Form 990

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| | | | - | | | | _ |
|--|----------------------------------|--|-----------------------|---------------------|-----------------|---------------------|-----------------|
| | | ne 2015 calendar year, or tax year beginning , 2015, and ending | <u>g</u> | T= | | · | |
| В | Check | applicable C Name of organization Independent Women's Forum | | D Empl | oyer identi | fication number | |
| | Ad | dress change Doing business as | | | <u>-1670</u> | | |
| | ∐ Na | me change Number and street (or P O box if mail is not delivered to street address) Room/s | suite | E Telep | hone numb | er | |
| | Ini | ual return 1875 I Street, NW 500 | | (2) | 02) 8 | 57-5201 | |
| | Fin | al return/terminated City or town, state or province, country, and ZIP or foreign postal code | | | | | - |
| | Пал | nended return Washington DC 20006 | | G Gross | receipts | \$1,411,690 | |
| | Π _A | plication pending F Name and address of principal officer | H(a) Is this | | | | XN |
| | ₩. | Sabrina Schaeffer 1875 I St., NW Washington DC 20006 | H(b) Are all If 'No,' | subordinate | s included? | ? Yes | No |
| ī | Tax- | exempt status X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527 | If 'No,' | attach a list | (see instru | uctions) | |
| <u>. </u> | | osite: www.lwf.org | H(c) Group | evemotion | number ► | | |
| K | | of organization X Corporation Trust Association Other L Year of formatic | | | | gal domicile DC | |
| | rt I | | 1 1 2 2 . | | State of le | gar dofficie DC | |
| Га | | Summary | o india | dua 1 a | in th | o sivia pro | |
| | ı | educate them about the impact of public policies on the | | | | <u>ie civic pro</u> | cess, |
| Activities & Governance | | economy, and build support for policies that empower i | | | | | |
| ā | | | 1101 110 | mars_ | יהא" קֿיַ | | - - |
| اوَج | 2 | them_greater_freedom_and_autonomy. Check this box I if the organization discontinued its operations or disposed of more the | | f its not | | - - | |
| ŞĞ. | | Number of voting members of the governing body (Part VI, line 1a) | | | 3 | | 6 |
| ্প | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 4 | | |
| ies | | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | | | 5 | | 14 |
| ĭ | | Total number of volunteers (estimate if necessary) | | | 6 | | - 0 |
| Acc | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 |) ; | | 7b | | 0. |
| Revenue | | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | P | rior Yea | r | Current Ye | ar |
| | 8 | Contributions and grants (Part VIII, line 1h) | F/ 1 | ,183, | 823. | 1,377, | 532. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · · | | | | | |
| e e | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 70) | | | | | |
| αŽ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) مرابع المرابع المرابع المرابع المرابع | | -20, | 776. | -23, | |
| | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A) line 12) | 1 | ,163, | 047. | 1,353, | 840. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 612, | 481. | 747, | 195. |
| Ses | 16 a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | · · · · · · · | |
| Expenses | | Total fundraising expenses (Part IX, column (D), line 25) ► 190, 481. | | | 1 | · | |
| Ä | | | | 4.60 | 122 | | 0.4.0 |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 123. | 632, | |
| - 1 | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | ,072, | | 1,380, | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | | 443. | -26, | |
| lance | | | Beginnir | ng of Curr | | End of Yea | |
| 3a a | | Total assets (Part X, line 16) | | <u>715,</u> | | 668, | |
| 걸 | | Total liabilities (Part X, line 26) | | 106, | 218. | 85, | 119. |
| žΞ | | Net assets or fund balances Subtract line 21 from line 20 | | _609, | 440. | <u>583,</u> | <u>234.</u> |
| D - | rt II | Signature Block | | _ | | | |
| ra | | es of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the be- | it of my know | ledge and b | elief, it is tr | ue, correct and | |
| | | election of exposers (other than officer) is based on all information of which preparer has any knowledge | | | | | |
| | | es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bescharation of preparer (other than officer) is based on all information of which preparer has any knowledge | | 2/11/ | | | |
| Unde | r penalti lete De | Saha hr | | | 2016 | | |
| Unde | r penalti lete De | State of officer And Andrews of officer | Da | ite | 2016 | | |
| Unde | r penalti lete De | Sabrina Schaeffer | | ite | 2016 | | |
| Unde | r penalti lete De | Signature of officer Sabrina Schaeffer Type or print name and title | Da | ldent | | DIN | |
| Unde | r penalti lete De | Signature of officer Sabrina Schaeffer Type or pnnt name and title Print/Type preparer's name Preparer's signature Date | Da Presi | ite | | PTIN | |
| Unde | r penalti lete De in | Signature of officer Sabrina Schaeffer Type or print name and title | Da Presi | ldent | | PTIN P00635040 | |
| Sig Hei Pai | r penaltrilete De | Signature of officer Sabrina Schaeffer Type or print name and title Print/Type preparer's name Douglas S. Corey, CPA Douglas S. Corey & Associates PC | Da Presi | dent Check | | | |
| Sig Hei Pai | r penalti lete De in re | Signature of officer Sabrina Schaeffer Type or print name and title Print/Type preparer's name Douglas S. Corey, CPA Douglas S. Corey & Associates PC | Da Presi | dent Check | ıf yed | | |
| Sig Hei Pai | r penaltrilete De | Signature of officer Sabrina Schaeffer Type or print name and title Print/Type preparer's name Douglas S. Corey, CPA Douglas S. Corey, CPA Preparer's signature Date 09/07/ | Da Presi | Check self-emplo | lf yed | P00635040 | |

| | 11330 (2013) Independent women's Forum 54-16706. | Z/ Page Z |
|----------|--|-------------|
| <u> </u> | Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u> </u> |
| 1 | Briefly describe the organization's mission: | |
| | Engage more individuals in the civic process, | |
| | educate them about the impact of public policies on their lives and our | |
| | See Form 990, Page 2, Part III, Line 1 (continued) | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior | |
| - | Form 990 or 990-EZ? | Yes X No |
| | | res 🛕 140 |
| _ | If 'Yes,' describe these new services on Schedule O. | |
| 3 | | Yes X No |
| | If 'Yes,' describe these changes on Schedule O | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by e | xpenses |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex and revenue, if any, for each program service reported | penses, |
| | and revenue, if any, for each program service reported | |
| | | |
| 4 a | a (Code) (Expenses \$ 578,303. including grants of \$ 0.) (Revenue \$ | <u> </u> |
| | Domestic Policy and Economics - IWF examines the impact of policies - such | as |
| | our tax code, regulatory system, national budget, health care laws and | |
| | education system - on American families and the economy. | |
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| 4 1- | h/Code | |
| 4 b | b (Code:) (Expenses \$497,199. including grants of \$0.) (Revenue \$ | 0.) |
| 4 b | Education, Communication, and Earned Media - IWF promotes the work of our | cholars |
| 4 b | Education, Communication, and Earned Media - IWF promotes the work of our sand spokeswomen, bringing their message to audience through print publicat: | cholars |
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| 4 c | Education, Communication, and Earned Media - IWF promotes the work of our sand spokeswomen, bringing their message to audience through print publication. Tadio, the internet and social media platforms. IWF also develops educational materials to help build amoung the public greater understanding of economic facts and principles. c (Code)(Expenses \$ | cons, |

Paੱਜਾਂ IV ੈੈ Checklist of Required Schedules Yes No 1s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Х environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 Х Х 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total Х 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х 11 d Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х 12 b Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b 15 Х X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, Х 19

Part IV Checklist of Required Schedules (continued) Yes No Χ 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. . Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes, complete Χ 25b 26 Χ 26 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 Χ 27 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) 28 a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X Х Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I...... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 Х 35a Х 35b Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' completé Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 38 38

Form 990 (2015) Independent Women's Forum 54-1670627 Page 5 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 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 26 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c 2 a 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 Х **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3 a 3 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 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **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) Χ 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ 5 a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a Х 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . . 7 f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . .

14 a

14 b

Х

| Form | 1 990 (2015) Independent Women's Forum 54-1670627 | | Р | 'age 6 |
|------------|---|--------------|--------------------|---------------|
| Par | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions. | in | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | | . X |
| <u>Sec</u> | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1 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? | 2 | | X |
| 3 | 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? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7 a | 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? | 7 a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8 a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Х | |
| 9 | 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 | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | ode.) | |
| | | | Yes | No |
| 10 a | Did the organization have local chapters, branches, or affiliates? | 10 a | | X |
| 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? | 10 b | | |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12 a | Χ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | Х | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done | 12 c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15 a | X | |
| | Other officers or key employees of the organization | 15 b | Х | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | X |
| b | olf '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? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. | ıvaılab | - – – le | |
| | Own website X 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 the public during the tax year | e to | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records. | | | |
| | Peter Lips 1875 I St., NW Washington DC 20006 (5 | <u>40)</u> 8 | 88-4 | 4752 |

Partivilla 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

- 1 a 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. (C) Position (do not check more than one box, unless person is both an officer and a (B) (D) (F) (A) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from Name and Title Average hours Estimated amount of other director/trustee) per Officer the organization (W-2/1099-MISC) compensation employee week Individual from the organization institutional trustee Q lighest compensated (list any hours for related y employee and related organizations organiza-tions below dotted (1) Heather R. Higgins 5.00 Chairman of the Board Х 0 0. 0. 1.00 Yvonne S. Boice Х 0 0. 0. Director 1.00 (3) Giovanna Cugnasca Х 0 0 0. Director (4) Kellyanne Conway _ 1.00 Х 0 0 0. Director (5) Nan Hayworth 1.00 Х 0. 0 Director 0 (6) Adele Malpass 1.00 Х 0. 0 0 Director <u>(7) Sabrina Schaeffer </u> 37.00 Х 0 105,720 0. President (8) Carrie Lukas 34.00 Х 0 Secretary 76,925 0. (9) Peter Lips___ 24.00 Х 36,000 0 0. Treasurer (10)(11)(12)(13) (14)

| Part VI | (2015) Independent Women's For Section A. Officers, Directors, Tru | ıstees, | Key | En | nple | oye | es, | and | d Highest Con | 54-1670 pensated E | | | age 8 |
|---------|---|---|-------------|--|---------|--------------|---------------------------------|-----------|-------------------------------------|---------------------------------------|----------|--|----------|
| | | (B) | | | ((| | | | | | | | |
| • | (A) Name and title | Average hours per week | box | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | an ee) | (D) Reportable compensation from | (E) Reportable compensation from | | | |
| | | (list any hours for related organiza - tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizatio (W-2/1099-MISC | ns ;) | compensati from the organization and relate organization | n d |
| (15) | | | | - | | | | | | | | <u></u> | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | - | | | | | · | | | |
| (18) | | | | | | | | | | | + | | |
| (19) | | | | | | | | | | | _ | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | + | | |
| (22) | | | | | | | | | | <u>.</u> | - | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | _ | | |
| (25) | | | | | | | | | | | | | |
| 1 b Sub | -total | | | | • • | • • | | - | 218,645. | | 0. | | 0. |
| | al from continuation sheets to Part VII, Section | | | | | | | | | | | | |
| | al (add lines 1b and 1c) | | | | | | | | | 100 of reportable | 0. | nsation | 0. |
| | the organization 1 | . 10 1000 | | | | | | | | | | | |
| | | - | | | | | | | | | | Yes | No |
| | the organization list any former officer, director, ne 1a? <i>If 'Yes,' complete Schedule J for such in</i> | | | | | | | | | | | 3 | Х |
| the | any individual listed on line 1a, is the sum of reporganization and related organizations greater the individual | nan \$150, | ,000? | If 'Y | 'es' d | com | olete | Sch | nedule J for | | | 4 | <u> </u> |
| | any person listed on line 1a receive or accrue co services rendered to the organization? If 'Yes,' co | | | | | | | | | | | 5 | X |
| 1 Con | B. Independent Contractors plete this table for your five highest compensation from the organization. Report compe | ed indepe | enden | t cor | ntrac | tors | that | rece | eived more than \$1 | 00,000 of | x vear | | |
| | (A) Name and business addre | | | | | | | ٦ | (B) Description of | | <u> </u> | (C) | on |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

(A)
Name and business address

Description of services

Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . (A) (B) (C) (D) Total revenue Related or Unrelated Revenue excluded from tax exempt business function revenue under sections 512-514 revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1 a **b** Membership dues 1 b c Fundraising events 1 c 74,648 d Related organizations 1 d e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . . . g Noncash contributions included in lines 1a-1f \$ 1,377,532 Program Service Revenue **Business Code** f All other program service revenue . . Investment income (including dividends, interest and Income from investment of tax-exempt bond proceeds . . . (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) . . (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . . . c Gain or (loss) d Net gain or (loss)...... 8 a Gross income from fundraising events Other Revenue (not including . . \$ 74,648. of contributions reported on line 1c). See Part IV, line 18. 32,835 **b** Less: direct expenses ь 57,850. c Net income or (loss) from fundraising events ▶ -25,015 25,015 9 a Gross income from gaming activities See Part IV, line 19. **b** Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900009 323 d All other revenue e Total. Add lines 11a-11d -25,015

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) (A) Total expenses (B) (C) (D) Do not include amounts reported on lines Program service Fundraising Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)........ 690,982 499,976 92,158 98,848 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... Other employee benefits 10 56,213 40,800 7,720 7,693. Fees for services (non-employees): 37,062 3,387 17,415 16,260 65,784 65,784 0 0. c Accounting 13,990 0 13,990 ٥. d Lobbying e Professional fundraising services See Part IV, line 17. Other (If line 11g amount exceeds 10% of line 25, column 0 22,523 337,898 315,375 (A) amount, list line 11g expenses on Schedule O) . . 10,283 3,560 3,620 3.103 13 Office expenses Information technology 4,121 84 4,037 0. 15 16 4,902 0 4,902 0. Occupancy 17 Travel 43,964 37,392 ,690 4,882. Payments of travel or entertainment 18 expenses for any federal, state, or local Conferences, conventions, and meetings . . . 370 370 0 19 0. 20 Interest........ 21 ,057 0 2,057 0. 22 Depreciation, depletion, and amortization . . . 491 191. 23 3,943 3,261 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.) 12,409 12,409 a Social networking____ 0 Ω 32,006 32,006 n Events (non-fundraising) 0. c Communications ____ 4.531 4.531 n 0. d Dues_and_subscriptions_ 10.236 7,584 2.473 179. e All other expenses 49,293 51,753 -39.26236,802. 25 Total functional expenses Add lines 1 through 24e. . 380,044 075,502 114,061 190,481. Joint costs. Complete this line only if the organization reported in column (B) 26 joint costs from a combined educational campaign and fundraising solicitation If following Check here ► SOP 98-2 (ASC 958-720). . .

Part X | Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · |
|-----------------------------|------|--|---------------------------------------|------|---------------------------------------|
| | ` | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 706,010. | 1 | 627,965. |
| | 2 | Savings and temporary cash investments | | 2 | _ |
| ŀ | 3 | Pledges and grants receivable, net | · · | 3 | 20,000. |
| | 4 | Accounts receivable, net | 2,121. | 4 | 3,576. |
| | 5 | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). | | 6 | |
| \$ | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ϋ́ | 9 | Prepaid expenses and deferred charges | 5,983. | 9 | 8,422. |
| | 10 a | Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less accumulated depreciation | 1,544. | 10 c | 3,348. |
| | 11 | Investments – publicly traded securities | | 11 | 5,042. |
| İ | 12 | Investments – other securities See Part IV, line 11 | | 12 | 37012. |
| l | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| l | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 715,658. | 16 | 668,353. |
| \dashv | 17 | Accounts payable and accrued expenses | 106,218. | 17 | 85,119. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | 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 | | 22 | |
| اد | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 106,218. | 26 | 85,119. |
| es | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | | |
| ا ع | 27 | Unrestricted net assets | 539,440. | 27 | 406,033. |
| 8 | 28 | Temporarily restricted net assets | 70,000. | 28 | 177,201. |
| 8 | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | _* | Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. | | | |
| Ö | 30 | Capital stock or trust principal, or current funds | | 30 | |
| ğ | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ASE | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| e | 33 | Total net assets or fund balances | 609,440. | 33 | 583,234. |
| Z | 34 | Total liabilities and net assets/fund balances | 715,658. | 34 | 668,353. |
| | | | .13,030. | | |

BAA

| ⊢orı | m 990 (2015) Independent Women's Forum | <u>·167062</u> | <u> </u> | Pa | ige 12 | | |
|--|--|--------------------|----------|---------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | . <u>.</u> | | | $\cdot \square$ | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,3 | 53 , ε | 340. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,3 | 80,0 |)44. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | _ | 26,2 | 204. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6 | 09,4 | 140. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | -2. | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | _8 | | | | | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | 40 | _ | | | | |
| column (B)) | | | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | <u></u> | <u></u> | $\dot{oldsymbol{oldsymbol{oldsymbol{eta}}}}$ | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | 1 | | |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | × | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | ı | | | | | |
| | separate basis, consolidated basis, or both | | | | ! | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| | b Were the organization's financial statements audited by an independent accountant? | | 2 b | X | | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate | | ii | l | ľ | | |
| | basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| | | | | | | | |
| | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audieview, or compilation of its financial statements and selection of an independent accountant? | it, · · · · · · | 2 c | Х | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | | | |
| 3 | a 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? | | 3 a | | Х | | |
| | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a | udıt | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | <u>.</u> | 3 b | | <u> </u> | | |
| ВА | 4 | | Form | 990 (| 2015) | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer Identification number

Schedule A (Form 990 or 990-EZ) 2015

| nd | ene | endent Women's Foru | m | | | | 54-167062 | 7 | |
|-----------|--|--|---|--|--|-----------------------|--|---|--|
| Sarl | | Reason for Public Cha | | ganizations must co | mplete | this p | | | |
| | | nization is not a private foundati | | <u> </u> | | | <u>, </u> | | |
| 1 | \sqcap | A church, convention of church | nes, or association of c | hurches described in se | ction 17 | 0(b)(1)(<i>i</i> | A)(i). | | |
| 2 | H | A school described in section | · | | | | Α, | | |
| 3 | \vdash | A hospital or a cooperative hos | | · · | | | ١. | | |
| 4 | H | A medical research organization | | | | | | ne hospital's | |
| • | ш | name, city, and state | 000.0.00 | iio. | | | | | |
| 5 | | An organization operated for the 170(b)(1)(A)(iv). (Complete Position of the complete Position o | | or university owned or op | perated b | y a gov | ernmental unit described | In section | |
| 6 | \Box | A federal, state, or local govern | • | l unit described in section | n 170(b |)(1)(A)(\ | <i>(</i>). | | |
| 7 | X | An organization that normally r in section 170(b)(1)(A)(vi). (C | eceives a substantial r | | • | | • | iblic described | |
| 8 | П | A community trust described in | | (vi). (Complete Part II) | | | | | |
| 9 | | An organization that normally r from activities related to its exe investment income and unrelature 30, 1975. See section 50 | empt functions – subje ted business taxable ir | ct to certain exceptions, icome (less section 511 | and (2) | no more | than 33-1/3% of its supp | ort from gross | |
| 10 | An organization organized and operated exclusively to test for public safety See section 509(a)(4). | | | | | | | | |
| 11 | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g | | | | | | | | |
| а | The same of the sa | | | | | | | | |
| b | | Type II. A supporting organiza management of the supporting must complete Part IV, Secti | tion supervised or con organization vested in | trolled in connection with the same persons that | ıts supp control o | orted or r manag | ganization(s), by having je the supported organiz | control or ation(s) You | |
| С | | Type III functionally integrate organization(s) (see instruction | ed. A supporting organis) You must comple | nization operated in connute Part IV, Sections A, | ection w D, and E | ith, and | functionally integrated w | ith, its supported | |
| d | | Type III non-functionally inte functionally integrated The orginstructions) You must comp | anization generally mi | ust satisfy a distribution i | connecti requirem | on with ent and | its supported organization attentiveness require | n(s) that is not ment (see | |
| е | | Check this box if the organizat integrated, or Type III non-fund | ion received a written o | determination from the IF | RS that it | is a Typ | oe I, Type II, Type III fund | ctionally | |
| f | En | ter the number of supported org | | | | | | | |
| g | Pro | ovide the following information a | about the supported or | ganızatıon(s). | | | | | |
| | | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above (see instructions)) | (iv) is organization in your go docum | on listed everning | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | |
| | | | | | Yes | No | | | |
| | | | | | | | | | |
| <u>A)</u> | | | | | | | | | |
| В) | | | | | | | | | |
| C) | | | | | | | | | |
| | | | | | | | | | |
| D) | | | | | | | | | |
| E) | | | | | ļ | | | | |
| 'otal | | | | | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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 Lor if the organization failed to qualify under Part III. If the

(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)

| <u>Sec</u> | tion A. Public Support | , —— — | | | ···· | | |
|--------------|---|---|--|--|---|------------------------------------|--------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | 834,348. | 4,396,927. | 660,434. | 1,183,823. | 1,377,532. | 8,453,064. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 834,348. | 4,396,927. | 660,434. | 1,183,823. | 1,377,532. | 8,453,064. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 2,334,784. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 6,118,280. |
| Sec | tion B. Total Support | <u> </u> | <u>' =</u> | | <u>' </u> | · | , 0,==0,=001 |
| Cale | ndar year (or fiscal year nning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 834,348. | 4,396,927. | 660,434. | 1,183,823. | 1,377,532. | 8,453,064. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 0. | | | | | 0. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 30,846. | 48,744. | 25,822. | -23,692. | 81,720. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 8,534,784. |
| 12 | Gross receipts from related activiti | es, etc (see instru | ictions) | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and s | | | | | tion 501(c)(3) | ▶ [] |
| Sec | tion C. Computation of Pu | blic Support F | Percentage | | | | |
| 14 | Public support percentage for 201 | 5 (line 6, column (1 | f) divided by line 11 | , column (f)) | | 14 | 71.69 % |
| 15 | Public support percentage from 20 |)14 Schedule A, P | art II, line 14 | | | 15 | 67.91% |
| 16 a | 33-1/3% support test — 2015. If and stop here. The organization of | the organization di qualifies as a publi | id not check the book cly supported organ | x on line 13, and li nization | ne 14 is 33-1/3% (| or more, check this | box ► X |
| t | 33-1/3% support test — 2014. If to and stop here. The organization of | he organization did qualifies as a publi | d not check a box o cly supported orgai | n line 13 or 16a, a nization | and line 15 is 33-1/ | 3% or more, check | this box |
| 17 a | 10%-facts-and-circumstances to or more, and if the organization method organization meets the 'facts-a | eets the 'facts-and | -circumstances' tes | it, check this box a | and stop here. Ext | olain in Part VI how | / |
| | 10%-facts-and-circumstances to or more, and if the organization mo organization meets the 'facts-and- | eets the 'facts-and circumstances' tes | -circumstances' tes t The organization | it, check this box a qualifies as a pub | and stop here. Exp olicly supported org | olain in Part VI how janization | / the |
| 18 | Private foundation. If the organiz | ation did not checl | k a box on line 13, | 16a, 16b, 17a, or 1 | 17b, check this box | x and see instruction | ons ▶ 📋 |

54-1670627

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

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

| | A. Public Support | | | | | | | |
|-----------------|--|-----------------------------|---------------------|-------------------------|----------------------|---------------|-----------|---------------|
| Calendar yea | r (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) T | otal |
| n Giπs, and n | grants, contributions nembership fees | | | | | | | |
| receiv | ved. (Do not include unusual grants.'). | | | | | | 1 | |
| 2 Gross | s receipts from admis- | | | | - | | | |
| | , merchandise sold or ces performed, or facilities | | | | | | | |
| furnis | shed in any activity that is | | | | | | | |
| | ed to the organization's xempt purpose | | | : | | | | |
| | s receipts from activities | | | | | | | |
| that a or bu | are not an unrelated trade siness under section 513 | | | | | | | |
| | evenues levied for the | | | | | | | |
| | nization's benefit and r paid to or expended on | | | | | | | |
| | half | | | | | | | |
| facilit | ies furnished by a | | | | | | | |
| | rnmental unit to the nization without charge. | | | | | | | |
| • | . Add lines 1 through 5 | | ··· | | | | | |
| 7 a Amou | unts included on lines 1, | | | | | | | |
| | d 3 received from lalified persons | | | | | | | |
| b Amou | unts included on lines 2 | | | | | | | |
| | B received from other than labelified persons that | | | | | | | |
| excee | ed the greater of \$5,000 or | | | | | | | |
| | f the amount on line 13 e year | 1 | | | | | | |
| | ines 7a and 7b | | | | | | | |
| | ic support. (Subtract line | | | | | | | |
| 7c fro | om line 6) | | <u> </u> | | 1 | | | · ·- |
| | B. Total Support | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) T | otal |
| • | ar (or fiscal year beginning in) unts from line 6 | (a) 2011 | (0) 2012 | (6) 2013 | (4) 2014 | (6) 2010 | , , , , , | |
| · - | income from interest, dividends, | | | | | | | |
| payme rents, | ents received on securities loans, royalties and income from | | | | | | | |
| | r sources | - | | | | | | |
| | ne (less section 511 | | | | | | | |
| acqui | red after June 30, 1975 | | | | | | | |
| c Add I | ines 10a and 10b | | | | | | | |
| | come from unrelated business les not included in line 10b, | | | | | | | |
| wheth | er or not the business is | | | | | | | |
| | rly carried on | | | | - | - | | |
| gain | or loss from the sale of | | | | | | | |
| | al assets (Explain in VI) | | | | 1 | | | |
| 13 Total | I support. (Add lines 9, 11, and 12) | | | | | | | |
| 14 First organ | five years. If the Form 990 is | for the organization | on's first, second, | third, fourth, or fifth | tax year as a sect | ion 501(c)(3) | | ▶∏ |
| Section | C. Computation of Pul | blic Support P | ercentage | | | | · | |
| | c support percentage for 2015 | | | | | - | 15 | ક |
| | c support percentage from 20 | | | | | | 16 | 왕 |
| | D. Computation of Inv | | | | | | | |
| | stment income percentage for | | | | | | 17 | 8 |
| | stment income percentage fro | | | | | | 18 | |
| is no | /3% support tests — 2015. If t more than 33-1/3%, check the | his box and stop h e | ere. The organiza | tion qualifies as a | publicly supported | organization | | ▶ 🔲 |
| line 1 | / <mark>3% support tests — 2014. I</mark> f I 8 is not more than 33-1/3%, (| check this box and | stop here. The o | rganızatıon qualıfie | es as a publicly sup | ported organ | ızation | ▶ 🗍 |
| 20 Priva | ate foundation. If the organiz | ation did not check | a box on line 14, | 19a, or 19b, check | k this box and see i | nstructions. | | ▶ 🗍 |

Supporting Organizations

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

| Sec | tion A. All Supporting Organizations | | | |
|------|--|--|--|--|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? | | | |
| | If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain | 1 | | |
| _ | | | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was | | | |
| | described in section 509(a)(1) or (2) | 2 |] - | |
| | | | | |
| 3 8 | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) | | | |
| | and (c) below | 3a | | ├ ─ |
| 1 | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | 1 |
| | satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization | | <u> </u> | |
| | made the determination | 3b | _ | <u> </u> |
| | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | 1 | | } |
| , | purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use | 3c | | 1 |
| | | | | |
| 4 : | a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and | | | |
| | ıf you checked 11a or 11b ın Part I, answer (b) and (c) below | <u>4a</u> | | |
| | | | | 1 |
| ı | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled | | Ĺ | |
| | or supervised by or in connection with its supported organizations | 4b | | |
| | , , , | | | |
| (| Did the organization support any foreign supported organization that does not have an IRS determination under | | | |
| | sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | 4c | | |
| | an support to the foreign supported diganization was used exclusively for section 170(0)(2)(5) purposed 1.1.1.1.1.1.1. | <u> </u> | | ╁── |
| 5 a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) | 1 1 | | l |
| | 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) | 5a | | |
| | | | | |
| f | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| | | | - | |
| (| Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | ļ |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | ' | | |
| Ť | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one | } | | 1 |
| | or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of | 6 | | |
| | the filing organization's supported organizations? If 'Yes,' provide detail in Part VI | بـــا | - | ├ |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | | | - |
| | regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | ├ |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' | | | |
| _ | complete Part I of Schedule L (Form 990 or 990-EZ) | 8 | | |
| ۵. | a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons | | | |
| 9 (| as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? | | _ | |
| | If 'Yes,' provide detail in Part VI | 9a | | |
| | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the | | | |
| | supporting organization had an interest? If 'Yes,' provide detail in Part VI | 9b | | |
| | Did a described asset for defend a law 0.5 have a second at the second asset for the second a | | | [|
| • | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI | 9c | | |
| | | <u> </u> | _ | <u> </u> |
| 10 : | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding | | | |
| | certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations) If Yes, answer 10b below | 10a | - | |
| | | - | | |
| ı | Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine | 400 | | |
| | whether the organization had excess business holdings) | 10b | l | 1 |

| | edule A (Form 990 or 990-EZ) 2015 Independent Women's Forum 54-167062 | :7 | F | age 5 |
|--|--|-----|-----|--------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| • • | | , | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| 1 | b A family member of a person described in (a) above? | 11b | | Ĺ |
| | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | |] |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization | 2 | | - |
| Sec | | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees | | | |
| • | of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1_ | | |
| b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI 110 Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported 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 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Did the organization of the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees | | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| ŕ | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |

Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s). . .

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played

| | | | J | • | • | | - | - | • | • |
|---|------------------|------------------|------------------------|---------------------|-------------|------------|-------|------|-----------------|--------------|
| а | The organization | satisfied the Ad | ctivities Test Complet | e IIne 2 below | | | | | | |
| | - | • | each of its supported | - | | | | | | |
| С | The organization | supported a go | vernmental entity. De | scribe in Part VI h | ow you supp | oorted a g | gover | nmen | t entity (see i | instructions |

| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
|---|---|----|-----|----|
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was | | | |
| supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those sorganizations and explain how these activities directly furthered their exempt purposes, how the organization responsive to those supported organizations, and how the organization determined that these activities cons substantially all of its activities | responsive to those supported organizations, and now the organization determined that these activities constituted substantially all of its activities | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for | | | |
| | the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part V the role played by the organization in this regard | 3b | · | |

2

3

| Schedule A (| (Form 990 or 990-EZ) | 2015 | Independent | Women's | Forum |
|--------------|----------------------|------|-------------|---------|-------|
| | | | | | |

54-1670627

Page 6

| Par | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | ani <u>z</u> at | ions | | | | |
|-----|--|-------------------|--|--------------------------------|--|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec | Novemb tions A | per 20, 1970 See instr e through E | uctions. All | | | |
| Sec | 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 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | | | | |
| Sec | tion 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 | 1 a | | | | | |
| b | Average monthly cash balances | 1 b | | | | | |
| c | Fair market value of other non-exempt-use assets | 1 c | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1 d | | | | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| 3_ | Subtract line 2 from line 1d | 3 | | ļ | | | |
| 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 pnor-year distributions | 7 | | | | | |
| 8 | MinImum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Sec | tion C — Distributable Amount | | | Current Year | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | |
| 2_ | Enter 85% of line 1 | 2 | | <u> </u> | | | |
| _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 | | ļ. ——— | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-integrated (see instructions) | d Type | III supporting organizat | ion | | | |
| BAA | | | Schedule A (Fo | orm 990 or 990-EZ) 2015 | | | |

BAA

a b Breakdown of line 7

Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)

Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)......

Excess distributions carryover to 2016. Add lines 3j and 4c....

Schedule A (Form 990 or 990-EZ) 2015

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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.)

Pt II Ln 10 Other Income Part II, Line 10 Description: Event income 2012: 30846. 2013: 48744. 2014: 24660. 2015: -25015. Description: Other income 2014: 1162. 2015: 1323.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2015

| Department of the Treasury Internal Revenue Service | Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | ් ල්ලාග්රාවුණ්ම ැබ්ලොමෝණ |
|--|---|-----------------------------|
| If the organization ans | wered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Ac | |

| Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C | |
|---|--|
| • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B | |

Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see Instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

| • (| Section 501(c)(4), (5), or (6) org | ganizations Complete Part III. | | | |
|------|---|---|---------------------------|--|--|
| Name | of organization | | | Employer identification | ation number |
| Inc | dependent Women's F | orum | | 54-167062 | |
| Păi | rt I-A: Complete if the o | rganization is exempt under secti | on 501(c) or is a | section 527 organi | zation. |
| 1 | Provide a description of the or | rganization's direct and indirect political camp | aign activities in Part I | v | |
| 2 | | | | | |
| _3 | | <u> </u> | | | |
| Pā | Complete if the o | rganization is exempt under secti | on 501(c)(3). | | |
| | | e tax incurred by the organization under sect | | | |
| 2 | Enter the amount of any excis | e tax incurred by organization managers und | er section 4955 | ▶\$ | ; <u> </u> |
| 3 | If the organization incurred a s | section 4955 tax, did it file Form 4720 for this | year? | | · · · Yes No |
| 4 a | a Was a correction made? | | | | Yes No |
| | b If 'Yes,' describe in Part IV. | | | | |
| Pai | | rganization is exempt under secti | | | |
| 1 | Enter the amount directly expe | ended by the filing organization for section 52 | 7 exempt function acti | vities ▶ \$ | |
| 2 | Enter the amount of the filing of function activities | organization's funds contributed to other orga | inizations for section 52 | 27 exempt ▶ \$ | |
| 3 | Total exempt function expendine 17b | itures Add lines 1 and 2 Enter here and on f | Form 1120-POL, | | |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | · · · Yes No |
| _ 5 | organization made payments. | and employer identification number (EIN) of a For each organization listed, enter the amouns received that were promptly and directly diaction committee (PAC). If additional space is | nt paid from the filing o | organization's funds. Also political organization, suc | enter the |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| /6\ | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

| Schedule C (Form 990 or 990-EZ) 20 | 15Independent | Women's Forum | | 54-1670 | 1627 Page 2 |
|--|--------------------------------|---|-------------------------------|-------------------------------------|---------------------------------------|
| | the organizatio | n is exempt under se | ction 501(c)(3) and | | 30,21 |
| | · | gs to an affiliated group (and | l list in Part IV each affili | ated group member's nam | |
| L | | share of excess lobbying ex | | | |
| | • • | ed box A and 'limited contro | • | | |
| | Limits on Lobbyi | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditur | res to influence publi | c opinion (grass roots lobby | ing) | 0. | |
| | | islative body (direct lobbying | - · | 0.1 | |
| c Total lobbying expenditur | res (add lines 1a and | I 1b) | ,,,,,,,,,,,,,, | 0. | |
| | | | | 1,075,502. | |
| | | s 1c and 1d) | | 1,075,502. | |
| | • | • | | 1701373021 | · · · · · · · · · · · · · · · · · · · |
| | | int from the following table in | | 182,550. | |
| If the amount on line 1e, colu | | The lobbying nontaxable | | 102,330. | |
| Not over \$500,000 | (4) 61 (5) 15 | 20% of the amount on line 1e | | | |
| 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 \$ | ` | \$175,000 plus 10% of the excess | | | |
| Over \$1,500,000 but not over \$ | | \$225,000 plus 5% of the excess of | | | |
| Over \$17,000,000 | ,200,000 | \$1,000,000 | | | |
| | mount (enter 25% of | line 1f) | | 45,638. | |
| - | • | nter -0 | | 0. | |
| | | nter -0 | | 0. | |
| | • | | | | |
| section 4911 tax for this y | er than zero on eithe year? | r line 1h or line 1i, did the or | ganization file Form 4/2t | reporting | · · Yes No |
| (Som | e organizations tha | 4-Year Averaging Period U t made a section 501(h) el s below. See the instructi | ection do not have to c | omplete all of the five h 2f.) | |
| | Lobb | ying Expenditures During | 4-Year Averaging Peri | od | |
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2 a Lobbying nontaxable amount | 339,28 | 8. 180,326. | 182,260. | 182,550. | 884,424. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 1,326,636. |
| c Total lobbying expenditures | | 0. 0. | 0. | 0. | 0. |
| d Grassroots nontaxable | 04 02 | 2 45 002 | 45 565 | 45 630 | 221 107 |

f Grassroots lobbying expenditures BAA

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2015

0.

331,661.

0.

0.

0.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| 5 ` 1 N 1 | | | | (b) | | |
|---|--------|--------|--------------|----------------|------|----|
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | | Amo | unt | |
| Dunng the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | | |
| a Volunteers? | | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | | |
| c Media advertisements? | | | - | | _ | - |
| d Mailings to members, legislators, or the public? | | | | | | |
| e Publications, or published or broadcast statements? | | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | _ |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | | |
| i Other activities? | | | | | | _ |
| j Total. Add lines 1c through 1 | | | | | | |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6). | (c)(5) | , or | | | | |
| | | | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | | 3 | | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.' | (c)(5) | , or s | section | on 50 3, is | 1(c) | |
| 1 Dues, assessments and similar amounts from members | | 1 | | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | | |
| a Current year | | 2 a | | | | |
| b Carryover from last year | | 2 b | | | | |
| c Total | | 2 c | | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess | | | | | | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions) . .

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2015

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Rublica Inspection

Independent Women's Forum 54-1670627 Partis Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . . . 2 Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Partill Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Nο In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Parting Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| Schodulo D (Form 000) 2045 T. 1 | | , 5 | | FA 167 | 10.607 | D |
|---|---|---|---------------------------------|------------------------------|---------------|-----------|
| | pendent Women | | ariaal Transuuraa | 54-167 | | Page |
| Part III Organizations Mainta | | | | | | nuea)_ |
| 3 Using the organization's acquisition items (check all that apply) | n, accession, and ot | her records, check | any of the following that | are a significant use of it | is collection | |
| a Public exhibition | | d Loan | or exchange programs | | | |
| b Scholarly research | | e Other | • | | | |
| c Preservation for future general | tions | о <u>П</u> отпо | | | - | |
| 4 Provide a description of the organi | | and explain how th | ev further the organizatio | n's exempt purpose in | | |
| Part XIII | | | o, tarmer me organizano | о смотира разрача | | |
| 5 During the year, did the organization to be sold to raise funds rather than | on solicit or receive on to be maintained a | lonations of art, his part of the organ | storical treasures, or othe | er sımılar assets | Yes | □No |
| Part IV Escrow and Custodia | | | | | | īV, |
| line 9, or reported an a | mount on Form | 990, Pärt X, lin | e 21. | | | |
| 1 a Is the organization an agent, truste | e custodian or othe | r intermediany for i | contributions or other ass | ets not included | | |
| on Form 990, Part X? | | | | | Yes | No |
| b If 'Yes,' explain the arrangement in | Part XIII and compl | ete the following ta | able | | _ | _ |
| | | | | | Amount | |
| c Beginning balance | | | | . 1c | | |
| d Additions during the year | | | | . 1 d | | |
| e Distributions during the year | | | | . 1 e | | |
| f Ending balance | | | | . 1f | | |
| 2 a Did the organization include an am | ount on Form 990, F | Part X, line 21, for | escrow or custodial accor | unt liability? | Yes | No |
| b If 'Yes,' explain the arrangement in | Part XIII. Check he | re if the explanatio | n has been provided on F | Part XIII | | |
| | | _ | | | | |
| Part V Endowment Funds. C | omplete if the o | ganization ans | swered 'Yes' on Forr | n 990, Part IV, line | 10. | |
| | (a) Current year | (b) Prior yea | r (c) Two years back | (d) Three years back | (e) Four ye | ears back |
| 1 a Beginning of year balance | | | | | | |
| b Contributions | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | |
| d Grants or scholarships | | | | | | |
| e Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | | | | |
| 2 Provide the estimated percentage | of the current year e | nd balance (line 1 | g, column (a)) held as | | 1200 | |
| a Board designated or quasi-endowr | ment - | 90 | | | | |
| b Permanent endowment ▶ | 8 | | | | | |
| c Temporarily restricted endowment | > | 용 | | | | |
| The percentages on lines 2a, 2b, a | and 2c should equal | 100% | | | | |
| 3 a Are there endowment funds not in organization by. | the possession of th | e organization tha | t are held and administer | ed for the | Yes | s No |
| (i) unrelated organizations | | | | | . 3a(i) | |
| (ii) related organizations | | | | | . 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related | | | | | | |
| 4 Describe in Part XIII the intended u | • | • | | | | |
| Part VI Land, Buildings, and | | | | | | |
| Complete if the organiz | • • | 'Yes' on Form | 990, Part IV, line 11 | a. See Form 990, P | art X, line | 10. |
| Description of property | (| st or other basis investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book | value |
| 1 a Land | | | | | | |
| h Buildinas | | | | | | |

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | | | |
| ь Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 18,650. | 15,302. | 3,348. |
| e Other | | | | |
| otal. Add lines 1a through 1e. (Column (d) must equa | al Form 990 Part X colur | nn (B) line 10c) | | 3 348 |

BAA

Schedule **D** (Form 990) 2015

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

(a) Description of liability
(b) Book value

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

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

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

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn. | |
|---|--------|------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 ·Total revenue, gains, and other support per audited financial statements · · · · · · · · · · · · · · · · · · · | 1_ | 1,411,688. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | |
| a Net unrealized gains (losses) on investments | | |
| b Donated services and use of facilities |] | |
| c Recoveries of prior year grants | | |
| d Other (Describe in Part XIII) | | |
| e Add lines 2a through 2d | 2 e | 57,848. |
| 3 Subtract line 2e from line 1 | 3 | 1,353,840. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 1,353,840. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Returi | า. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 | 1,437,894. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a Donated services and use of facilities | li | |
| b Prior year adjustments | | |
| c Other losses | 1 1 | |
| d Other (Describe in Part XIII) | | |
| e Add lines 2a through 2d | 2 e | 57,850. |
| 3 Subtract line 2e from line 1 | 3 | 1,380,044. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b Other (Describe in Part XIII) | | |
| C Add lines 4a and 4b | 4 c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 1,380,044. |

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

Pt XI, Line 2d Special event expenses Pt XII, Line 2d Special event expenses

Part XIII Supplemental Information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2015 elidir 9 od mege

Department of the Treasury Internal Revenue Service ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 54-1670627 Independent Women's Forum Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events C d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (iv) Gross receipts (v) Amount paid to (ii) Activity (vi) Amount paid to (iii) Did fundraiser (or retained by) or entity (fundraiser) from activity (or retained by) have custody or control of contributions? organization fundraiser listed in column (i) Yes No 1 2 7 8 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | List events with gross receipts grea | ιτοι τιαιί ψο,σσο. | _ | | | |
|-----------------|--|---|---------------------------------------|---|-------------------------------|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add column (a) | |
| P | | | Women of Valor | (0)(0)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1) | (table) (1 - 2) | through column (c)) | |
| E | <u> </u> | | (event type) | (event type) | (total number) | | |
| REVENU | 1 | Gross receipts | 107,483. | | | 107,483. | |
| E | 2 | Less Contributions | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 107,483. | | | 107,483. | |
| | 4 | Cash prizes | | | | | |
| | 5 | Noncash prizes | | | | | |
| D I RECT | 6 | Rent/facility costs | | | | | |
| | 7 | Food and beverages | 57,850. | | | 57,850. | |
| EXPEZSES | 8 | Entertainment | | · | | | |
| N S E | 9 | Other direct expenses | | | | | |
| S | 10 | Direct expense summary Add lines 4 through | gh 9 in column (d) | | | 57,850. | |
| | 11 | Net income summary. Subtract line 10 from | line 3, column (d) | | | 49,633. | |
| Pär | t (M) | Gaming. Complete if the organizati | on answered 'Yes' | on Form 990, Part I | V, line 19, or reporte | ed more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | | |
| 第62番<甲名 | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) | |
| mCZ | 1 | Gross revenue | · · · · · · · · · · · · · · · · · · · | | | | |
| _ | 2 | Cash prizes | | | | | |
| DIRECT | 3 | Noncash prizes | | | | | |
| C S T E S | 4 | Rent/facility costs | | | | | |
| | 5 | Other direct expenses | | | | | |
| | 6 | Volunteer labor | Yes % | Yes % | Yes % | | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | | | |
| | 8 | Net gaming income summary. Subtract line | 7 from line 1, column (d |) | <u></u> <u></u> . > | | |
| а | Is th | er the state(s) in which the organization condi- e organization licensed to conduct gaming ac p,' explain | ctivities in each of these | states? | | | |
| | | e any of the organization's gaming licenses res,' explain | evoked, suspended or te | | | · Yes No | |

| Sche | edule G (Form 990 or 990-EZ) 201 | 5 Independent | Women's Forum | 54-1670627 | Page 3 |
|------------|---|-----------------------------|---|----------------------|----------|
| | | | members? | · · · · · · · · Yes | No |
| 12 | | | ust or a member of a partnership or other e | | No |
| 13 | Indicate the percentage of gaming | g activity conducted in: | | 1 1 | |
| | , , | - | | 13a | ્ર |
| | | | | | ૄ |
| 14 | Enter the name and address of the | ne person who prepares | the organization's gaming/special events be | ooks and records | |
| | Name • | | | | |
| | Address D | | | | |
| 15 = | Does the organization have a con | ntract with a third narty f | om whom the organization receives gaming | revenue? | No |
| | | | the organization \$ | | |
| ~ | of gaming revenue retained by the | | | | |
| | : If 'Yes,' enter name and address | | | | |
| · | in 100, onto hame and address t | or the time party | | | |
| | Name • | - | | | |
| | Address | | | | - |
| 16 | Gaming manager information | | | | |
| | Name • | - | | | |
| | Gaming manager compensation | · \$ | - - | | |
| | Description of services provided | • | | - | - |
| | Director/officer | Employee | Independent contractor | | |
| 17 | Mandatory distributions | | | | |
| | state gaming license? | | itable distributions from the gaming proceed | | No |
| b | Enter the amount of distributions | required under state law | to be distributed to other exempt organizat | ions or spent in the | |
| | organization's own exempt activit | | | | |
| Rar | and Part III, lines 9, 9 information (see instr | 9b, 10b, 15b, 15c, 1 | explanations required by Part I, lir 6, and 17b, as applicable. Also pro | vide any additional | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE L (Forin 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

2015

Open To Public ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Independent Women's Forum

Employer identification number

54-1670627

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | | |
|------------|---|---|---|----------------|----|--|
| | | | | Yes | No | |
| (1) | | | | | | |
| (2) | | | | <u> </u> | | |
| (3) | | | | | | |
| (4) | | | | | ļ | |
| (5) | | | | | | |
| (6) | | | | | | |
| 2 Er se | iter the amount of tax incurred by the ction 4958 | ne organization managers or disqualified persons | s during the year under · · · · · · · · · · · · · · · · · ▶ \$ | | | |
| 3 Er | ter the amount of tax, if any, on line | e 2, above, reimbursed by the organization | | | | |

Loans to and/or From Interested Persons. Part II

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | from | an to or the zation? | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|------------------------|------|----------------------------|-------------------------------|-----------------|-----------------|----|---|----|------------------------|--------------|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) | | | | | | | | | | | | |
| (2) | | | | , | | | | | | | | |
| (3) | | | | | | | | | | | | L |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | $oxed{oxed}$ |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | Ĺ | |
| (10) | | | | | | | | | | | | |

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

| (a) Name of interested pe | son (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | I | |
| (10) | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

| Schedule L (Form 990 or 990-EZ) 2015 | Independent | Women's | Forum |
|--------------------------------------|-------------|---------|-------|

Page 2 54-1670627

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|---------|
| | | | | Yes | No |
| (1) Evolving Strategies | partner is husband of president | 50,000. | research | | Х |
| (2) | | | | | <u></u> |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | L |
| (7) | | | | | |
| (8) | | | | | į |
| (9) | | | | | |
| (10) | | | | | |

Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 of 990-EZ)

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.

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OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification numbe Name of the organization 54-1670627 Independent Women's Forum The Managing Director and Executive Director review the Pt VI, Line 11b 990. A copy of the 990 is provided for review, questions Pt VI, Line 11b Pt VI, Line 11b and comments prior to filing. The Finance Committee along with the Chairman of the Board make salary Pt VI, Line 15a recommendations for Pt VI, Line 15a Managing Director and Executive Director based on Pt VI, Line 15a performance and comparative salary data. recommendation is brought to the full board for approval. Pt VI, Line 15a Pt VI, Line 15b The Managing Director and Executive Director Pt VI, Line 15b make salary decisions for IWF staff based on performance Pt VI, Line 15b and comparative salary data from other non-profit organizations. In special circumstances, the Managing Pt VI, Line 15b Pt VI, Line 15b Director and Executive Director seek board approval of Pt VI, Line 15b certain staff salaries. Board members and staff are given the policy and asked to Pt VI, Line 12c confirm that there are no conflicts, or if there are, to Pt VI, Line 12c address them with the board. The review is ongoing via Pt VI, Line 12c review of the invoices/financial data. Pt VI, Line 12c The referenced documents are available upon request. Pt VI, Line 19