Form **990**

Return of Organization Exempt from Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2004

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the 2004 calendar year, or tax year beginning , 2004, and ending	,
В	onour ii appiioadio	loyer Identification Number
	Address change Please use INSTITUTE FOR WOMEN'S POLICY RESEARCH 52-	-1549572
	At a rint	phone number
	Can	02) 785-5100
		., , , , , , , , , , , , , , , , , , ,
		- -
		Other (specify)
	Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A H and I are not applicable to sec	
	(Form 990 or 990-EZ).	
G	Web site: ► N/A	f affiliates ►
-	H (c) Are all affiliates include	
J	Organization type (check only one) X 501(c) 3 √ (insert no) 4947(a)(1) or 527 (if 'No,' attach a list Se	ee instructions)
<u></u>	Check here If the organization's gross receipts are normally not more than	filed by an
11	\$25,000 The organization need not file a return with the IRS; but if the organization organization covered by	a group ruling? Yes No
	received a Form 990 Package in the mail, it should file a return without financial data. I Group Exemption	Number ►
	Some states require a complete return. M Check ► If the	organization is not required
L	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 1,555,664. to attach Schedule B (F	Form 990, 990-EZ, or 990-PF).
Pa		
	1 Contributions, gifts, grants, and similar amounts received.	
	a Direct public support 1a 1,519,865.	
	b Indirect public support	
	c Government contributions (grants)	
	d Total (add lines noncash nonca	1d 1,519,865.
		/ /
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2
	3 Membership dues and assessments	3
	4 Interest on savings and temporary cash investments	4 660.
	5 Dividends and interest from securities	5
	6a Gross rents	
	b Less. rental expenses 6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c
R	7 Other investment income (describe	7
REVERUE	8a Gross amount from sales of assets other (A) Securities (B) Other	
E	than inventory	•
Ŭ	b Less: cost or other basis and sales expenses . 8b	
_	c Gain or (loss) (attach schedule)	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d
	9 Special events and activities (attach schedule). If any amount is from gaming, check here	
	a Gross revenue (not including \$ of contributions	
	reported on line 1a) 9a 1,400.	
	b Less: direct expenses other than fundraising expenses 9b 0.	
	c Net income or (loss) from special events (subtract line 9b from line 9a) .	9c 1,400.
	10a Gross sales of inventory, less returns and allowances 10a 26, 993.	
	b Less: cost of goods sold 10b 0.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) See L-10 Stmt	10c 26,993.
		11 6,746.
)	11 Other revenue (from Part VII, line 103)	
`—	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 1,555,664. 13 1,496,098.
E	13 Program services (from time 44, column (B)).	
EXPERSES	14 Management anti-deheral (from line 44, column (C))	14 150,921.
E N	Pundraising (from line 440) plumn (D))	15 16,421.
S	I MO I SECOND TO THE SECOND TO	16
<u>_</u>	7 TataLexpenses (add lines) 5 and 44, column (A))	17 1,663,440.
A	18 Excess or (deficit)-for the year (subtract line 17 from line 12)	18 -107,776.
N S	9 Net self on tund balances at beginning of year (from line 73, column (A)).	19 696,248.
EE	20 Other changes in net assets or fund balances (attach explanation)	20
Š	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 588, 472.
BA		01/07/05 Form 990 (2004)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

` <i>l</i>	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)					
	(cash \$					
23	non-cash \$) Specific assistance to individuals (att sch)	22				
24	Benefits paid to or for members (att sch)	23				
	Compensation of officers, directors, etc	25	100,663.	93,473.	7,190.	0.
	Other salaries and wages	26	549,110.	478,563.	70,547.	0.
27	Pension plan contributions	27	30,217.	0.	30,217.	0.
28	Other employee benefits	28	184,816.	183,817.	999.	0.
29	Payroll taxes	_29	73,795.	0.	73,795.	0.
30	Professional fundraising fees	_30				
31	Accounting fees	31	45,888.	19,040.	26,848.	0.
32	Legal fees	32				
33	Supplies	33	10,618.	0.	10,618.	0.
34	Telephone	34	10,263.	0.	10,263.	0.
35	Postage and shipping	35	23,279.	0.	23,279.	0.
36	Occupancy	36	199,868.	0.	199,868.	0.
37	Equipment rental and maintenance	37	12,901.	0.	12,901.	0.
38	Printing and publications	38	181,180.	174,973.	2,272.	3,935.
39	Travel	39	04 007	15 651	4 488	
40	Conferences, conventions, and meetings	40	21,927.	15,654.	1,977.	4,296.
41	Interest	41	20.000		20.000	
42	Depreciation, depletion, etc (attach schedule)	42	30,800.	0.	30,800.	0.
43	Other expenses not covered above (itemize)	42-	04 547	01 044	0 007	51.0
	RESEARCH AND TRAVEL DEVELOPMENT	43a 43b	94,547.	91,044.	2,987. 2,870.	516. 737.
	OFFICE EXPENSES	43b	8,410. 22,627.	4,803. 6,317.	9,373.	6,937.
	I INVENTORY ADJUSTMENT	43d	62,531.	0,317.	62,531.	0,937.
	INVENTORI ADDOSTMENT	43e	02,331.	428,414.	-428,414.	0.
44	Total functional expenses (add lines 22 - 43).	436		420,414.	-420,414.	<u></u>
	Total functional expenses (add lines 22 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,663,440.	1,496,098.	150,921.	16,421.
	Costs. Check If you are following	SOP 9	8-2.			
Are a	any joint costs from a combined educational	l cam	paign and fundraising so	licitation reported in (B)	Program services?	► Yes X No
If 'Ye	es,' enter (i) the aggregate amount of these				nount allocated to Prog	
\$		ocated	to Management and ger	neral \$, and (iv) th	e amount allocated
	ndraising \$					
	III Statement of Program Serv				NAME CONCERNIA	Drawer Candas Evanges
	is the organization's primary exempt purp			ID RESEARCH FOR WO		Program Service Expenses (Required for 501(c)(3) and
clien	ganizations must describe their exempt puts served, publications issued, etc. Discussons and 4947(a)(1) nonexempt charitable tr	achie	vements that are not me	asurable. (Section 501((3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
	INSTITUTIONAL DEVELOPMENT					optional for others)
4	BASED ON SMALL SCALE RESEA			SEMINATION OF F	WERTO WILLIAM	
	DAOLO ON SHADE SCALE RESER	11(011				
			(Grants and	allocations \$		4,803.
b	PUBLICATIONS - PRODUCTION	AND				1,000.
	BRIEFING PAPERS, GRAPHIC (
						
			Grants and	allocations \$	0.)	174,973.
С	RESEARCH PROGRAMS - RESEAR	RCH	PROJECTS ON SUC	H TOPICS AS WOM	EN'S	
	EMPLOYMENT, MIRCOENTERPRIS	SE, 1	POVERTY AND WELL	FARE, WORK AND	FAMILY,	
	DISCRIMINATION, HEALTHCARE	AN	DOMESTIC VIOLE	ENCE		
				allocations \$	50.)	1,316,322.
d						
					- 	
			(Grants and	allocations \$		
	Other program services			allocations \$)	
f	Total of Program Service Expenses (shou	ıld equ	al line 44, column (B), F	Program services)	<u> </u>	1,496,098.

Part IV Balance Sheets (See Instructions)

Note		Where required, attached schedules and amounts within olumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year		
	4	Cash — non-interest-bearing			115,304.	45	174,555.
	4	Savings and temporary cash investments				46	
	4	7a Accounts receivable	47 a				
	•	b Less. allowance for doubtful accounts	47 b			47 c	
	4	3a Pledges receivable	48a	113,256.			
		b Less. allowance for doubtful accounts	48b			48 c	113,256.
Ì	4	Grants receivable			660,265.	49	310,027.
A S	5	Receivables from officers, directors, trustees, and ke employees (attach schedule)	у			50	
A S E T S	5	a Other notes & loans receivable (attach sch)	51 a				
S		b Less. allowance for doubtful accounts	51 b			51 c	
	52	Inventories for sale or use			111,685.	52	49,154.
	53	Prepaid expenses and deferred charges			8,990.	53	8,785.
	54	Investments – securities (attach schedule)		► Cost FMV		54	
	55	a Investments – land, buildings, & equipment: basis	55 a	270,568.			
		b Less. accumulated depreciation (attach schedule)	55 b	244,620.	56,367.	55 c	25,948.
	56	Investments – other (attach schedule)				56	
1		a Land, buildings, and equipment. basis	57 a				
		b Less accumulated depreciation (attach schedule)	57 b			57 c	
	58	Other assets (describe - See Line 58 Stmt	-)	17,818.	58	17,818.
	59	Total assets (add lines 45 through 58) (must equal lines	ne 74)		970,429.	59	699,543.
	60	Accounts payable and accrued expenses		.[_	249,181.	60	111,071.
<u> </u>	61	Grants payable				61	
L A B	62	Deferred revenue				62	
Ĭ	63	Loans from officers, directors, trustees, and key employees (attach	schedul	e)		63	
	64	a Tax-exempt bond liabilities (attach schedule)				64 a	
Ė		b Mortgages and other notes payable (attach schedule)		<u> </u>	25,000.	64 b	0.
Š	65	Other liabilities (describe >)		65	
		Total liabilities (add lines 60 through 65)			274,181.	66	111,071.
N	Orga	,	d com	plete lines 67			
Ĕ		through 69 and lines 73 and 74.					4.88.050
Ą	67			_	-253 <u>,565</u> .	67	177,058.
人のと言う	68	3		-	872,118.	68	302,519.
	- 69 -		\Box	H	77,695.	69	108,895.
R (Jrga	nizations that do not follow SFAS 117, check here	□ ;	and complete lines			
- 1		70 through 74.				70	
FUZO	70			· · ·		70	
	71	, , , , , , , , , , , , , , , , , , , ,				71	<u> </u>
	72			Г		72	
日本 上々文 ひゅう	73	Total net assets or fund balances (add lines 67 throu 72; column (A) must equal line 19; column (B) must	igh 69 equal	or lines 70 through line 21)	696,248.	73	588,472.
٦	74	Total liabilities and net assets/fund balances (add lin	and 73)	970,429.	74	699,543.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Par	Reconciliation of Revenu Financial Statements wit per Return (See Instruction	h Revenue	Par	t IV-B Reconcili Financial per Retur	Statements with	es h E	per Audited xpenses
а	Total revenue, gains, and other support per audited financial statements	a 1,555,664.	а	Total expenses and financial statements	losses per audited	a	1,663,440.
b	Amounts included on line a but not on line 12, Form 990:	2,000,001.	ь	Amounts included or on line 17, Form 990	n line a but not		270037110
(1)	Net unrealized gains on investments \$		(1) Donated serv- ices and use of facilities	S		
(2)	Donated services and use of facilities \$		(2	Prior year adjust- ments reported on line 20, Form 990	3		
(3)	Recoveries of prior year grants \$		(3	Losses reported on line 20, Form 990	3		
(4)	Other (specify)		(4) Other (specify)			
	\$			ş	S		
	Add amounts on lines (1) through (4)	b		Add amounts on lines (1)	through (4)	Ь	
С	Line a minus line b ►	c 1,555,664.	С	Line a minus line b	▶	С	1,663,440
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on	n line 17, i line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		(1	Investment expenses not included on line 6b. Form 990	8		
(2)	Other (specify):		(2) Other (specify):	=		
•			•				
	Add amounts on lines (1) and (2)	d		Add amounts on line	es (1) and (2)	ď	
	· · · · · · · F	<u>u</u>			55 (1) and (2)	H	
е	Total revenue per line 12, Form 990 (line c plus line d)	e 1,555,664.	е	Total expenses per l 990 (line c plus line	line 17, Form d)	e	1,663,440.
Part			mple			nsat	
	(A) Name and address	(B) Title and average hor per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans and deferre compensation	t	(E) Expense account and other allowances
HEI	DI_HARTMAN						
WAS	HINGTON DC						
		EXECUTIVE DIRECTOR	40	100,663.	3,12	5.	0.
	OMPENSATED BOARD OF DIRECTORS ATTACHED LISTING					ļ	
SEE	ATTACHED LISTING	VARIOUS	VAR	0.	<u> </u>	0.	0.
			\dashv				
			_				
			_]			_	
75	Did any officer, director, trustee, or key than \$100,000 from your organization a \$10,000 was provided by the related or If 'Yes,' attach schedule — see instructions.	and all related organization ganization	ate cons, of	ompensation of more which more than		<u>×</u>	Yes No

Form 990 (2004) INSTITUTE FOR WOMEN'S POLICY RESEARCH 52-15495	72	F	Page 5
Part VI Other Information (See instructions)		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	76		Х
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
If 'Yes,' attach a conformed copy of the changes.	70-	ļ	
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		\vdash
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		Х
 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? b If 'Yes,' enter the name of the organization ►	80 a		Х
and check whether it is exempt or nonexempt.			
81 a Enter direct and indirect political expenditures See line 81 instructions			
b Did the organization file Form 1120-POL for this year?	81 b		Х
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as			
revenue in Part I or as an expense in Part II. (See instructions in Part III.)	_		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	Х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 ь	Χ	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a		<u> </u>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b		
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members			l
d Section 162(e) lobbying and political expenditures]		l
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	_		l
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	_		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
line 12	╛		
b Gross receipts, included on line 12, for public use of club facilities 86b			
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Part IX	88		Х
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under	~		
section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement	89b		
explaining each transaction	030	ļ	<u> X</u>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		_ · ·	0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a List the states with which a copy of this return is filed DISTRICT OF COLUMBIA			
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b		_23
91 The books are in care of ► THE ORGANIZATION Telephone number ► (202) _785- Located at ► PAGE 1 ZIP + 4 ► 2003			
LULAIRU AL = MALTE. 1 ZIP + 4 ≥ 200.5	U		- 7-
		b	▶
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	-

Note: Enter gross amounts unless	·	business income		tion 512, 513, or 514	(E)
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue				7 W/10 G/ IC	Tariotto i i i i i i i i i i i i i i i i i
a					<u></u>
b					
c	-				
e		<u>-</u>			
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments95 Interest on savings & temporary cash invents	 		F14	660	
96 Dividends & interest from securities .		·	514	660.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income100 Gain or (loss) from sales of assets			-		
other than inventory					
101 Net income or (loss) from special events	——				
102 Gross profit or (loss) from sales of inventory103 Other revenue: a			512	7,243.	
b HONORARIA			512	4,440.	
c MISCELLANEOUS			512	2,306.	
d				•	
e 104 Cubtatal (add salumas (D) (D) and (D)				14 640	
104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D),	and (E))			14,649.	14,649
Note: Line 105 plus line 1d, Part I, should equ		on line 12. Part I			11,012
Part VIII Relationship of Activities			cempt Purposes	(See instructions.)	
▼ of the organization's exempt purp	oses (other than	n by providing funds t	for such purposes).		ccomplishment
N/A	oses (other than	n by providing funds i	for such purposes).		
N/A			for such purposes).	(See instructions.)	
N/A Part IX Information Regarding Tax	cable Subsid	liaries and Disre	garded Entities	·	N/A
Part IX Information Regarding Tax (A)	cable Subsid	liaries and Disre	garded Entities	(D)	N/A (E)
N/A Part IX Information Regarding Tax	cable Subsid	liaries and Disre of Nature o	garded Entities	·	N/A
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation,	(able Subsid	liaries and Disre of Nature o	garded Entities	(D) Total	N/A (E) End-of-year
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation,	(able Subsid	liaries and Disre of Nature o	garded Entities	(D) Total	N/A (E) End-of-year
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation,	(able Subsid	liaries and Disre of Nature o	garded Entities	(D) Total	N/A (E) End-of-year
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity	(able Subsid (B) Percentage ownership inte	liaries and Disre of Nature of Strest &	garded Entities C) f activities	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity	(able Subsice (B) Percentage ownership interesting interesting interesting interesting interesting in the control of the cont	liaries and Disre (of Nature of State o	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra	(B) Percentage ownership inte	liaries and Disre of Nature of State Stat	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any fit b Did the organization, during the year, pa Note: If 'Yes' to (b), file Form 8870 and Form 18870 and	Percentage ownership inte	liaries and Disre of Nature of Nature of State	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any file b Did the organization, during the year, pa	Percentage ownership inte	liaries and Disre of Nature of Nature of State	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any fit b Did the organization, during the year, pa Note: If 'Yes' to (b), file Form 8870 and Form the corporation of partnership in the property of th	Percentage ownership inte	liaries and Disre of Nature of Nature of State	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any fit b Did the organization, during the year, pa Note: If 'Yes' to (b), file Form 8870 and Form true, correct, and complete Declaration of picture. Please Signature of officer Signature of officer	Percentage ownership inte	liaries and Disre of Nature of Nature of Structions) crest	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any fi b Did the organization, during the year, pa Note: If 'Yes' to (b), file Form 8870 and For the complete Declaration of proceedings of period	Percentage ownership inte	liaries and Disre of Nature of Nature of State	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any finds the organization, during the year, pandless of the property of	Percentage ownership inte	liaries and Disre of Nature of Nature of St.	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any fit b Did the organization, during the year, pa Note: If 'Yes' to (b), file Form 8870 and Formula true, correct, and complete Declaration of picture, correct, and complete Declaration of picture.	Percentage ownership inte	liaries and Disre of Nature of Nature of St.	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any fit b Did the organization, during the year, pa Note: If 'Yes' to (b), file Form 8870 and Form true, correct, and complete Declaration of pit lease Sign lere EXECUTIVE DIRECTOR Type or print name and title Preparer's signature Autilia	rable Subsider (B) Percentage ownership interest ownership in the parer (other than other than other ownership in the parer (other than other ownership in the parer ownership in the par	liaries and Disre of Nature of Natu	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any file b Did the organization, during the year, partnership b Did the organization, during the year, partnership b Did the organization, during the year, partnership believes to (b), file Form 8870 and Formation of partnership believes of periphyelic beclaration of partnership became that I have been signature of officer beclaration of partnership became that I have been signature of officer became that I have been signature of officer became that I have been signature of officer became that I have been signature became that I have been signature became the firm's name (or wours if self-	rable Subsider (B) Percentage ownership interpretage ownership interpretage ownership interpretage ownership interpretage ownership interpretage ownership interpretage of the part of the	liaries and Disre of Nature of Natu	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets
Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any finds the organization, during the year, partnership to Did the organization, during the year, partnership true, correct, and complete Declaration of processing true, cor	rable Subsider (B) Percentage ownership interpretage ownership interpretage ownership interpretage ownership interpretage ownership interpretage ownership interpretage of the part of the	liaries and Disre of Nature of Natu	garded Entities C) f activities conal Benefit Co	(D) Total income	N/A (E) End-of-year assets

SCHEDULE A (Form'990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization Employer identification number INSTITUTE FOR WOMEN'S POLICY RESEARCH 52-1549572 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions, List each one, If there are none, enter 'None,') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense to employee benefit plans and deferred compensation employee paid more than \$50,000 hours per week devoted to position account and other allowances AMY CAIAZZA 8810 MAYWOOD SILVER SPRING MD STUDY DIRECTOR 40 65,929 0. 3,177 BARBARA GAULT 2017 HANDOVER SILVER SPRING MD DIRECTOR OF RESEARCH 40 79,901 3,846 0. VICKY_LOVELL 324 BRANCH DR SILVER SPRINGMD STUDY DIRECTOR 0. 40 65,095 5,837. HEIDI HARTMAN 5300 CUSHING PL NW WASHINGTON DC PRESIDENT 40 144,577 3,125. 0. SUNHWA LEE 7817 TURNING CREEK POTOMAC MD STUDY DIRECTOR 40 64,861 3,104 0. Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

11010	· rou may use the worksheet in the	e msaucaons for com	erang nom ale accid	ar to the cash method	or accounting	
begi	ndar year (or fiscal year nning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,368,245.	1,130,811.	1,293,687.	2,193,563.	5,986,306.
16	Membership fees received					
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	14,291.	18,742.	10,217.	14,131.	57,381.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	513.	386.	4,885.	6,981.	12,765.
19	Net income from unrelated business activities not included in line 18					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	1,383,049.	1,149,939.	1,308,789.	2,214,675.	6,056,452.
24	Line 23 minus line 17	1,368,758.	1,131,197.	1,298,572.	2,200,544.	5,999,071.
25	Enter 1% of line 23	13,830.	11,499.	13,088.	22,147.	
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in co	lumn (e), line 24	. ► 26a	119,981.
b	Prepare a list for your records to show the supported organization) whose total gifts freturn. Enter the total of all these excess	or 2000 through 2003 exceed	buted by each person (othe ded the amount shown in hi	er than a governmental unit ne 26a. Do not file this list	or publicly with your	
С	Total support for section 509(a)(1		olumn (e)		► 26c	5,999,071.
	Add Amounts from column (e) fo	•	12,765.	19		
	`,	22		26 b	▶ 26d	12,765.
е	Public support (line 26c minus lin	e 26d total)			▶ 26e	5,986,306.
	Public support percentage (line 2	·	d by line 26c (denom	ninator))	► 26f	
27	Organizations described on line For amounts included in lines 15, name of, and total amounts received amounts for each year: (2003)	12: 16, and 17 that were weed in each year from,	received from a 'disqu each 'disqualified pe	ualified person,' prepairson ' Do not file this l	re a list for your recorlist with your return.	ds to show the Enter the sum of
	For any amount included in line 1 show the name of, and amount re \$5,000 (Include in the list organiz computing the difference between (the excess amounts) for each ye	ceived for each year, rations described in lir the amount received ar	that was more than thes 5 through 11, as wand the larger amoun	ne larger of (1) the am vell as individuals.) Do it described in (1) or (2	ount on line 25 for the not file this list with the sum of the sum of the notation.	e year or (2) your return. After ese differences
	(2003)	(2002)	(2001)		- ⁽²⁰⁰⁰⁾ - -	
С	(2003) Add: Amounts from column (e) fo 17 Add: Line 27a total	r lines: 15		16		
_	17	20		21	27 c	
d	Add: Line 2/a total	an	d line 2/b total .		27d	
	Public support (line 27c total minu	· ·		ا محدا	► 27e	
	Total support for section 509(a)(2					
-	Public support percentage (line 2	•	•	**	27g	8
h	Investment income percentage (I	ine 18, column (e) (nu	merator) divided by l	ine 27f (denominator)) 🟲 27 h	ક

Par	Private School Questionnaire (See Instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		<u>9-</u>
		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.)			
	Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
(Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
33	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.)	-		
a	a Students' rights or privileges?	33 a		
t	Admissions policies?	33 b		
C	Employment of faculty or administrative staff?	33 c		
d	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33 e		
f	Use of facilities?	33 f		
g	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)	4		
]		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34 ь		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Schedule A (Form 990 or 990-EZ) 2004 INSTITUTE FOR WOMEN'S POLICY RESEARCH 52-1549572 Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A if the organization belongs to an affiliated group. Check ► Check ► b If you checked 'a' and 'limited control' provisions apply Limits on Lobbying Expenditures To be completed for ALL electing Affiliatèd group totals (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 40 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2004 2003 2002 2001 Total beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Yes **Amount** No attempt to influence public opinion on a legislative matter or referendum, through the use of X b Paid staff or management (Include compensation in expenses reported on lines c through h.) X c Media advertisements Х 0. d Mailings to members, legislators, or the public Х 0. e Publications, or published or broadcast statements Х 0. f Grants to other organizations for lobbying purposes Х 0. g Direct contact with legislators, their staffs, government officials, or a legislative body Х 0. 0. Х h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . i Total lobbying expenditures (add lines c through h.) 0.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

							
51 Did the	ne reporting organization e Code (other than section	directly or in 501(c)(3) o	directly engage in any of the following organizations) or in section 527, relations	g with any other organization described ng to political organizations?	ın section	501(0	:)
a Trans	sfers from the reporting or	ganızatıon t	o a noncharitable exempt organization	n of.		Yes	No
	Cash				51 a (i)		X
(ii) Other assets							X
b Other			ĺ				
• •	-		oncharitable exempt organization		b (i)		X
• •	Purchases of assets from		' '		b (ii)		X
• • •	lental of facilities, equipm		assets		b (iii)	_	X
	embursement arrangeme	ents			b (iv)		X
	oans or loan guarantees				b (v)		X
			p or fundraising solicitations	• • •	b (vi)		X
d If the the go any to	answer to any of the aboods, other assets, or ser	i, mailing lis ve is 'Yes,' (vices given ingement, sl	ts, other assets, or paid employees complete the following schedule. Coluby the reporting organization. If the or low in column (d) the value of the got	(b) should always show the fair mar ganization received less than fair mark ods, other assets, or services received	lc rket value et value ir	of 1	Х
(a) Line no.	(b) Amount involved	İ	(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			is .
		, and the same of					
		!					
	_						
			<u></u>				
descri	ibed in section 501(c) of t s,' complete the following	he Code (ot	nated with, or related to, one or more ner than section 501(c)(3)) or in section	on 527?		s X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	chin		
			Type of organization	Description of relation			
	· · · · · ·						
							—
			-				—
					•		

INSTITUTE FOR WOMEN'S POLICY RESEARCH	52-1549572		
Supporting Statement of:			
Form 990 p 1/Line 1a			
Description	Amount		
Total	1,519,86	<u>5.</u>	
		-	
Supporting Statement of:			

Form	990	р	3/Line	64b,	column	(A)

Description	Amount
LOAN PAYABLE	25,000.
Total	25,000.

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

> See separate instructions.
> Attach to your tax return.

2004

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Name(s) shown on return						lde	Identifying number		
	INSTITUTE FOR WOMEN'S POLICY RESEARCH						5:	52-1549572	
	ess or activity to which this form rela								
	m 990 / Form 990								
Pa		pense Certain	Property Under Sec complete Part V before	tion 179 vou complete F	Part I				
1	Maximum amount. See in				<u> </u>		1	\$102,000	
2	Total cost of section 179 p	-					2	7202/000	
3	Threshold cost of section						3	\$410,000	
4	Reduction in limitation Su	btract line 3 from	line 2. If zero or less, ent	er -0-			. 4		
5	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions								
6	(a	Description of property	<u>/</u>	(b) Cost (busine	ss use only)	(C) Elected of	ost		
								_]	
			<u> </u>	<u>i</u>				_	
	Listed property. Enter the				. 7			_	
8	Total elected cost of section), lines 6 and 7	,		_ 8		
9	Tentative deduction Enter				• •	•	9		
10	Carryover of disallowed de		=		-> b -		10		
11	Business income limitation		•		•	(see instrs)	11 12		
12 13	Section 179 expense dedu Carryover of disallowed de				► 13		12		
	: Do not use Part II or Part				1 13				
Pai			ice and Other Depre		ot include	listed property	<u>, </u>		
<u> </u>	Special depreciation allow						_		
	tax year (see instructions)			7 - 1 - 27 (-		• • • •	14	<u> </u>	
	Property subject to section	.,,,	•				15		
	Other depreciation (include						16	2,833.	
Pai	TIII WACKS Depre	Clation (Do not i	nclude listed property.) (S		5)	 _			
17	MACDS deductions for occ	este placed in con-	Section Section				17	27,306.	
18	MACRS deductions for ass If you are electing under s	•	•		na tha tay	year into	17	27,300.	
10	one or more general asset				ing the tax	year into			
	Section B	- Assets Placed	in Service During 2004 1	ax Year Using	the Gene	ral Depreciation	Syste	m	
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conven			(g) Depreciation deduction	
_19a	3-year property .								
t	5-year property .	1	3,268.	5.0 yrs	HY	200	DB	654.	
	7-year property .	_							
	10-year property .	_							
	15-year property	4			 				
	20-year property .	-		25	+				
	25-year property . Residential rental	 		25 yrs	101	S/: S/:		 	
r	property	-		27.5 yrs 27.5 yrs	MM MM				
		06/04	480					7.	
•	i Nonresidential real property 06/04 480. 39 yrs MM S/L MM S/L							<u> </u>	
	Section C -	- Assets Placed in	n Service During 2004 Ta	x Year Using t				tem	
20 a	Class life					s/:			
	b 12-year								
	c 40-year . 40 yrs MM S/L								
	t IV Summary (see in	structions)							
21	Listed property Enter amo			•			21	·	
	Total. Add amounts from line 12, the appropriate lines of your return				re and on		22	30,800.	
23	For assets shown above at the portion of the basis att	nd placed in service ributable to section	ce during the current year n 263A costs	, enter	23				

Form 4562 (2004) INSTITUTE FOR WOMEN'S POLICY RESEARCH 52-1549572 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes.' is the evidence written? No Yes (b) (c) Business/ **(f)** (i) (e) Basis for depreciation (business/investment Elected section 179 Type of property (list vehicles first) Method/ Date placed in service Cost or other basis Depreciation deduction Recovery investment period use use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use (see instructions):

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

27 Property used 50% or less in a qualified business use (see instructions):

personal use?

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B — Information on Use of Vehicles

28

29

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

(f) (a) (b) (c) **(d)** (e) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles — see instructions) Total commuting miles driven during the year Total other personal (noncommuting) Total miles driven during the year. Add lines 30 through 32 Yes Yes No Yes No No Yes No Yes Nο Yes Nο Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for 36

Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,				
3/	by your employees?				
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners .				
39	Do you treat all use of vehicles by employees as personal use?				
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		 		
41	Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)				
	Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.				
$\overline{}$	43/1 4 4 4 1				

(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
our 2004 tax year (see	instructions):			
			1 40	
Amortization of costs that began before your 2004 tax year Total. Add amounts in column (f). See instructions for where to report				
	Date amortization begins our 2004 tax year (see our 2004 tax year	Date amortization begins Amortizable amount our 2004 tax year (see instructions): our 2004 tax year	Date amortization begins Amortizable amount Code section our 2004 tax year (see instructions): our 2004 tax year	Date amortization begins Amortizable amount Code section Amortization period or percentage our 2004 tax year (see instructions): our 2004 tax year 43

1

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others		Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
CONFERENCES	<u>.</u>				

Total

Form 990, Page 1, Part I, Line 10

Gross Sales of Inventory Statement

Description	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)	
PUBLICATION SALES	26,993.	0.	26,993.	
Total	26,993.	0.	26,993.	

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
DEPOSITS	17,818.	17,818.
Total	<u> 17,818.</u>	17,818.

Institute for Women's Policy Research EIN#52-1549572 990 Part V 2004 List of Officers, Directors, Trustees, and Key Employees

Name	Title	Average Hours	Compensation	Contributions to Employee Benefit plans	Expense Account
van Agtmael, Emily	Board member	various	0	0	0
Chamberlain, Mariam	Board member	various	0	0	0
Chavez-Thompson, Linda	Board member	various	0	0	0
Cole, Lenora	Board member	various	0	0	0
Darling, Martha	Board Secretary	various	0	0	0
Delany, Ellen	Board Chair	various	0	0	0
Ferris, Maria	Board member	various	0	0	0
Garza, Irasema	Board member	various	0	0	0
Hartmann, Heidi	President	various	0	0	0
Jackson, Yvonne	Board member	various	0	0	0
Kennedy-Townsend, Kathleen	Board member	various	0	0	0
Kessler, Paulette	Board member	various	0	0	0
Lyn, Esmeralda	Board Treasurer	various	0	0	0
Schlozman, Kay	Board member	various	0	0	0
Shearer, Brooke	Board member	various	0	0	0
Stark, Evan	Board member	various	0	0	0
Wainwright, Joan	Board member	various	0	0	0
Wellington, Sheila	Board member	various	0	0	0
Worthing, Marcia	Board Vice Chair	various	0	0	0