

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

**A** For the **2018** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY</b>		<b>D</b> Employer identification number <b>77-0480427</b>
	Doing business as		<b>E</b> Telephone number <b>650-352-7500</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>34,365,136.</b>
	<b>1301 SHOREWAY ROAD</b>	<b>425</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>BELMONT, CA 94002</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>F</b> Name and address of principal officer: <b>BRENDA DARDEN WILKERSON</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.ANITABORG.ORG</b>		<b>L</b> Year of formation: <b>1997</b> <b>M</b> State of legal domicile: <b>CA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE CONNECT, INSPIRE AND GUIDE WOMEN IN COMPUTING AND ORGANIZATIONS THAT VIEW TECHNOLOGY INNOVATION</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>33</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>93</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4067</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>15,646,602.</b>	<b>9,671,736.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>12,766,704.</b>	<b>24,578,606.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>118,156.</b>	<b>112,489.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>2,305.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>28,531,462.</b>	<b>34,365,136.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,721,330.</b>	<b>1,960,737.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>9,606,628.</b>	<b>10,362,745.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>420,143.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>13,938,004.</b>	<b>16,694,869.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>25,265,962.</b>	<b>29,018,351.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,265,500.</b>	<b>5,346,785.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>11,662,486.</b>	<b>End of Year</b> <b>16,515,451.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,690,230.</b>	<b>2,267,827.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,972,256.</b>	<b>14,247,624.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>BRENDA DARDEN WILKERSON, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TAMARA L. MCINERNEY</b>	Preparer's signature <b>TAMARA L. MCINERNEY</b>	Date <b>11/14/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00011797</b>
	Firm's name ▶ <b>BPM LLP</b>	Firm's EIN ▶ <b>81-4234542</b>	Phone no. <b>650-855-6800</b>		
Firm's address ▶ <b>4200 BOHANNON DRIVE, SUITE 250</b> <b>MENLO PARK, CA 94025-1021</b>					

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 15,512,293. including grants of \$ 1,196,473. ) (Revenue \$ 22,377,080. ) THE GRACE HOPPER CELEBRATION (GHC) FOR WOMEN IN COMPUTING IS THE WORLD'S LARGEST GATHERING OF TECHNICAL WOMEN IN COMPUTING. CO-FOUNDED BY DR. ANITA BORG AND DR. TELLE WHITNEY IN 1994 AND INSPIRED BY THE LEGACY OF ADMIRAL GRACE MURRAY HOPPER, THE GRACE HOPPER CELEBRATION OF WOMEN IN COMPUTING BRINGS THE RESEARCH AND CAREER INTERESTS OF WOMEN IN COMPUTING TO THE FOREFRONT. THE CONFERENCE RESN COLLABORATIVE PROPOSALS, NETWORKING, AND MENTORING FOR OUR ATTENDEES. CONFERENCE SPEAKERS ARE LEADERS IN THEIR RESPECTIVE FIELDS, REPRESENT INDUSTRY, ACADEMIA, AND GOVERNMENT. IN 2018, GHC HAD OVER 20,000 REGISTERED ATTENDEES WITH 898 SPEAKERS PRESENTING A VARIETY OF ISSUES FACING THE TECHNOLOGY INDUSTRY AS IT RELATES TO WOMEN.

4b (Code: ) (Expenses \$ 2,350,876. including grants of \$ 20,000. ) (Revenue \$ 2,170,552. ) ORGANIZATIONAL TRANSFORMATION/PARTNERSHIPS - ABI RECOGNIZES THE IMPACT OF WOMEN TECHNOLOGISTS, AND HELPS INNOVATION DRIVEN ORGANIZATIONS BUILD BALANCED TEAMS. ABI PARTNERS WITH APPROXIMATELY 80 INDUSTRY LEADERS WORLDWIDE. THESE FORWARD THINKING ORGANIZATIONS ARE DEDICATED TO BUILDING A DIVERSE WORKFORCE WITH ROBUST REPRESENTATION OF TECHNICAL WOMEN.

4c (Code: ) (Expenses \$ 1,098,496. including grants of \$ 86,650. ) (Revenue \$ 25,714. ) ANITAB.ORG COMMUNITIES ARE A NETWORK OF LOCALLY ORGANIZED COMMUNITIES THAT BRING WOMEN TECHNOLOGISTS TOGETHER IN CITIES AROUND THE WORLD. OUR COMMUNITIES HELP WOMEN IN TECHNOLOGY GET CONNECTED, FIND NEW OPPORTUNITIES, AND MEET THEIR CAREER GOALS. COMMUNITIES ARE ACTIVE IN MANY CITIES AROUND THE WORLD INCLUDING: AMSTERDAM, ATLANTA, AUSTIN, BOSTON, CHICAGO, HOUSTON, LONDON, LOS ANGELES, MINNEAPOLIS, NAIROBI, NEW YORK, SEATTLE. SILICON VALLEY, TOKYO.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,053,625. including grants of \$ 657,614. ) (Revenue \$ 5,260. )

4e Total program service expenses 23,015,290.

**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

**Part IV Checklist of Required Schedules**

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

**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	34		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	33		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**JOANNE LEE - 650-352-7500**  
**1301 SHOREWAY ROAD #425, BELMONT, CA 94002**

**ANITA BORG INSTITUTE FOR WOMEN AND  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AICHA EVANS TRUSTEE	1.00	X					0.	0.	0.	
(2) ANA PINCZUK TRUSTEE	1.00	X					0.	0.	0.	
(3) ANGELA TUCCI TRUSTEE	1.00	X					0.	0.	0.	
(4) BARBARA HOLZAPFEL TRUSTEE	1.00	X					0.	0.	0.	
(5) COLIN BODELL TRUSTEE	1.00	X					0.	0.	0.	
(6) DIANA BERSOHN TRUSTEE	1.00	X					0.	0.	0.	
(7) DOROTHY NICHOLLS TRUSTEE	1.00	X					0.	0.	0.	
(8) FRAN BERMAN TRUSTEE	1.00	X					0.	0.	0.	
(9) FREADA KAPOOR KLEIN TRUSTEE (FROM FEB 2018)	1.00	X					0.	0.	0.	
(10) HILARY MASON TRUSTEE	1.00	X					0.	0.	0.	
(11) JEN FITZPATRICK TRUSTEE	1.00	X					0.	0.	0.	
(12) JESSICA MERRITT TRUSTEE (FROM SEPT 2018)	1.00	X					0.	0.	0.	
(13) JOY CHIK TRUSTEE	1.00	X					0.	0.	0.	
(14) KAMAU BOBB TRUSTEE	1.00	X					0.	0.	0.	
(15) KRISTIN MAJOR TRUSTEE (FROM SEPT 2018)	1.00	X					0.	0.	0.	
(16) LISA SCHLOSSER TRUSTEE	1.00	X					0.	0.	0.	
(17) LUCILLE MAYER TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARGARET OATES TRUSTEE	1.00	X					0.	0.	0.	
(19) MARIE WIECK TRUSTEE	1.00	X					0.	0.	0.	
(20) NICOLE ANASENES TRUSTEE	1.00	X					0.	0.	0.	
(21) NORA DENZEL TRUSTEE	1.00	X					0.	0.	0.	
(22) REBECCA PARSON TRUSTEE	1.00	X					0.	0.	0.	
(23) TARA RADFORD TRUSTEE (FROM SEPT 2018)	1.00	X					0.	0.	0.	
(24) TRACY KEOGH TRUSTEE	1.00	X					0.	0.	0.	
(25) VALERIE TAYLOR TRUSTEE	1.00	X					0.	0.	0.	
(26) VIJAY ANAND TRUSTEE	1.00	X					0.	0.	0.	
<b>1b Sub-total</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							3,380,764.	0.	269,584.	
<b>d Total (add lines 1b and 1c)</b> .....							3,380,764.	0.	269,584.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 30

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
OPUS SOLUTIONS, LLC, 9000 SW NIMBUS AVE., BEAVERTON, OR 97008-7181	CONFERENCE SERVICES	1,357,598.
PRODUCTION RESOURCES GROUP, LLC P.O. BOX 419470, BOSTON, MA 02241	AUDIO VISUAL	1,123,892.
FREEMAN AUDIO VISUAL, INC. PO BOX 650519, DALLAS, TX 75265-0519	AUDIO VISUAL	703,905.
THE BRIDGESPAN GROUP, INC., 2 COPLEY PLACE SUITE 3700B, BOSTON, MA 02116	PROFESSIONAL SERVICES	590,910.
LMG TECHNICAL SERVICES LLC 2350 INVESTORS ROW, ORLANDO, FL 32837	AUDIO VISUAL	544,755.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 20

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ADITYA AGRAWAL TRUSTEE (THROUGH DEC 2018)	1.00	X						0.	0.	0.
(28) BRIANNA FUGATE TRUSTEE (THROUGH DEC 2018)	1.00	X						0.	0.	0.
(29) DEBI COLEMAN TRUSTEE (THROUGH DEC 2018)	1.00	X						0.	0.	0.
(30) JAMES BECK TRUSTEE (THROUGH DEC 2018)	1.00	X						0.	0.	0.
(31) MARK BREGMAN TRUSTEE (THROUGH DEC 2018)	1.00	X						0.	0.	0.
(32) MIKE SCHROEPPER TRUSTEE (THROUGH DEC 2018)	1.00	X						0.	0.	0.
(33) ROBIN ABRAMS TRUSTEE (THROUGH DEC 2018)	1.00	X						0.	0.	0.
(34) TELLE WHITNEY PRESIDENT & CEO	40.00	X		X				275,000.	0.	1,300.
(35) BRENDA DARDEN WILKERSON PRESIDENT AND CEO	40.00	X		X				332,194.	0.	42,428.
(36) ELIZABETH STARK AMES SVP MKTG, ALLIANCES, PROGRAM	40.00			X				139,500.	0.	9,960.
(37) YLONDA DAVIS VICE PRESIDENT, GLOBAL EVENTS	40.00			X				32,356.	0.	2,280.
(38) MICHELLE CELESTE FLATT VICE PRESIDENT OF PROGRAMS	40.00			X				65,082.	0.	4,570.
(39) LAURIE RAE GREER VP, PARTNER PROGRAM	40.00			X				281,796.	0.	27,928.
(40) CAROL J GUSTAVESON VP BUSINESS DEVELOPMENT	40.00			X				286,483.	0.	21,979.
(41) JEANNE M HULTQUIST VP, MKTG, STRATEGY, & ALLIANCES	40.00			X				187,039.	0.	8,730.
(42) MARY KEMPSKI VP, CIO	40.00			X				301,314.	0.	13,339.
(43) JODY MAHONEY SENIOR VP OF DEVELOPMENT	40.00			X				279,490.	0.	13,100.
(44) STEPHANIE RODRIGUEZ VICE PRESIDENT, POLICY ENGAGEMENT	40.00			X				90,741.	0.	10,290.
(45) AUDREY K VAN BELLEGHEM SVP, OPERATIONS & GHC	40.00			X				149,064.	0.	510.
(46) CATHLYN WHALEN CHIEF FINANCIAL OFFICER	40.00			X				57,876.	0.	6,250.
<b>Total to Part VII, Section A, line 1c</b>										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) STEVE BAK BUSINESS DEVELOPMENT EXEC	40.00					X		204,531.	0.	27,094.
(48) JASON C CONNELL CONTROLLER	40.00					X		153,262.	0.	22,335.
(49) JULIAN S. GREEN DIRECTOR DIVERSITY & INCLUSION	40.00					X		156,588.	0.	13,026.
(50) CHRISTIANA DAWN FAIRRER JONAS BUSINESS DEVELOPMENT EXECUTIVE	40.00					X		196,357.	0.	14,854.
(51) SHIVA HEMATYA BUSINESS DEVELOPMENT EXECUTIVE	40.00					X		192,091.	0.	29,611.
Total to Part VII, Section A, line 1c .....								3,380,764.		269,584.

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	297,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	9,374,236.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		6,673.				
	<b>h Total.</b> Add lines 1a-1f .....		9,671,736.				
	<b>Program Service Revenue</b>	<b>2 a</b> REGISTRATIONS	<b>Business Code</b>				
		900099	18,103,189.	18,103,189.			
<b>b</b> CONFERENCE PRODUCTS AND SERVICES		900099	3,716,010.	3,716,010.			
<b>c</b> PROGRAM PARTNERSHIP		900099	1,869,952.	1,869,952.			
<b>d</b> OTHER CONFERENCE REVENUE		900099	588,855.	588,855.			
<b>e</b> ORG. TRANSFORMATION		900099	300,600.	300,600.			
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		24,578,606.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		84,738.			84,738.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		2,305.			2,305.	
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....		0.			
		<b>c</b> Gain or (loss) .....		27,751.			
	<b>d</b> Net gain or (loss) .....		27,751.			27,751.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			34,365,136.	24,578,606.	0.	114,794.	

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**Part IX Statement of Functional Expenses**

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

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

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

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

**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	34,365,136.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	29,018,351.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	5,346,785.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	8,972,256.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-92,137.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	20,720.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	14,247,624.

**Part XII Financial Statements and Reporting**

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8495626.	11540755.	12578365.	15646602.	9671736.	57933084.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8495626.	11540755.	12578365.	15646602.	9671736.	57933084.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2027254.
<b>6 Public support.</b> Subtract line 5 from line 4.						55905830.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	8495626.	11540755.	12578365.	15646602.	9671736.	57933084.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,884.	2,282.	1,202.	59,588.	87,043.	154,999.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						58088083.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	54,008,470.

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

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	96.24 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	94.52 %

**16a 33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

**b 33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

**17a 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

**Part VI**

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

Horizontal lines for supplemental information input.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

Employer identification number

**77-0480427**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

**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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 297,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 267,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 242,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 239,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 214,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Form with questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain, with dollar amount fields.



**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN ASSETS</b>	<b>11,459,297.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>11,459,297.</b>

**Part X Other Liabilities.**

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

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

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

**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

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

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

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

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**Part 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.

**Part XIII** Supplemental Information *(continued)*

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  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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

Employer identification number  
**77-0480427**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	CONSULTANT FEES & GHC INDIA EXPENSES	380,007.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	COMMUNITY EVENTS	8,816.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,265.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		27,504.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		40,054.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		34,792.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		13,782.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		15,047.
<b>3 a</b> Subtotal .....	0	0			521,267.
<b>b</b> Total from continuation sheets to Part I .....	0	0			159,960.
<b>c Totals</b> (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





**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

**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.

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)
		SOUTH AMERICA	EVENT SPONSORSHIP - LATINITY COLUMBIA SPONSORSHIP	15,000.		0.		
		SUB-SAHARAN AFRICA	EVENT SPONSORSHIP - AFRICAN WOMEN IN TECH CONFERENCE	25,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

3 Enter total number of other organizations or entities 0

**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

Schedule F (Form 990) 2018

77-0480427

Page 3

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
AWARD WINNER - ABIE AWARD	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	1	7,590.	WIRE	0.		BOOK VALUE
AWARD WINNER - ABIE AWARD	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	1	7,590.	WIRE	0.		BOOK VALUE
GHC SCHOLAR	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	1	1,265.	WIRE	0.		BOOK VALUE
GHC SCHOLAR	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	8	19,914.	WIRE	0.		BOOK VALUE
GHC SCHOLAR	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	20	40,054.	WIRE	0.		BOOK VALUE
GHC SCHOLAR	MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	15	34,792.	WIRE	0.		BOOK VALUE
GHC SCHOLAR	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	6	13,782.	WIRE	0.		BOOK VALUE
GHC SCHOLAR	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	5	15,047.	WIRE	0.		BOOK VALUE
GHC SCHOLAR	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	14	35,332.	WIRE	0.		BOOK VALUE

Schedule F (Form 990) 2018



**Part IV Foreign Forms**

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

**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 SYSTEMS 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.

**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.

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  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

**Employer identification number**  
**77-0480427**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
THURGOOD MARSHALL COLLEGE FUND 901 F STREET NW NO 300 WASHINGTON, DC 20004	41-1750692	501(C)(3)	15,000.	0.			EVENT SPONSORSHIP
MILLS COLLEGE 5000 MACARTHUR BOULEVARD OAKLAND, CA 94613	94-1156566	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 19085-1676	23-1352688	501(C)(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE, 311250 DENTON, TX 76203	75-6002149	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA, IL 61801	37-6006007	501(C)(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 411 MAIN STREET - BURLINGTON, VT 05401	03-0179440	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **22.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **1.**

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

Schedule I (Form 990) (2018)



**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

Schedule I (Form 990)

77-0480427

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
BOARD OF REGENTS FOR THE UNIVERSITY OF WISCONSIN SYSTEM - 780 REGENT STREET - MADISON, WI 53706	39-1805963	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UC REGENTS - UCLA 111 FRANKLIN ST., 12TH FL OAKLAND, CA 94607	95-6006143	GOV	70,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UMBC FOUNDATION 620 W LEXINGTON ST, 2ND FLOOR BALTIMORE, MD 21201-1508	31-1678679	501(C)(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF TEXAS AT EL PASO PO BOX 250 AUSTIN, TX 78767-0250	74-1587488	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
NEW JERSEY INSTITUTE OF TECH. (NJIT), DEPT. OF COMPUTER SCIENCE - UNIVERSITY HEIGHTS - NEWARK, NJ 07102-1982	22-1714037	501(C)(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
HARVEY MUDD COLLEGE 301 PLATT BOULEVARD CLAREMONT, CA 91711	95-1911219	501(C)(3)	40,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
MISSOURI S&T - DEPARTMENT COMPUTER SCIENCE - 301 W HIGH SUITE 680 - JEFFERSON CITY, MO 65102	43-1341372	501(C)(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
UNIVERSITY OF SOUTH CAROLINA EDUCATIONAL FOUNDATION - 1027 BARNWELL STREET - COLUMBIA, SC 29208	57-6017985	501(C)(3)	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING
ARIZONA STATE UNIVERSITY (ASU) PO BOX 2260 TEMPE, AZ 85280	86-6051042	GOV	30,000.	0.			BRAID (BUILDING, RECRUITING, AND INCLUSION FOR DIVERSITY) INITIATIVE FUNDING

Schedule I (Form 990)

**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

Schedule I (Form 990)

77-0480427

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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

Schedule I (Form 990)

**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

**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 - SYSTEMS PASS IT ON AWARD	8	8,150.	0.		
GHC SCHOLAR	823	903,511.	0.		

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

**PART I, LINE 2:**

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, 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

**Part IV** Supplemental Information

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 SYSTEMS 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 J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" 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 compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2018

**ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY**

Schedule J (Form 990) 2018

77-0480427

Page 2

**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.

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

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

ANITA BORG INSTITUTE FOR WOMEN AND  
TECHNOLOGY

Employer identification number  
77-0480427

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

AS A STRATEGIC IMPERATIVE.

FORM 990, PART 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 INTEREST, THE FORM IS THEN FORWARDED TO THE BOARD AFFAIRS COMMITTEE, APPOINTED BY THE BOARD OF TRUSTEES, WHICH THEN REVIEWS THE FORM AND DETERMINES IF ANY CONFLICT OF INTEREST EXISTS AND TAKES THE APPROPRIATE ACTION AS OUTLINED IN THE ORGANIZATION'S POLICY.

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

THE BOARD OF TRUSTEES REVIEWS AND DISCUSSES THE COMPENSATION PACKAGE

Name of the organization	ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY	Employer identification number	77-0480427
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RECOMMENDED BY THE EXECUTIVE COMMITTEE AND COMPENSATION DATA COMPILED REGARDING THE CEO'S COMPENSATION. VARIOUS FACTORS ARE CONSIDERED, 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 TECHNICAL LEADER. THE BOARD THEN APPROVES AND PROPOSES A COMPENSATION PACKAGE THAT IT DEEMS JUSTIFIED BASED ON THESE FACTORS. THE CEO DETERMINES COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THIS IS DONE WITH THE HELP OF OUTSIDE SALARY SURVEY DATA FROM OTHER NON-PROFIT ORGANIZATIONS, NETWORKING WITH EXECUTIVES FROM OTHER NON-PROFIT ORGANIZATIONS, AND WITHIN THE ABI BUDGET CONSTRAINTS. IN ADDITION, THERE IS A COMPENSATION 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	1,359,352.
MANAGEMENT AND GENERAL EXPENSES	2,055,693.
FUNDRAISING EXPENSES	922.
<b>TOTAL EXPENSES</b>	<b>3,415,967.</b>

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

# 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](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

		Enter filer's identifying number
Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>ANITA BORG INSTITUTE FOR WOMEN AND TECHNOLOGY</b>	Employer identification number (EIN) or  <b>77-0480427</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1301 SHOREWAY ROAD, NO. 425</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BELMONT, CA 94002</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOANNE LEE**

- The books are in the care of ▶ **1301 SHOREWAY ROAD #425 - BELMONT, CA 94002**  
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 it 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:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.