

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

**2008****Open to Public Inspection****A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>		
		<b>WOMEN IN FILM AND VIDEO</b>		52-1175294		
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>	
		3628 12TH STREET, NE			(202) 429-9438	
		City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b>		
		WASHINGTON, DC 20017-2546				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method:** ☐ Cash ☒ Accrual  
Other (specify) ►

**I Website:** ► WWW.WIFV.ORG

**J Organization type** (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **H Check** ► ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K Check** ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ.** ..... ► \$ 152,965.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	26,046.
	2	Program service revenue including government fees and contracts	2	29,130.
	3	Membership dues and assessments	3	96,181.
	4	Investment income	4	346.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► <b>OTHER INCOME</b> )	8	1,262.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	152,965.	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	76,406.
	13	Professional fees and other payments to independent contractors	13	6,858.
	14	Occupancy, rent, utilities, and maintenance	14	14,888.
	15	Printing, publications, postage, and shipping	15	3,903.
	16	Other expenses (describe ► <b>OTHER EXPENSES</b> )	16	55,671.
17	<b>Total expenses.</b> Add lines 10 through 16	17	157,726.	
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,761.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	86,713.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	81,952.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	68,280.	22 99,272.
23 Land and buildings		23
24 Other assets (describe ► <b>SEE STATEMENT 1</b> )	25,360.	24 9,122.
25 <b>Total assets</b>	93,640.	25 108,394.
26 <b>Total liabilities</b> (describe ► <b>ACCOUNTS PAYABLE</b> )	6,927.	26 26,442.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	86,713.	27 81,952.

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? **SEE STATEMENT 6**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)**28 SEE STATEMENT 3**(Grants \$ ) If this amount includes foreign grants, check here ☐**28a 36,791.****29 SEE STATEMENT 4**(Grants \$ ) If this amount includes foreign grants, check here ☐**29a 29,824.****30 SEE STATEMENT 5**(Grants \$ ) If this amount includes foreign grants, check here ☐**30a 4,356.****31 Other program services (attach schedule) SEE STATEMENT 7**(Grants \$ ) If this amount includes foreign grants, check here ☐**31a 9,939.****32 Total program service expenses (add lines 28a through 31a)****32 80,910.****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DENISE MOAK	PRESIDENT			
3628 12 STR NE, WASHINGTON, DC 20017	4.00	0.	0.	0.
MELISSA HOUGHTON	EXECUTIVE DIRECTOR			
3628 12 STR NE, WASHINGTON, DC 20017	40.00	57,440.	0.	0.
HILAREY KIRSNER	VICE PRESIDENT			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
SUSAN ENGLAND	VICE PRESIDENT			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
KRISTEN HEIM	VICE PRESIDENT			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
ROUANE ITANI	VICE PRESIDENT			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
JULIE ALLEN	VICE PRESIDENT/ SECRETARY			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
TERRY JONES	TREASURER			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
KIMBERLY SKYRME	DIRECTOR			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
ANDREA LEONCAVALLO	DIRECTOR			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
FELICIA BARLOW	DIRECTOR			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
JANE BARBARA	DIRECTOR			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
RONA FITZGERALD	DIRECTOR			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
EMILY HENNINGER	DIRECTOR			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
SHERI RATICK STROUD	DIRECTOR			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.
PAUL WILLARD	DIRECTOR			
3628 12 STR NE, WASHINGTON, DC 20017	2.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .....	<b>33</b>	<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes .....	<b>34</b>	<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? .....	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>35b</b>	<b>N/A</b>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N .....	<b>36</b>	<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. .... <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>37b</b>	<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? .....	<b>38a</b>	<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved .... <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 .....	<b>39a</b>	<b>N/A</b>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....	<b>39b</b>	<b>N/A</b>
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
<b>b</b> Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I .....	<b>40b</b>	<b>X</b>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .... <b>0.</b>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization .... <b>0.</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T .....	<b>40e</b>	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed. <b>NONE</b>		
<b>42a</b> The books are in care of <b>THE ORGANIZATION</b> Telephone no. <b>(202) 429-9438</b> Located at <b>3628 12TH STREET, NE, WASHINGTON, DC</b> ZIP + 4 <b>20017-2546</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>42b</b>	<b>X</b>
If "Yes," enter the name of the foreign country: <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....	<b>42c</b>	<b>X</b>
If "Yes," enter the name of the foreign country: .....		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year .... <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ .....	<b>44</b>	<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ .....	<b>45</b>	<b>X</b>

Form 990-EZ (2008)

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

<b>46</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....	<b>46</b>	<b>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....	<b>47</b>		<b>X</b>
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	<b>48</b>		<b>X</b>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49a</b>		<b>X</b>
<b>b</b>	If "Yes," was the related organization(s) a section 527 organization? .....	<b>49b</b>		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000 <b>NONE</b>	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Total number of other employees paid over \$100,000 .....				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000 <b>NONE</b>	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 .....		

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

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

**MELISSA HOUGHTON, EXECUTIVE DIRECTOR**  
Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>STRACK   STANFIELD, LLC</b> <b>15825 SHADY GROVE ROAD, #40</b> <b>ROCKVILLE, MARYLAND 20850</b>	EIN _____	Phone no. _____	<b>(301) 519-3280</b>

May the IRS discuss this return with the preparer shown above? See instructions ..... ☒ **Yes** ☐ **No**

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

WOMEN IN FILM AND VIDEO

Employer identification number

52-1175294

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	204,361.	263,935.	185,656.	207,399.	122,227.	983,578.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	204,361.	263,935.	185,656.	207,399.	122,227.	983,578.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						983,578.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	204,361.	263,935.	185,656.	207,399.	122,227.	983,578.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	585.	163.	180.	140.	105.	1,173.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						984,751.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	362,116.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.88	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	99.89	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... ► <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... ► <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ► <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ► <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....



**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....



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



FORM 990-EZ	OTHER ASSETS	STATEMENT	1
-------------	--------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	950.	979.
SECURITY DEPOSITS	950.	950.
ACCOUNTS RECEIVABLE	18,760.	4,895.
OTHER DEPRECIABLE ASSETS	4,700.	2,298.
TOTAL TO FORM 990-EZ, LINE 24	25,360.	9,122.



FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

WIFV PROVIDED MORE THAN 70 PROGRAMS DURING THE 2008-2009 PROGRAM YEAR TO SATISFY THE PROFESSIONAL DEVELOPMENT AND GENERAL EDUCATION NEEDS OF ITS 1000+ MEMBERS IN THE DC REGION. MOST MEMBERS ATTEND MULTIPLE EVENTS PER PROGRAM YEAR. ALL WIFV PROGRAMS ARE OPEN TO THE GENERAL PUBLIC AND WE HAD MORE THAN 600 NON-MEMBERS ATTEND THE WEDNESDAY ONES, ROUNDTABLES, RESUME SWAP AND MEDIA JOB FAIR. THE MEETINGS PRESENT INDUSTRY LEADERS WHO SHARED THEIR INSIGHTS AND PROVIDED ATTENDEES WITH INFORMATION TO HONE THEIR SKILLS TO BECOME BETTER FREELANCERS, EMPLOYERS AND EMPLOYEES. WOMEN OF VISION AWARDS WERE PRESENTED TO PATTY DUKE, HEIDI EWING AND RACHEL GRADY OF LOKI FILMS, SUSAN LACY OF AMERICAN MASTERS, AND LINDA MASLOW, TO BRING THEIR TECHNICAL AND CREATIVE ACCOMPLISHMENTS TO A PUBLIC AUDIENCE.

990-EZ PG 2

STATEMENT 4

NETWORKING - WIFV OFFERS NETWORKING OPPORTUNITIES AT ALL EVENTS AND PROVIDED FOUR SPECIFIC EVENTS TO AID MEMBERS IN MAKING CONNECTIONS ACROSS THE REGIONAL MEDIA INDUSTRY. WIFV HOSTED A FALL OPEN HOUSE, HOLIDAY OPEN HOUSE AND TWO INFORMAL EVENTS PROVIDING OPPORTUNITIES FOR MORE THAN 500 NEW AND EXISTING MEMBERS TO NETWORK WITH EACH OTHER. THE ANNUAL WIFV MEDIA JOB FAIR INVOLVED MORE THAN 400 JOB SEEKERS WITH 27 OF THE BEST MEDIA COMPANIES IN THE AREA.

E-NEWSLETTER - WIFV PREPARED A MEMBER E-NEWSLETTER 11 TIMES FOR ITS 1,000+ MEMBERS. THE E-NEWSLETTER PROMOTED MEMBER ACCOMPLISHMENTS, INTRODUCED NEW OPPORTUNITIES AND RESEARCH AND INFORMED WIFV MEMBERS ABOUT PROFESSIONAL DEVELOPMENT AND EDUCATIONAL OFFERINGS FROM WIFV AND RELATED ORGANIZATIONS. THE E-NEWSLETTER IS ARCHIVED ON THE WIFV WEBSITE FOR GENERAL PUBLIC ACCESS. THE E-NEWSLETTER HAS EXPANDED THE AMOUNT OF INFORMATION IT PRESENTS TO MEMBERS DRAMATICALLY BECAUSE OF THE ELECTRONIC FORMAT AND NOW INCLUDES LIVE LINKS TO INFORMATION AND MEMBERS PROFILED MAKING THE INFORMATION EVEN MORE ACCESSIBLE VIA SEARCH ENGINES.

990-EZ PG 2

STATEMENT 6

TO ADVANCE PROFESSIONAL DEVELOPMENT AND ACHIEVEMENT AMONG WOMEN WORKING IN  
FILM, VIDEO INDUSTRIES.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT

7

DESCRIPTIONGRANTSEXPENSES

OUTREACH PROGRAMS FOR CHILDREN - WIFV MEMBERS PROVIDED VALUABLE COMMUNITY OUTREACH ABOUT MEDIA LITERACY THROUGH THE KIDS WORLD FILM FESTIVAL THAT REACHED MORE THAN 250 DC, MARYLAND AND VIRGINIA 5TH GRADERS AND THEIR TEACHERS. THE SCHOOL CHILDREN RECEIVED MEDIA LITERACY TRAINING AND PARTICIPATED IN A FILM FESTIVAL FEATURING A SELECTION OF SHORT FILMS FROM AROUND THE WORLD THAT FOCUSED ON ISSUES OF TOLERANCE, CONFLICT RESOLUTION AND DIVERSITY. TWENTY-FIVE WIFV MEMBERS WERE INVOLVED OVER THE COURSE OF THE PROGRAM. THE WIFV IMAGE MAKERS PROGRAM EDUCATES HIGH SCHOOL STUDENTS ABOUT POTENTIAL MEDIA CAREERS AS THEY ARE GUIDED THROUGH THE CREATION AND PRODUCTION OF PUBLIC SERVICE ANNOUNCEMENTS (PSAS) FOR AREA NON-PROFITS. A DOZEN HIGH SCHOOL STUDENTS AND NEARLY 20 MEDIA PROFESSIONALS WERE INVOLVED IN THE 2008-2009 IMAGE MAKERS PRODUCTIONS FOR MAKE PIECE AND THE WASHINGTON YOUTH CHOIR. THE IMAGE MAKERS TAKES PLACE OVER EIGHT SATURDAYS IN THE EARLY WINTER AND CULMINATES IN A PUBLIC SHOWING OF THE PSAS FOR NON-PROFIT PARTICIPANTS, PARENTS, AND VOLUNTEERS.

0. 9,939.

TOTAL TO FORM 990-EZ, LINE 31

9,939.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009**2008**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions.**

Name of exempt organization

Employer identification number

**WOMEN IN FILM AND VIDEO****52-1175294**

Name and title of officer

**MELISSA HOUGHTON  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12)	<b>1b</b>	
<b>2a</b> Form 990-EZ check here	▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	<b>152965</b>
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize **STRACK | STANFIELD, LLC** to enter my PIN **20017**  
 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. **52074820850**  
 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**