35,195.
10	Payroll taxes	677,545.	486,138.	165,364.	26,043.
11	Fees for services (non-employees):				
а	Management				
	Legal	132,221.	42,489.	80,440.	9,292.
	Accounting	33,733.		33,733.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch 0.)	3,415,967.	1,359,352.	2,055,693.	922.
12	Advertising and promotion	724,814.	650,489.	74,325.	
13	Office expenses	706,965.	521,332.	177,310.	8,323.
14	Information technology	494,556.	376,880.	117,650.	26.
15	Royalties	•	,		
16	Occupancy	6,256.		6,256.	
17	Travel	1,799,925.	1,490,835.	303,275.	5,815.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,189,766.	9,067,262.	122,504.	
		103.	74.	11.	18.
20 21	Interest Payments to affiliates	100.	, ± •	<u> </u>	±0•
	Depreciation, depletion, and amortization	46,165.	30,218.	15,947.	
22 22		144,398.	128,236.	16,162.	
23 24	Insurance Other expenses. Itemize expenses not covered		120,230.	10,102.	
24	above. (List miscellaneous expenses init covered 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	29,018,351.	23,015,290.	5,582,918.	420,143.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2018)

Pa		Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,013,734.	1	2,776,256.
	2	Savings and temporary cash investments	286,164.	2	88,252.
	3	Pledges and grants receivable, net	2,986,060.	3	1,892,487.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	246,741.	9	210,133.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 373,951.			
	b	Less: accumulated depreciation 10b 284,925.	54,175.	10c	89,026.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,075,612.	15	11,459,297.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,662,486.	16	16,515,451.
	17	Accounts payable and accrued expenses	1,737,625.	17	1,122,945.
	18	Grants payable		18	
	19	Deferred revenue	952,605.	19	1,144,882.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,690,230.	26	2,267,827.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.			40 045 500
Ŭ	27	Unrestricted net assets	8,736,565.	27	13,845,739.
3ala	28	Temporarily restricted net assets	27,691.	28	38,123.
β	29	Permanently restricted net assets	208,000.	29	363,762.
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
P		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	8,972,256.	33	14,247,624.
	34	Total liabilities and net assets/fund balances	11,662,486.	34	16,515,451.

Form 990 (2018)

Form 990 (2018) Part X Balance Sheet TECHNOLOGY

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Form	1 990 (2018) TECHNOLOGY	77-0	480427	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			Σ	X
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,365		
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,018		
3	Revenue less expenses. Subtract line 2 from line 1	3	5,346		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,972		
5	Net unrealized gains (losses) on investments	5	-92	2,137	1.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	20),720).
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	14,247	,624	<u>1.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u>L</u>	
				Yes N	lo_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Σ	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Σ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2018)

SCHEDULE A	Dublic Cha	rity Status an	d Duk	lia Su	unnort		OMB No. 1545-0047
(Form 990 or 990-EZ)		rity Status an					2010
		ization is a section 501 47(a)(1) nonexempt cha			or a section		2010
Department of the Treasury		Attach to Form 990 or F					Open to Public
Internal Revenue Service	Go to www.irs.gov	/Form990 for instruction	ons and th	ie latest ir	nformation.		Inspection
	IITA BORG INS	TITUTE FOR WO	OMEN A	AND			identification number
	CHNOLOGY						7-0480427
Part I Reason for Pub	lic Charity Status (All organizations must co	omplete th	is part.) Se	e instructions	S.	
The organization is not a private for	oundation because it is: (For lines 1 through 12, c	heck only o	one box.)			
1 A church, convention of	of churches, or association	n of churches described	in sectio	n 170(b) (1	I)(A)(i).		
2 A school described in s	section 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
	ative hospital service orga				•		
	ganization operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and state:							
	ed for the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
section 170(b)(1)(A)(iv							
	al government or governn						
•	ormally receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	oublic described in
section 170(b)(1)(A)(vi							
	cribed in section 170(b)		,				
-	h organization described			-		-	-
	and-grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10 An organization that no	ormally receives: (1) more	than 33 1/3% of its sup	ort from c	ontributio	ne memberet	nin fees an	d gross receipts from
	exempt functions - subject						
	business taxable income						-
See section 509(a)(2).				looo aoqui			
	zed and operated exclusion	velv to test for public sa	fetv. See	section 50)9(a)(4).		
	zed and operated exclusi	•	•			rrv out the	purposes of one or
	ed organizations describe	•	-			•	
lines 12a through 12d	that describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a Type I. A supporting	organization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
the supported organ	ization(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
organization. You m	ust complete Part IV, Se	ections A and B.					
b Type II. A supporting	g organization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring
control or manageme	ent of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
organization(s). You	must complete Part IV,	Sections A and C.					
	integrated. A supportin					ly integrate	d with,
·· •	zation(s) (see instructions	•					
	nally integrated. A supp					•	(<i>)</i>
	ly integrated. The organiz					an attentiv	reness
	tructions). You must cor						
	organization received a				Type I, Type	II, Type III	
f Enter the number of suppor	ed, or Type III non-function						
g Provide the following inform	•	d organization(c)					
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total							

Schedule A (Form 990 or 990-EZ) 2018 TECHNOLOGY

Part II

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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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8495626.	11540755.	12578365.	15646602.	9671736.	57933084.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	8495626.	11540755.	12578365.	15646602.	9671736.	57933084.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2027254.
	Public support. Subtract line 5 from line 4.						55905830.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	8495626.	<u>11540755.</u>	12578365.	15646602.	9671736.	57933084.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	4,884.	2,282.	1,202.	59,588.	87,043.	154,999.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						58088083.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 54	,008,470.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	96.24 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	<u>94.52 %</u>
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o				
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization	-	▶□
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s
		u		, ,, .	<u>,</u>		

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Schedule A (Form 990 or 990-EZ) 2018 TECHNOLOGY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(a) 2014	(6) 2013	(0) 2010	(0) 2017	(e) 2010	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			al faculto a COL 1	<u> </u>		
14	First five years. If the Form 990 is for	•					
80	check this box and stop here	- Cupport Do					
	ction C. Computation of Public					1 .= 1	
	Public support percentage for 2018 (li		•	.,,		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves		•			 	
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19 a	a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
ŀ	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the	-					►□
	line 18 is not more than 33 1/3%, chec	-					
20	Private foundation. If the organization						
20		- sid not oncon a	, son on mic 14, 13	α , or roo, oncor the			····· 🔽 🗖

Schedule A (Form 990 or 990-EZ) 2018 TECHNOLOGY Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

2

Yes

No

10b

Schedule A (Form 990 or 990-EZ) 2018 TECHNOLOGY

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	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		L
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
α	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	30	1	(

	ANITA	BORG	INSTITUTE	FOR	WOMEN	AND
Schedule A (Form 990 or 990-EZ) 2018	TECHNO	DLOGY				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see 1 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 Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Sche	dule A (Form 990 or 990-EZ) 2018 TECHNOLOGY	(a)(3) Supporting Orga	7 nizations (continued)	7-0480427 Page 7					
Sect	ion D - Distributions		(continued)	Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes							
2	Amounts paid to perform activity that directly furthers exemp								
_	organizations, in excess of income from activity								
3									
4	Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	he organization is responsive							
-	(provide details in Part VI). See instructions.								
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
	End o amount arrived by mo o amount	(i)	(ii)	(iii)					
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2018								
a	From 2013								
b	From 2014								
с	From 2015								
d	From 2016								
е	From 2017								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
	Applied to 2018 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2018, if								
Ū	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2018. Subtract lines 3h								
5	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3j								
'									
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2014								
	Excess from 2015								
<u> </u>	Excess from 2016								

Excess from 2017 e Excess from 2018

				FOR WOMEN A	ND	
Schedule A	(Form 990 or 990-EZ) 2018	TECHNOLOGY			77-0480427	Page 8
Part VI	Supplemental Infor	mation Dravide the		ad hu Davit II, lives 10, Da		r uge e
i art ti	Bart IV Section A lines 1	2 2b 2c 4b 4c 5c	e explanations requir	the and the Part II, line TU; Pa	rt II, line 17a or 17b; Part III, line 12;	<u> </u>
	line 1: Dort IV Section A, lines I,	2, 30, 30, 40, 40, 58,	6, 9a, 90, 90, 11a, 1	1D, and 11C, Part IV, Se	ction B, lines 1 and 2; Part IV, Section (V, line 1; Part V, Section B, line 1e; Part	U, + \/
	Section D lines 5 6 and 3	8: and Dart V Section	E lines 2 5 and 6	Also complete this part	for any additional information.	ιv,
	(See instructions.)		1 L, 11163 Z, J, and U.	Also complete this part		

Sch	edu	le B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

* *	PUBLIC	DISCLOSURE	COPY	*
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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Name of the	e organizatior
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ANITA	BORG	INSTITUTE	FOR	WOMEN	AND	
TECHNO	DLOGY					

77-0480427

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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

X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 for an *exclusively* set is the set in the set 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 for an *exclusively* set is the set of the parts unless the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

Employer identification number

77-0480427

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1		\$297,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$267,654.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll				
(a)	(b)	(c)	(d)				
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Name, address, and ZIP + 4	\$	Person Payroll Occupied Payroll Porcesh Complete Part II for noncash contributions.)				

Schedule B	(Form	990,	990-EZ,	or 990-PF	F) (2018)
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Name of organization

ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY

Employer identification number

77-0480427

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Page 3

Name of or					Employer identification number		
ANITA TECHN(BORG INSTITUTE FOR WOM	EN AND			77-0480427		
Part III	Exclusively religious, charitable, etc., contribut						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$	ig line entry. For c 1,000 or less for t	rganizations he year. (Enter this info. onc	e.) ▶ \$		
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
<u> </u>							
ŀ		(e) Transfe	er of gift				
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, a	nd 7 ID ± 4	P	Relationship of transferor to transferee			
ŀ			n				
(a) No. from					whether of here with the herbit		
Part I	(b) Purpose of gift	(c) Use of g	π	(d) Desc	ription of how gift is held		
-							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
Part I							
ŀ		e) Transfe	er of aift				
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
		-					

(Forn	SCHEDULE D (Form 990) Department of the Treasury SCHEDULE D (Form 990) Department of the Treasury SCHEDULE D 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.						OMB No. 1545-0047		
	ment of the Treasury Revenue Service	Go to www.irs.gov/Form9			tion.		Inspection		
Nam	e of the organizati	on ANITA BORG INSTITU TECHNOLOGY	TE FOR WOM	EN AND		Emplo	over identification number 77-0480427		
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Oth	er Similar Funds o	or Ac	counts			
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ne 6.						
			(a) Donor a	dvised funds	(b) Funds	s and other accounts		
1	Total number at er	nd of year							
2	Aggregate value o	f contributions to (during year)							
3		f grants from (during year)							
4									
5	-	on inform all donors and donor advisors in v	-						
-		n's property, subject to the organization's					Yes No		
6	•	on inform all grantees, donors, and donor a	•	•					
		oses and not for the benefit of the donor o				•	Yes No		
Par		ate benefit? ation Easements. Complete if the org							
1		servation easements held by the organization			arery,				
•		of land for public use (e.g., recreation or e	`	Preservation of a histo	rically	importa	nt land area		
		f natural habitat		Preservation of a certil					
	Preservation	of open space							
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation co	ontribution in the form o	facor	servatio	on easement on the last		
	day of the tax year					н	leld at the End of the Tax Year		
а	Total number of co	onservation easements				2a			
b	•					2b			
С	Number of conser	vation easements on a certified historic stru	ucture included in (a	a)		2c			
d		vation easements included in (c) acquired a	,						
		nal Register				2d			
3		vation easements modified, transferred, rel	leased, extinguished	d, or terminated by the o	organiz	zation du	uring the tax		
4	year		amont is located						
4 5		where property subject to conservation eas tion have a written policy regarding the per							
Ŭ	0	orcement of the conservation easements it	0,	speedon, nanding of			Yes No		
6	,	r hours devoted to monitoring, inspecting,							
	►	с, т с,	0	, C			o ,		
7	Amount of expens	es incurred in monitoring, inspecting, hanc	dling of violations, a	nd enforcing conservation	on eas	ements	during the year		
	►\$								
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the require	ments of section 170(h))(4)(B)(i)			
	and section 170(h)	(4)(B)(ii)?					Yes No		
9		be how the organization reports conservation		-					
		ble, the text of the footnote to the organizat	tion's financial state	ments that describes th	ne orga	anization	's accounting for		
Par	conservation ease	ments. ations Maintaining Collections of	f Art Historical	Treasures or Oth	er Si	milar	<u>Assets</u>		
		the organization answered "Yes" on Form							
1a		elected, as permitted under SFAS 116 (AS			ent and	halanc	e sheet works of art		
	Ũ	s, or other similar assets held for public ext	,, 1				,		
		note to its financial statements that descri							
b		elected, as permitted under SFAS 116 (AS		its revenue statement a	and ba	lance sh	eet works of art, historical		
	-	similar assets held for public exhibition, ed							
	relating to these it	ems:							
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1							
2		received or held works of art, historical treat			gain, p	orovide			
	-	unts required to be reported under SFAS 1		-					
		on Form 990, Part VIII, line 1				▶ \$			
b	Assets included in	Form 990, Part X				▶ \$			

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

ANITA	BORG	INSTITUTE	FOR	WOMEN	AND
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Soho		ORG INSTITU OCV	JTE FOR WOI	MEIN AIND		77-04	80427	Dogo 2
	dule D (Form 990) 2018 TECHNOL		t. Historical Tre	asures. or Oth	er Sim	ilar Assets		raye -
3	Using the organization's acquisition, accessi							,
-	(check all that apply):		, eneen any en me	enering marane a	ga			
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e						
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt pu	rpose in Part	XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	No No
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	on Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa		-					
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets no	t include	ed		
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
с	Beginning balance				1	c		
d	Additions during the year				1	d		
е	Distributions during the year				1	е		
f	Ending balance					f	_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account lial	oility?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Four y	ears back
1a	Beginning of year balance	208,000.	208,000.	208,000	•	208,000.		
b	Contributions	155,762.			_		2	08,000.
С	Net investment earnings, gains, and losses							
d	Grants or scholarships				_			
е	Other expenditures for facilities							
_	and programs							
f	Administrative expenses	262 762	202 000	200.000		200 000		00 000
g	End of year balance	363,762.	208,000.	,	•	208,000.	2	08,000.
2	Provide the estimated percentage of the curr	• • • •) held as:				
a	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment 100.00	<u> </u>						
С	Temporarily restricted endowment							
0-	The percentages on lines 2a, 2b, and 2c sho			al a duaininta us difau	41a a			
38	Are there endowment funds not in the posse	ssion of the organiza	llion that are neid ar	ia administered for	the orga	nization		es No
	by:						3a(i)	<u>ves No</u> X
	(i) unrelated organizations(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir					3b	
4	Describe in Part XIII the intended uses of the						55	
	rt VI Land, Buildings, and Equipm	ent.	which funds.					
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990. Part :	X. line 10).		
	Description of property	(a) Cost or o			Accumu		(d) Book	value
		basis (investn	• • •		depreciat		(4) 2001	, and o
1 a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment		37	3,951.	284,	925.	89	,026.
e	Other							
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X. column (B), line 1	0c.)		►	89	,026.

Schedule D (Form 990) 2018

ANITA	BORG	INSTITUTE	FOR	WOMEN	AND
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Schedule D (Form 990) 2018 TECHNOLOGY

Part VII	Investments - Other Securities.
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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)		
Total. (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)		
Total, (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.

(1) BENEFICIAL INTEREST IN ASSETS 11,4 (2) (3)	ook value
	59,297.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	59,297.

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)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Total. (Column (b) must equal Form 990, Part X, col. (b) line 25.)

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

ANITA	BORG	INSTITUTE	FOR	WOMEN	AND
TECHNO	DLOGY				

Sche	dule D (Form 990) 2018 TECHNOLOGY		77-048042	7 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial S	tatements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin			
Pa	rt XIII Supplemental Information.			

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

ABI USA IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER SECTION

23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. ABI INDIA IS A

NOT-FOR-PROFIT ORGANIZATION REGISTERED UNDER THE COMPANIES ACT 2013, FOR

PROMOTING OBJECTS SPECIFIED IN CLAUSE (A) OF SUB SECTION (1) OF SECTION 8

OF THE SAID ACT.

ANITA BORG INSTITUTE FOR WOMEN AND Schedule D (Form 990) 2018 TECHNOLOGY 77-0480427 Page 5 Part XIII Supplemental Information (continued) Continued) Continued Continue
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.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OM	IB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			9	2012
		3	Attach to Form 990.	,,-	_,		Den to Public
Department of the Treasury Internal Revenue Service	► Go to v	www.irs.gov/Fo	orm990 for instructions and the latest	t information.			spection
Name of the organization					Employer id	lentific	cation number
ANITA BORG INST	ITUTE FOR	R WOMEN Z	AND				
TECHNOLOGY					77-048		
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the orgar	ization answer	ed "Ye	es" on
Form 990, Part I	V, line 14b.						
1 For grantmakers. Does	s the organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	stance?	X	Yes 🔄 No
-	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outsic	de the
United States.							
			an be duplicated if additional space is r				(m)
(a) Region	(b) Number of	(c) Number of employees,		. ,	vity listed in (d))	(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to	· ·	gram service, e specific type		for and
	In the region	independent contractors	recipients located in the region)		(s) in the regio	n	investments in the region
		in the region			() 3		In the region
SOUTH ASIA -							
AFGHANISTAN,				CONSULTANT			
BANGLADESH, BHUTAN,	0	0	DROCRAM CERVICES				200 007
INDIA, MALDIVES, EUROPE (INCLUDING	0	0	PROGRAM SERVICES	INDIA EXPEN	1555		380,007.
ICELAND & GREENLAND)							
- ALBANIA, ANDORRA,		0	DDOGDAN GEDUTGEG	CONCUMENTARY 1			0 010
AUSTRIA, BELGIUM CENTRAL AMERICA AND	0	0	PROGRAM SERVICES	COMMUNITY E	IVENTS		8,816.
THE CARIBBEAN -							
			GRANTS TO RECIPIENTS				
ANTIGUA & BARBUDA,	0	0	LOCATED IN REGION				1 265
ARUBA, BAHAMAS, EAST ASIA AND THE	0	0	LOCATED IN REGION				1,265.
PACIFIC - AUSTRALIA,							
BRUNEI, BURMA,			GRANTS TO RECIPIENTS				
CAMBODIA,	0	0	LOCATED IN REGION				27,504.
EUROPE (INCLUDING		, , , , , , , , , , , , , , , , , , ,					27,304.
ICELAND & GREENLAND)							
- ALBANIA, ANDORRA,			GRANTS TO RECIPIENTS				
AUSTRIA, BELGIUM	0	0	LOCATED IN REGION				40,054.
MIDDLE EAST AND							
NORTH AFRICA -							
ALGERIA, BAHRAIN,			GRANTS TO RECIPIENTS				
DJIBOUTI, EGYPT,	0	0	LOCATED IN REGION				34,792.
NORTH AMERICA -							
CANADA AND MEXICO,							
BUT NOT THE UNITED			GRANTS TO RECIPIENTS				
STATES	0	0	LOCATED IN REGION				13,782.
RUSSIA AND							
NEIGHBORING STATES -							
ARMENIA, AZERBIJAN,			GRANTS TO RECIPIENTS				
BELARUS,	0	0	LOCATED IN REGION				15,047.
3 a Subtotal	0	0					521,267.
b Total from continuation							·,,•
sheets to Part I	0	0					159,960.
c Totals (add lines 3a							,- • • •
and 3b)	0	0					681,227.

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

Schedule F (Form 990) 2018

Schedule F (Form 990) Part I Continuatio	TECHNOLO	GY	TUTE FOR WOMEN AND • (Schedule F (Form 990), Part I, line 3)	77-04804	27 Page 1
(a) Region	(b) Number of offices in the region		 (Schedule F (Form 990), Part 1, line 3) (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
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,			GRANTS TO RECIPIENTS		
COLUMBIA, ECUADOR,	0	0	LOCATED IN REGION		57,922.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,			GRANTS TO RECIPIENTS		
INDIA, MALDIVES,	0	0	LOCATED IN REGION		32,694.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA			GRANTS TO RECIPIENTS		
FASO,	0	0	LOCATED IN REGION		69,344.
Totals					159,960.

ANITA	BORG	INSTITUTE	FOR	WOMEN	AND
TECHNO	OLOGY				

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

77-0480427

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EVENT SPONSORSHIP - LATINITY COLUMBIA SPONSORSHIP	15,000.		0.		
		SUB-SAHARAN	EVENT SPONSORSHIP - AFRICAN WOMEN IN TECH CONFERENCE	25,000.		0.		
	ch the grantee or cou	insel has provided a sect	 recognized as charities by the f tion 501(c)(3) equivalency letter					2

Schedule F (Form 990) 2018

Page **2**

Schedule F (Form 990) 2018

TECHNOLOGY

77-0480427

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.

Part III can be duplicated if	additional space is needed	d		1			
(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
AWARD WINNER - ABIE AWARD	BRUNEI, BURMA,	1	7,590.	WIRE	0.		BOOK VALUE
	SOUTH AMERICA -						
	ARGENTINA,						
	BOLIVIA, BRAZIL,						
AWARD WINNER - ABIE AWARD	CHILE, COLUMBIA,	1	7,590.	WIRE	0.		BOOK VALUE
	CENTRAL AMERICA						
	AND THE CARIBBEAN						
	- ANTIGUA &						
GHC SCHOLAR	BARBUDA, ARUBA,	1	1,265.	WIRE	0.		BOOK VALUE
	EAST ASIA AND THE		,				
	PACIFIC -						
	AUSTRALIA,						
GHC SCHOLAR	BRUNEI, BURMA,	8	19,914.	WIRE	0.		BOOK VALUE
	EUROPE (INCLUDING		,				
	ICELAND &						
	GREENLAND) -						
GHC SCHOLAR	ALBANIA, ANDORRA,	20	40,054.	WIRE	0.		BOOK VALUE
	MIDDLE EAST AND		,				
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
GHC SCHOLAR	DJIBOUTI, EGYPT,	15	34,792.	WIRE	0.		BOOK VALUE
	NORTH AMERICA -		,				
	CANADA AND						
	MEXICO, BUT NOT						
GHC SCHOLAR	, THE UNITED STATES	6	13,782.	WIRE	ο.		BOOK VALUE
	RUSSIA AND		, • • •				
	NEIGHBORING						
	STATES - ARMENIA,						
GHC SCHOLAR	AZERBIJAN,	5	15,047.	WIRE	0.		BOOK VALUE
	SOUTH AMERICA -						
	ARGENTINA,						
	BOLIVIA, BRAZIL,						
GHC SCHOLAR	CHILE, COLUMBIA,	14	35,332.	WTRE	0.		BOOK VALUE

Schedule F (Form 990) 2018

IPart III Continuation of Crants and Other Assistance to individuals Outside the United States. Specification of Grants and United States and Specification of Cash against and Specification of Cash against and Specification of Cash against	Schedu	ıle F (Form 990)	TECHNOLOGY					77-0480427		Page 3
SOUTH ASIA - AFGHANISTAN, BANGLADESH, GHC SCHOLAR BHUTAN, INDIA, 13 32,694.WIRE 0. BOOK VALUE SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA,			Ind Other Assistance to I	ndividuals Outsi	de the United S	tates.	(Schedule F (Form 990), Part III)	1	
SOUTH ASIA - AFGHANISTAN, BANGLADESH, GHC SCHOLAR BHUTAN, INDIA, 13 32,694.WIRE 0. BOOK VALUE SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA,	(a)	Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant		(e) Manner of cash disbursement	non-cash	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
BANGLADESH, BANGLADESH, 13 32,694.WIRE 0. BOOK VALUE BHUTAN, INDIA, 13 32,694.WIRE 0. BOOK VALUE SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA,			SOUTH ASIA -							
SHC SCHOLAR BHUTAN, INDIA, 13 32,694. WIRE 0. BOOK VALUE SUB-SAHARAN AFRICA - ANGOLA, AFRICA - ANGOLA, Image: Constraint of the second secon			AFGHANISTAN,							
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA,			BANGLADESH,							
AFRICA - ANGOLA, BENIN, BOTSWANA,	GHC SC	CHOLAR		13	32,694.	WIRE		0.		BOOK VALUE
BENIN, BOTSWANA,										
HC SCHOLAR BURKINA FASO, 24 44,344. WIRE 0. BOOK VALUE										
Image: state of the state of	GHC SC	CHOLAR	BURKINA FASO,	24	44,344.	WIRE		0.		BOOK VALUE
Image: state of the state of										
Image: series of the series										
Image: state of the state										
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Image: series of the series										
Image: series of the series										
Image: state of the state										
Image: series of the series										

Sched	ule F (Form 990) 2018 TECHNOLOGY	77-0480427	Page 4
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	X 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No No

Schedule F (Form 990) 2018

TECHNOLOGY

Schedule F (Form 990) 2018 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. See instructions.

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES ON

THE ORGANIZATION'S FINANCIAL STATEMENTS AND FOR CASH AND NONCASH GRANTS.

PART I, LINE 2:

GHC SCHOLARSHIPS ARE AWARDED TO STUDENTS AND FACULTY WHO WOULD NOT OTHERWISE HAVE THE OPPORTUNITY TO ATTEND THE GRACE HOPPER CELEBRATION. STUDENT SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS WHO ARE ENROLLED FULL TIME IN AN ACCREDITED DEGREE PROGRAM AT A COLLEGE OR UNIVERSITY AND HAVE SHOWN SATISFACTORY PROGRESS IN PURSUING A DEGREE IN COMPUTER SCIENCE, COMPUTING ENGINEERING, OR A RELATED TECHNICAL DISCIPLINE. FACULTY SCHOLARSHIPS ARE AWARDED TO TEACHERS AT AN ACCREDITED COLLEGE OR UNIVERSITY WHO TEACH IN DEGREE PROGRAMS INCLUDING COMPUTER SCIENCE, COMPUTER ENGINEERING, OR A RELATED TECHNICAL DISCIPLINE. FACULTY SCHOLARS MUST ALSO DEMONSTRATE AN ACTIVE INVOLVEMENT IN THE MENTORING OF FEMALE COMPUTER SCIENCE STUDENTS. THESE CRITERIA ARE CLOSELY MONITORED BY THE ANITA BORG INSTITUTE'S SELECTION COMMITTEE.

THE SYSTERS PASS IT ON ("PIO") GRANTS HONOR ANITA BORG'S DESIRE TO CREATE A NETWORK OF WOMEN TECHNOLOGISTS HELPING ONE ANOTHER, PIO GRANTS AIM TO ADDRESS A WIDE RANGE OF PROGRAM SERVICE INITIATIVES INCLUDING ASSISTANCE WITH EDUCATIONAL FEES AND MATERIALS, FUNDING FOR TECHNICAL CONFERENCES, AND PROJECTS THAT SEEK TO INSPIRE MORE FEMALE STUDENTS TO PURSUE EDUCATION IN THE COMPUTING FIELD. 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.

Schedule F (Form 990) 2018 Part V

TECHNOLOGY 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. See instructions.

THE A. RICHARD NEWTON EDUCATOR ABIE AWARD RECOGNIZES EDUCATORS FOR
DEVELOPING INNOVATIVE TEACHING PRACTICES AND APPROACHES THAT ATTRACT
WOMEN TO COMPUTING, ENGINEERING, AND MATH. NOMINEES MUST DEMONSTRATE A
POSITIVE IMPACT ON K-12 OR UNDERGRADUATE EDUCATION IN THE AREAS OF
COMPUTING, ENGINEERING, AND/OR MATH. THE SELECTION COMMITTEE EVALUATES
NOMINEES BASED ON INNOVATION, IMPACT ON FEMALE STUDENTS, AND
PARTICIPATING IN THEIR COMMUNITY. ABI LOCAL/GHC1 SCHOLARSHIPS ARE
AWARDED TO STUDENTS AND FACULTY WHO WOULD NOT OTHERWISE HAVE THE
OPPORTUNITY TO ATTEND GRACE HOPPER CELEBRATION EVENTS IN CITIES AROUND
THE WORLD. STUDENT SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS WHO ARE
ENROLLED FULL TIME IN AN ACCREDITED DEGREE PROGRAM AT A COLLEGE OR
UNIVERSITY AND HAVE SHOWN SATISFACTORY PROGRESS IN PURSUING A DEGREE IN
COMPUTER SCIENCE, COMPUTING ENGINEERING, OR A RELATED TECHNICAL
DISCIPLINE. FACULTY SCHOLARSHIPS ARE AWARDED TO TEACHERS AT AN
ACCREDITED COLLEGE OR UNIVERSITY WHO TEACH IN DEGREE PROGRAMS INCLUDING
COMPUTER SCIENCE, COMPUTER ENGINEERING, OR A RELATED TECHNICAL
DISCIPLINE. FACULTY SCHOLARS MUST ALSO DEMONSTRATE AN ACTIVE
INVOLVEMENT IN THE MENTORING OF FEMALE COMPUTER SCIENCE STUDENTS. THESE
CRITERIA ARE CLOSELY MONITORED BY THE ANITA BORG INSTITUTE'S SELECTION
COMMITTEE. THE STUDENT OF VISION ABIE AWARD HONOR YOUNG WOMEN DEDICATED
TO CREATING A FUTURE WHERE THE PEOPLE WHO IMAGINE AND BUILD TECHNOLOGY
MIRROR THE PEOPLE AND SOCIETIES FOR WHICH THEY BUILD IT. APPLICANTS
SUBMIT A CREATIVE VIDEO AND ARE EVALUATED BASED ON THEIR VISION FOR THE
FUTURE OF FEMALE TECHNOLOGY STUDENTS. RECIPIENTS ARE HONORED BY THE
TECHNICAL WOMEN'S COMMUNITY AT THE GRACE HOPPER CELEBRATION.

SCHEDULE I Form 990) Department of the Treasury	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni on Form 990, Par	ted States		OMB No. 1545-0047
nternal Revenue Service		Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization ANITA BORC TECHNOLOGY		TE FOR WOME					Employer identification number $77 - 0480427$
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to					-		
criteria used to award the grants or assist	tance?						X Yes N
2 Describe in Part IV the organization's pro-	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to D	Domestic Organiz	ations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than \$					(f) Method of	1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HURGOOD MARSHALL COLLEGE FUND							
001 F STREET NW NO 300							
VASHINGTON, DC 20004	41-1750692	501(C)(3)	15,000.	0.			EVENT SPONSORSHIP
ILLS COLLEGE							
5000 MACARTHUR BOULEVARD							
DAKLAND, CA 94613	94-1156566	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP
							BRAID (BUILDING,
/ILLANOVA UNIVERSITY							RECRUITING, AND INCLUSIO
300 LANCASTER AVENUE							FOR DIVERSITY) INITIATIV
/ILLANOVA, PA 19085-1676	23-1352688	501(C)(3)	30,000.	0.			FUNDING
							BRAID (BUILDING,
JNIVERSITY OF NORTH TEXAS							RECRUITING, AND INCLUSION
155 UNION CIRCLE, 311250							FOR DIVERSITY) INITIATIV
DENTON, TX 76203	75-6002149	GOV	30,000.	0.			FUNDING
							BRAID (BUILDING,
JNIVERSITY OF ILLINOIS FOUNDATION							RECRUITING, AND INCLUSIO
305 WEST GREEN STREET							FOR DIVERSITY) INITIATIV
JRBANA, IL 61801	37-6006007	501(C)(3)	30,000.	0.			FUNDING
							BRAID (BUILDING,
JNIVERSITY OF VERMONT AND STATE							RECRUITING, AND INCLUSION
AGRICULTURAL COLLEGE - 411 MAIN							FOR DIVERSITY) INITIATIV
STREET - BURLINGTON, VT 05401	03-0179440	COV	30,000.	Ο.		1	FUNDING

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Schedule I (Form 990) (2018)

Schedule I (Form 990) TECHNOLOGY

77-0480427 Page 1

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (School	edule I (Form 990), Pa	urt II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS FOR THE							BRAID (BUILDING,
UNIVERSITY OF WISCONSIN SYSTEM -							RECRUITING, AND INCLUSION
780 REGENT STREET - MADISON, WI							FOR DIVERSITY) INITIATIVE
53706	39-1805963	GOV	30,000.	0.			FUNDING
							BRAID (BUILDING,
UC REGENTS - UCLA							RECRUITING, AND INCLUSION
111 FRANKLIN ST., 12TH FL							FOR DIVERSITY) INITIATIVE
OAKLAND, CA 94607	95-6006143	GOV	70,000.	٥.			FUNDING
· · · · · ·							BRAID (BUILDING,
UMBC FOUNDATION							RECRUITING, AND INCLUSION
620 W LEXINGTON ST, 2ND FLOOR							FOR DIVERSITY) INITIATIVE
BALTIMORE, MD 21201-1508	31-1678679	501(C)(3)	30,000.	0.			FUNDING
			,				BRAID (BUILDING,
UNIVERSITY OF TEXAS AT EL PASO							RECRUITING, AND INCLUSION
PO BOX 250							FOR DIVERSITY) INITIATIVE
AUSTIN, TX 78767-0250	74-1587488	GOV	30,000.	0.			FUNDING
NEW JERSEY INSTITUTE OF TECH.			, ,				BRAID (BUILDING,
(NJIT), DEPT. OF COMPUTER SCIENCE							RECRUITING, AND INCLUSION
- UNIVERSITY HEIGHTS - NEWARK, NJ							, FOR DIVERSITY) INITIATIVE
, , , , , , , , , , , , , , , , , , , ,	22-1714037	501(C)(3)	30,000.	٥.			FUNDING
							BRAID (BUILDING,
HARVEY MUDD COLLEGE							RECRUITING, AND INCLUSION
301 PLATT BOULEVARD							, FOR DIVERSITY) INITIATIVE
CLAREMONT, CA 91711	95-1911219	501(C)(3)	40,000.	٥.			FUNDING
							BRAID (BUILDING,
MISSOURI S&T - DEPARTMENT COMPUTER							RECRUITING, AND INCLUSION
SCIENCE - 301 W HIGH SUITE 680 -							FOR DIVERSITY) INITIATIVE
JEFFERSON CITY, MO 65102	43-1341372	501(C)(3)	30,000.	٥.			FUNDING
UNIVERSITY OF SOUTH CAROLINA	10 10 10 10 72						BRAID (BUILDING,
EDUCATIONAL FOUNDATION - 1027							RECRUITING, AND INCLUSION
BARNWELL STREET - COLUMBIA, SC							FOR DIVERSITY) INITIATIVE
29208	57-6017985	501(C)(3)	30,000.	٥.			FUNDING
27200	J7-0017905	501(0)(3)	50,000.	U.			BRAID (BUILDING,
ARIZONA STATE UNIVERSITY (ASU)							, ,
							RECRUITING, AND INCLUSION
PO BOX 2260	96 6051040	007	20.000	_			FOR DIVERSITY) INITIATIVE
TEMPE, AZ 85280	86-6051042	GOA	30,000.	0.			FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	47-0379839	501(C)(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF CALIFORNIA, IRVINE FOUNDATION - 100 THEORY, SUITE 250 - IRVINE, CA 92617	95-2540117	501(C)(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF ROCHESTER 910 GENESEE STREET, SUITE 200 ROCHESTER, NY 14611-3847	16-0743209	gov	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF MARYLAND COLLEGE PARK – 4603 CALVERT ROAD – COLLEGE PARK, MD 20740	52-2197313	gov	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
AMIE INC 5200 PERRING PARKWAY BALTIMORE, MD 21251	52-1867830	501(C)(3)	20,000.	0.			AMIE (ADVANCING MINORITIES' INTEREST IN ENGINEERING) SCHOLARSHIP
ASSOCIATION FOR COMPUTING MACHINERY, INC P. O. BOX 30777 - NEW YORK, NY 10087-7440	13-1921358	501(C)(3)	15,000.	0.			EVENT SPONSORSHIP
METROPOLITAN WASHINGTON DC CHAPTER OF NCBW 100 - P.O. BOX 91093 - WASHINGTON, DC 20090	81-1878942	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP
BLAVITY INC. 600 WILSHIRE BLVD, SUITE 1650 LOS ANGELES, CA 90017	47-4922255	OTHER	25,000.	0.			EVENT SPONSORSHIP
LOS ANGELES, CA 90017	47-4922255	OTHER	25,000.	0.			EVENT SPONSORSHIP

Schedule I (Form 990)

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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 noncash assistance
AWARD WINNER - ABIE AWARD	3	21,275.	0.		
AWARD WINNER - PITCHER AWARD	4	65,812.	0.		
AWARD WINNER - SYSTERS PASS IT ON AWARD	8	8,150.	0.		
GHC SCHOLAR	823	903,511.	٥.		
Part IV Supplemental Information. Provide the information requ	uired in Part I, line	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
GHC SCHOLARSHIPS ARE AWARDED TO STU	JDENTS AN	D FACULTY	WHO WOULD	NOT	
OTHERWISE HAVE THE OPPORTUNITY TO A	ATTEND TH	E GRACE HO	PPER CELEB	RATION.	

STUDENT SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS WHO ARE ENROLLED FULL TIME

IN AN ACCREDITED DEGREE PROGRAM AT A COLLEGE OR UNIVERSITY AND HAVE SHOWN

SATISFACTORY PROGRESS IN PURSUING A DEGREE IN COMPUTER SCIENCE, COMPUTER

ENGINEERING, OR A RELATED TECHNICAL DISCIPLINE. FACULTY SCHOLARSHIPS ARE

AWARDED TO TEACHERS AT AN ACCREDITED COLLEGE OR UNIVERSITY WHO TEACH IN

DEGREE PROGRAMS, INCLUDING COMPUTER SCIENCE, COMPUTER ENGINEERING, OR A

	ANITA BORG INSTITUTE FOR WOMEN AND	
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RELATED TECHNICAL DISCIPLINE. FACULTY SCHOLARS MUST ALSO DEMONSTRATE AN ACTIVE INVOLVEMENT IN THE MENTORING OF FEMALE COMPUTER SCIENCE STUDENTS. THESE CRITERIA ARE CLOSELY MONITORED BY THE ANITA BORG INSTITUTE'S SELECTION COMMITTEE. THE SYSTERS PASS IT ON ("PIO") GRANTS HONOR ANITA BORG'S DESIRE TO CREATE A NETWORK OF WOMEN TECHNOLOGISTS HELPING ONE ANOTHER. PIO GRANTS AIM TO ADDRESS A WIDE-RANGE OF PROGRAM SERVICE INITIATIVES, INCLUDING ASSISTANCE WITH EDUCATIONAL FEES AND MATERIALS, FUNDING FOR TECHNICAL CONFERENCES, AND PROJECTS THAT SEEK TO INSPIRE MORE FEMALE STUDENTS TO PURSUE EDUCATION IN THE COMPUTING FIELD. 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.

THE WOMEN OF VISION ENTREPRENEURSHIP AWARD RECOGNIZES A WOMAN WHO IS THE BUILDER OF AN INNOVATIVE, GROUND-BREAKING AND GAME-CHANGING TECHNOLOGY STARTUP EITHER WITHIN A LARGER ORGANIZATION OR INDEPENDENTLY. THE WOMEN OF VISION LEADERSHIP AWARD RECOGNIZES A TECHNICAL WOMAN WHO LED AN IMPORTANT TECHNOLOGY DEVELOPMENT OR INNOVATION, MADE SIGNIFICANT CONTRIBUTIONS TO THE TECHNOLOGY INDUSTRY AND INSPIRED OTHERS WITH HER WORK. BLACK WOMEN IN COMPUTING IS COMMUNITY-CREATED TO PROVIDE ONLINE SUPPORT AND RESOURCES TO INCREASE THE NUMBER OF BLACK WOMEN IN COMPUTING-RELATED FIELDS. TRAVEL AWARDS TO ATTEND THE GRACE HOPPER CELEBRATION ARE GIVEN TO WOMEN TECHNOLOGISTS WHO HAVE BEEN ABLE TO INSPIRE BLACK WOMEN IN COMPUTING IN THEIR LOCAL COMMUNITIES. THE ABIE EMERGING LEADER AWARD IS PRESENTED IN MEMORY OF DENICE DENTON, THE FIRST FEMALE DEAN OF AN ENGINEERING SCHOOL AT A MAJOR U.S. RESEARCH UNIVERSITY. THIS AWARD IS PRESENTED TO A JUNIOR, NON-TENURED FACULTY MEMBER FOR HIGH-QUALITY RESEARCH AND SIGNIFICANT IMPACT ON DIVERSITY. THE ABIE SOCIAL IMPACT AWARD RECOGNIZES THOSE MAKING A Schedule I (Form 990)

Part IV

Supplemental Information

		G INSTITUTE	FOR WOMEN	AND	
Schedule I (Form 990) Part IV Supplementa	TECHNOLOG	2			77-0480427 Page 2
POSITIVE IMPACT	ON WOMEN, TEC	HNOLOGY, A	ND SOCIETY.	NOMINEES	HAVE DEVELOPED
					INCREASED THEIR
INFLUENCE.					
INFIDENCE.					

SC	HEDULE J Compensation Information	OMB No. 1545-0047							
(Fo	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10)				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	10					
Depa	Artment of the Treasury		Open to Inspe		ic				
	Go to www.irs.gov/Form990 for instructions and the latest information.								
Nan	ne of the organization ANITA BORG INSTITUTE FOR WOMEN AND	Employer id			nber				
	TECHNOLOGY	77-0	48042	7					
Pa	art I Questions Regarding Compensation								
				Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Forr	n 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or charter travel X Housing allowance or residence for personal statements								
	Travel for companions								
	X Tax indemnification and gross up payments								
	Discretionary spending account Personal services (such as maid, chauff	eur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			Х					
0	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	Λ					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			Х					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	<u> </u>					
2	Indicate which if any of the following the filing organization used to establish the componentian of the organization	ation's							
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization of the organiz								
	establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract								
	Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X	o o m mitto o							
		committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
-	organization or a related organization:								
а			4a		х				
b					X				
					X				
Ŭ	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 compensat	ion							
	contingent on the revenues of:								
а	The organization?		5a		х				
b	Any related organization?		5b		X				
	If "Yes" on 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 compensat	ion							
	contingent on the net earnings of:								
а	The organization?		. 6a		Х				
	Any related organization?				Х				
	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 nonfixed paymen	ts							
	not described on lines 5 and 6? If "Yes," describe in Part III		7	Х					
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to								
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section 53.4958-6(c)?	<u></u>	9						
IHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2018				

Schedule J (Form 990) 2018

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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 aren't 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.

		(B) Breakdown of V	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) TELLE WHITNEY	(i)	175,000.	100,000.	0.	1,300.	0.	276,300.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BRENDA DARDEN WILKERSON	(i)	254,202.	8,750.	69,242.	16,221.	26,207.	374,622.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LAURIE RAE GREER	(i)	204,033.	75,250.	2,513.	14,596.	13,332.	309,724.	0.	
VP, PARTNER PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) CAROL J GUSTAVESON	(i)	207,637.	75,250.	3,596.	8,599.	13,380.	308,462.	0.	
VP BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JEANNE M HULTQUIST	(i)	159,758.	26,733.	548.	0.	8,730.	195,769.	0.	
VP, MKTG, STRATEGY, & ALLIANCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) MARY KEMPSKI	(i)	238,955.	59,023.	3,336.	0.	13,339.	314,653.	0.	
VP, CIO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JODY MAHONEY	(i)	226,537.	51,000.	1,953.	7,653.	5,447.	292,590.	0.	
SENIOR VP OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) STEVE BAK	(i)	174,299.	30,000.	232.	14,235.	12,859.	231,625.	0.	
BUSINESS DEVELOPMENT EXEC	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) JASON C CONNELL	(i)	146,278.	6,750.	234.	9,471.	12,864.	175,597.	0.	
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) JULIAN S. GREEN	(i)	149,381.	7,000.	207.	0.	13,026.	169,614.	0.	
DIRECTOR DIVERSITY & INCLUSION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) CHRISTIANA DAWN FAIRRER JONAS	(i)	163,148.	33,000.	209.	1,987.	12,867.	211,211.	0.	
BUSINESS DEVELOPMENT EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) SHIVA HEMATYA	(i)	161,830.	30,000.	261.	5,809.	23,802.	221,702.	0.	
BUSINESS DEVELOPMENT EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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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 1A:

THE HOUSING ALLOWANCE AND GROSS-UP PAYMENTS PAID TO THE CURRENT PRESIDENT

WERE TREATED AS TAXABLE COMPENSATION AND INCLUDED IN THE TOTAL COMPENSATION

PACKAGE AS AGREED UPON BY COMPENSATION COMMITTEE.

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.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



TECHNOLOGY

ANITA BORG INSTITUTE FOR WOMEN AND 77-0480427

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

AS A STRATEGIC IMPERATIVE.

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

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 WAS FILED WITH THE IRS. THE AUDIT COMMITTEE IS PROVIDED WITH AN INITIAL DRAFT OF THE FORM 990. ANY COMMENTS OR QUESTIONS FROM AUDIT COMMITTEE MEMBERS ARE REVIEWED DURING A REGULARLY SCHEDULED AUDIT COMMITTEE MEETING. ONCE ALL QUESTIONS AND COMMENTS HAVE BEEN RESOLVED, THE AUDIT COMMITTEE APPROVES THE 990 FOR FILING. A FINAL COPY OF THE 990 IS PROVIDED TO THE BOARD OF TRUSTEES.

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 THE FORM IS THEN FORWARDED TO THE BOARD AFFAIRS COMMITTEE, INTEREST, 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:

THE BOARD OF TRUSTEES REVIEWS AND DISCUSSES THE COMPENSATION PACKAGE

Schedule O (Form 990 or 990-EZ) (2018)	Page 2						
Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number $77-0480427$						
RECOMMENDED BY THE EXECUTIVE COMMITTEE AND COMPENSATION DATA COMPILED							
REGARDING THE CEO'S COMPENSATION. VARIOUS FACTORS ARE CONS	IDERED, INCLUDING						
THE 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 T	ECHNICAL LEADER.						
THE BOARD THEN APPROVES AND PROPOSES A COMPENSATION PACKAG	E THAT IT DEEMS						
JUSTIFIED BASED ON THESE FACTORS. THE CEO DETERMINES COMPE	NSATION OF OTHER						
OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THIS IS DO	NE WITH THE HELP						
OF OUTSIDE SALARY SURVEY DATA FROM OTHER NON-PROFIT ORGANI	ZATIONS,						
NETWORKING WITH EXECUTIVES FROM OTHER NON-PROFIT ORGANIZAT	IONS, AND WITHIN						
THE ABI BUDGET CONSTRAINTS. IN ADDITION, THERE IS A COMPEN	SATION COMMITTEE.						
INTERNAL PROCEDURES REQUIRE THAT ALL NEW SALARIES AND ANY SALARY CHANGES							
FOR OFFICERS AND KEY EMPLOYEES MUST BE APPROVED BY THE COMPENSATION							
COMMITTEE. ALL PROCESSES ARE DOCUMENTED.							

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:

CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

3,415,967.

1,359,352.

2,055,693.

922.

Schedule O (Form 990 or 990-EZ) (2018) Page 2							
Name of the organization ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number 77-0480427						
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,415,967.						
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:							
EXPENSE ON THE 990 NOT INCLUDED IN FS	20,720.						

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Entor filor's identifying number

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					er sidentifyn	ng number	
Type or print					Employer identification number (EIN) or		
	I 301 SHOREWAY ROAD NO. 425				77-0480427 Social security number (SSN)		
File by the due date filing your return. See				Social se			
instruction							
Enter th	e Return Code for the return that this application is fo	r (file a separat	e application for each return)			01	
Application Return Application					Return		
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ			Form 990-T (corporation)	07			
Form 990-BL			Form 1041-A	08			
Form 4720 (individual)			Form 4720 (other than individual)	09			
Form 990-PF 04 Form 5227					10		
Form 99	90-T (sec. 401(a) or 408(a) trust)	trust) 05 Form 6069				11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
Telephone No. ▶ 650-352-7500 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box • If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2018 or ▶							
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				3a	\$	0.	
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6	6069, enter any	refundable credits and			-	
e	stimated tax payments made. Include any prior year ov	verpayment all	owed as a credit.	3b	\$	0.	
сB	alance due. Subtract line 3b from line 3a. Include you	ir payment with	n this form, if required, by			_	
u	sing EFTPS (Electronic Federal Tax Payment System).	See instructio	ns.	3c	\$	0.	
Caution instruct	 If you are going to make an electronic funds withdra ions. 	awal (direct deb	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879	-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)