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Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 2008, and ending 20

B Check if applicable

- Address change
Name change
Initial return
Termination
Amended return
Application pending

C Name of organization: BLACK WOMENS NETWORK
Number and street (or P O box, if mail is not delivered to street address): PO BOX 56106
City or town, state or country, and ZIP + 4: LOS ANGELES, CA 90056-0106

D Employer identification number: 31-1467611
E Telephone number
F Group Exemption Number

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: [X] Cash [] Accrual Other (specify)

I Website:

J Organization type (check only one) - [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

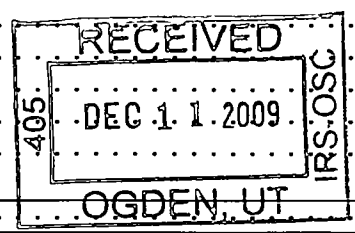
H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 \$ 27,213

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

Table with 21 rows for revenue and expenses. Line 1: 19,718; Line 3: 5,574; Line 6a: 1,921; Line 6c: 1,921; Line 9: 27,213; Line 10: 1,500; Line 16: 27,253; Line 17: 28,753; Line 18: (1,540); Line 19: 26,024; Line 21: 24,484.



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

Table with 27 rows for balance sheets. Line 25: Total assets 24,484; Line 26: Total liabilities; Line 27: Net assets or fund balances 24,484.

REVENUE
JAN 6 2010 10:55:00 AM

| Part III Statement of Program Service Accomplishments (See the instructions for Part III) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) | |
|---|---|--|---------------|
| What is the organization's primary exempt purpose? <u>PROVIDE BUSINESS NETWORKING</u> | | | |
| 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 | | | |
| 28 | CONFERENCE TO MOTIVATE BLACK WOMEN FOR SUCCESS <u>OVER 600 WOMEN LEARN THEY CAN DO IT BY LISTENING TO SPEAKERS WHO SHARE THEIR STORIES OF SUCCESS</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 18,055 |
| 29 | PROGRAM MEETINGS <u>ADVANCE THE VALUE OF NETWORKING MEMBERS AND GUESTS NETWORK</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 3,039 |
| 30 | NETWORKING NEWSLETTERS <u>FACILITATE NETWORKING AMONG THE MEMBERS INCREASED ATTENDANCE AT ACTIVITIES</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 560 |
| 31 | Other program services (attach schedule) <input type="checkbox"/> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 | 21,654 |

| 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 |
| LINDA ARD BONNER 335 E ALBERTONI ST NO 200-207 Carson, 90746 | PRESIDENT 5 | STMA01 0 | 0 | 0 |
| JUANITA LANE 4073 FAIRWAY BD Los Angeles CA, 90043 | VICEPRESIDENT 3 | STMA02 0 | 0 | 0 |
| LINDA LEWIS 815 N LABREA AV NO464 INGLEWOOD, 90302 | CORRESP SECRE 2 | STMA03 0 | 0 | 0 |
| CLIFFORD HOOE 4496 DON MIGUEL DRIVE LOS ANGELES, 90008 | TREASURER 4 | STMA04 0 | 0 | 0 |
| MARVA SMITH BATTLE BEY PO BOX 37187 LOS ANGELES CA, 90037 | CONFRNC CHAIR 5 | STMA05 0 | 0 | 0 |
| GWENDOLYN SCOTT GOODMAN 9730 8TH AVENUE Inglewood CA, 90305 | COMMUNITY REL 4 | STMA06 0 | 0 | 0 |
| KATRINA HALL 8935 VARNA AVE ARLETA CA, 91331 | HISTORIAN 3 | STMA07 0 | 0 | 0 |
| CHRYS MASSEY RHODES 1738 SOUTH OXFORD AVENUE Los Angeles, 90006 | PROGRM CHAIR 4 | STMA08 0 | 0 | 0 |
| SHEILA SHIRLEY JOHNSON 1425 RIDGLEY DRIVE Los Angeles CA, 90019 | PARLIAMENTARIAN 3 | STMA09 0 | 0 | 0 |
| LISA WESTON 1471 E BACH ST CARSON CA, 90745 | WYS MEANS CHA 4 | STMA10 0 | 0 | 0 |
| GLENDA THOMAS 4141 11TH AVENUE Los Angeles CA, 90008 | RECRDING SECR 4 | STMA11 0 | 0 | 0 |
| CRYSTAL BEASLEY 3225 LAS LUNAS STREET Pasadena CA, 91107 | MEMBER 1 | 0 | 0 | 0 |
| | | | | |
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| | | | | |

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

| | Yes | No |
|---|--------------------------|-------------------------------------|
| 46 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? | <input type="checkbox"/> | <input type="checkbox"/> |

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) 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 |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 are none, enter "None "

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

Sign Here 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.

Linda Ard Bonner Signature of officer | 10/12/09 Date
LINDA ARD BONNER, PRESIDENT Type or print name and title

Paid Preparer's Use Only Preparer's signature: *Barbara Allen* Date: 10-12-2009 Check if self-employed: Preparer's Identifying No (See inst):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BARBARA ALLEN E A** EIN: _____
1329 OLD TOPANGA CYN RD Phone no: **310-455-2375**
TOPANGA, CA 90290-3921

May the IRS discuss this return with the preparer shown above? See instructions Yes No

EEA Form 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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 19,241 | 37,455 | 34,734 | 33,539 | 27,213 | 152,182 |
| 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 1-3 | 19,241 | 37,455 | 34,734 | 33,539 | 27,213 | 152,182 |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 152,182 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|--------------------------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 19,241 | 37,455 | 34,734 | 33,539 | 27,213 | 152,182 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 177 | 120 | | | 232 | 529 |
| 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 IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 152,711 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | <input type="checkbox"/> | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.65 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | | % |
| 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

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 |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (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 |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 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 ▶

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

**Form 990EZ, Part I, Line 10
Grants and Similar Amounts Paid Schedule**

Statement #122

| | | <u>Amount</u> | <u>Relationship</u> |
|-----------------|--|---------------------|---------------------------|
| Activity | DOMESTIC VIOLENCE PREVENTION | 250 | NONE |
| Grantee | GENESEE CENTER | | |
| Address | PO BOX 8476 LOS ANGELES CA 90008 | | |
| Activity | HEALTH EDUCATION AND ADVOCACY | 250 | NONE |
| Grantee | BLACK WOMEN FOR WELLNESS | | |
| Address | PO BOX 39251 LOS ANGELES CA 90029 | | |
| <u>Activity</u> | <i>Death of a member</i> | 500 | FORMER MEMBER |
| <u>Grantee</u> | PAT TOBAN MEMORIAL | | |
| <u>Address</u> | 4929 Wilshire Blvd L.A. Ca 90010 | | |
| <u>Activity</u> | <i>Death of a Networking partner</i> | 500 | Networking Partner |
| <u>Grantee</u> | J NASSARDAN MEMORIAL | | |
| <u>Address</u> | Recycling Blk Dollars 5777 W. Century Blvd #1670 LA Ca 90045 | | |
| | Total | <u><u>1,500</u></u> | |

**Form 990EZ, Part I, Line 16
Other Expenses Schedule 2**

| <u>Description</u> | <u>Amount</u> |
|-------------------------|----------------------|
| ADMINISTRATION EXPENSES | 4,648 |
| WAYS AND MEANS | 951 |
| COMMUNICATIONS | 560 |
| CONFERENCE | 18,055 |
| MEMBERSHIP | 2,381 |
| PROGRAM | 658 |
| Total | <u><u>27,253</u></u> |

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

LINDA ARD BONNER

Explanation
VOLUNTEER TIME

JUANITA LANE

Explanation
VOLUNTEER TIME

LINDA LEWIS

Explanation
VOLUNTEER TIME

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

CLIFFORD HOOE

Explanation
VOLUNTEER TIME

MARVA SMITH BATTLE BEY

Explanation
VOLUNTEER TIME

GWENDOLYN SCOTT GOODMAN

Explanation
VOLUNTEER TIME

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

KATRINA HALL

Explanation
VOLUNTEER TIME

CHRY S MASSEY RHODES

Explanation
VOLUNTEER TIME

SHEILA SHIRLEY JOHNSON

Explanation
VOLUNTEER TIME

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

LISA WESTON

Explanation
VOLUNTEER TIME

GLEND A THOMAS

Explanation
VOLUNTEER TIME

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

| | | |
|---|--|---|
| Type or print File by the due date for filing your return See instructions | Name of Exempt Organization BLACK WOMENS NETWORK | Employer identification number 31-1467611 |
| | Number, street, and room or suite no. If a P O box, see instructions PO BOX 56106 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions LOS ANGELES, CA 90056-0106 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ► CLIFFORD HOOE 4496 DON MIGUEL DRIV, CA 90008

Telephone No ► 323-295-5604

FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-17, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year 20 08 or

► tax year beginning _____, 20 ____, and ending _____, 20 __

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

| | | |
|---|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions