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VOMENBISINE 02/08/2010 1 24 PM G 90 · |

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

| Inte | rnal Revenue | Treasury Service | ► The organization | on may have to use a co | py of this return | | reporting require | ments. | Inspection |
|------------------------------|-------------------|----------------------|---|---------------------------------------|-----------------------|---------------------------------------|---------------------|-----------------------------------|-------------------------------|
| Ā | For the 2008 | calendar yea | ar, or tax year beginning | 7/01/08 | , and ending | 6/30/0 | 9 | | |
| В | Check if applicab | | C Name of organization | | | | | D Employe | r identification number |
| | Address change | use IRS | W | OMEN'S BUSI | NESS DEV | ELOPMENT | CENTER | ' ' | |
| \equiv | - | label or print or | Doing Business As | | | | | 36-3 | 488628 |
| 믬 | Name change | type. | | ox if mail is not delivered to street | address) | • | Room/suite | E Telephone | |
| | Initial return | See | | GAN AVENUE | 444,000, | | 400 | • | 853-3477 |
| | Termination | Specific | City or town, state or cou | | | | | G Gross receipts | 2 44 4 544 |
| ī | Amended return | Instruc- tions. | CHICAGO | ntry, and zir + 4 | IL 606 | 03 | | G Gross receipts | \$ 3,410,332 |
| \equiv | | | and address of principal office | | 12 000 | | | H/a) la thia a sa | mus mbum fas |
| Ц | Application pend | iiiu i | Carol Douga | | | | | H(a) Is this a gr | |
| | | | S Michigan A | | a 400 | | | affiliates? H(b) Are all affil | liates 🖂 🧮 |
| | | | icago | = | 60603 | | | included? | Yes No |
| - | T | 7.0 | | | | | | IT NO, att | ach a list (see instructions) |
| <u>+</u> | Tax-exempt s | | | nsert no.) 4947(a)(| 1) or 1 | 527 | | 1 | |
| <u></u> | | wbdc. | | . 🗆 | | 1. | 1 | | emption number |
| | Type of organiza | | | ociation Other | | <u> </u> | Year of formation | 986 M | State of legal domicile IL |
| <u> </u> | Part I | Summar | 4 | | | | | | |
| | 1 | • | e organization's mission | • | uties: | | | | |
| ø | TC | EMPOWE | R WOMEN BUSINE | SS OWNERS | | | | | |
| ă | | | | | | | | | |
| eru | | | _ | | | | | | |
| Š | 2 Chec | k this box | If the organization | n discontinued its operat | tions or disposed | d of more than 2 | 25% of its assets | | |
| 8 | 3 Numb | per of voting | members of the governir | ig body (Part VI, line 1a |) | | | | 16 |
| ies | 4 Numb | per of indepe | ndent voting members of | f the governing body (Pa | art VI, line 1b) | | | | 14 |
| Σį | 5 Total | number of e | mployees (Part V, line 2a | a) | | | | | 36 |
| 2010 Activities & Governance | 6 Total | | olunteers (estimate if neo | | | _ | | 6 | 3 0 |
| ₽ | 7a Total | gross unrela | ited business revenue fro | om Part VIII, ma 2 2, pa | | ∮ | | 7a | 0 |
| \mathbb{Z}_{0} | b Net u | | iness taxable income fro | | | | | 7b | 0 |
| ಅ | | | | MAR 1 | 8 2010 | 2 | Prior Ye | | Current Year |
| | 8 Contr | ributions and | grants (Part VIII, line 1h) | MAR 1 | 9 2010 19 | (I | 3,41 | 7,900 | 3,146,047 |
| Λ PR () | | | evenue (Part VIII, line 2g | | | | 8 | 9,824 | 73,087 |
| ₩ ₩ | 10 Inves | tment incom | e (Part VIII, column (A), I | ines 3, 4, and (2) | | | 1 | 9,253 | 27,056 |
| | | | art VIII, column (A), lines | | liei U | J | | | |
| 니 <u>니</u> | 12 Total | revenuea | dd lines 8 through 11 (mu | ust equal Part VIII, colur | nn (A), line 12) | _ | 3,52 | 6,977 | 3,246,190 |
| SCANNED | 13 Grant | ts and simila | r amounts paid (Part IX, | column (A), lines 1-3) | | | | | 31,000 |
| 2 | 14 Bene | fits paid to o | r for members (Part IX, c | olumn (A), line 4) | | | | | |
| ථිං | | | mpensation, employee be | | (A), lines 5-10) | | 1,65 | 7,870 | 1,629,662 |
| Ţġ. | 16a Profo | | raising fees (Part IX, colu | | | | - | | |
| Expen | b Total | | expenses (Part IX, colum | | 180 | 0,463 | | | |
| Ă | 17 Other | _ | Part IX, column (A), lines | | | • | 1.53 | 0,816 | 1,534,099 |
| | | | add lines 13-17 (must equ | · · · · · · · · · · · · · · · · · · · | line 25) | | | 8,686 | 3,194,761 |
| | | | enses. Subtract line 18 f | | 20, | | | 8,291 | 51,429 |
| 5 8 | <u> </u> | 1000 OA | | Serimo IZ, | | · · · · · · · · · · · · · · · · · · · | Beginning of | | End of Year |
| Net Assets or | 20 Total | assets (Part | X, line 16) | | | | | 8,592 | 1,453,535 |
| As | 21 Total | • | art X, line 26) | | | | | 7,483 | 180,997 |
| 25.5 | 22 Net a | ssets or fund | balances. Subtract line | 21 from line 20 | | | | 1,109 | 1,272,538 |
| P | Part II | Signatur | e Block | | | | <u> </u> | | |
| | | Under penalt | es of penury I-declare that I | have examined this return. | including accompa | invina schedules a | and statements, and | to the best of m | v knowledge |
| | | and belief, it i | es of penuny I declare that I s true correct, and complete | Declaration of preparer (o | ther than officer) is | based on all infor | mation of which pre | parer has any kr | lowledge |
| Sig | an l | L c. | /m , A | / loue | call | | | 1 | |
| He | - | Signatur | e of officer | 4) (| 1 | | | Date | |
| | | L | 0 00 | al Lloug | 41 | | | 5 / | /10 |
| | | Type or | print name and title | | 1.1 | | | 5/// | . , , |
| | | <u>-</u> | | | | Data - | A Chart | , / | Preparer's identifying number |
| Pai | id | Preparer's signature |) alt | | | Date | Check self- | | (see instructions) |
| Pre | eparer's - | | · Chic | | - 653: | 14/4 | employ | | P00296563 |
| | e Only | Firm's name | | & Associate | | 8 / | | EIN | 36-4333530 |
| | | if self-employ | | Hubbard Suit | | | | Phone | |
| | 56 " | address, and | | go, IL 6061 | | | | no ▶ 3 | 312-236-8590 |
| _ | | | urn with the preparer sho | | | | | | Yes No |
| DAA | ror Priva | cy Act and | Paperwork Reduction A | ICT NOTICE, see the sep | arate instruction | ons. | | . 1 | Form 990 (2008) |

Part IV Checklist of Required Schedules

| | _ | | Yes | No |
|-----|--|-----------------|-------|---------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | ., | |
| • | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | 2 | ^ | |
| 3 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | - | - | |
| • | Schedule C, Part II | 4 | | x |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | | |
| • | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | N/Z | Δ |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | | | - |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | |
| | Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | . | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° if "Yes," complete Schedule D, | | | |
| | Parts VI, VII, VIII, IX, or X as applicable | 11 | x | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | | |
| | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| | business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete | | | |
| 14- | Schedule J | 23 | X | <u> </u> |
| 24a | 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 questions 24b–24d and complete Schedule K. If "No," go to question 25 | | | v |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | N7 /: | X |
| c | Did the organization mest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | N/Z | <u> </u> |
| ٠ | to defease any tax-exempt bonds? | 04- | N/ | L |
| ď | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c | N/ | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | 24d | | - |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25. | | x |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | 25a | | <u> </u> |
| - | person from a prior year? If "Yes," complete Schedule L, Part I | 254 | | х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 25b | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | | | - |
| | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | x |
| | | _ - | 000 | |

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee. Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X Part IV 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," b complete Schedule L, Part IV X 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a 28c X professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 34 35 is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36

Form 990 (2008)

36

37

X

X

Form 990 (2008) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

| Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter 4-bit find applicable Enter the number of Forms W26 of mudaded in line 1s. Enter 4-bit find applicable Different to the organization controlly with backup withholding rules for reportable payments to vendors and reportable gaming (genthing) winnings to preve winners? Enter the number of employees reported on Form W3-3. Transmittal of Wage and Tax Statements, Red for the calendar year entiting with or within the year covered by this return. Statements, Red for the calendar year entiting with or within the year covered by this return. It is a list as one is reported on line 2a, do the organization file all required federal employment tax returns? Statements, Form of lines 1 and 2a is greater than 250, you may be required to e-file this return, see In If I lives, I may line during the place of the calendar year, do the organization have unrelated business gross ancoins of \$1,000 or more during the year covered by this return. If I lives, I has if field a Form 990-T for this year? If This / provide an explanation is Schedule O If I lives, I has if field a Form 990-T for this year? If This / provide an explanation is Schedule O If I lives, I have the name of the foreign country is lives in a sink account; securities account, or other fluoring over, a find nor group country (such as a bank account; securities account). If I lives, I was the organization and the organization have an interest in, or a signature or other authority over, a find nor possible tax shelter transaction at any time during the tax year? If I lives, I was the organization or party to a prohibited tax shelter transaction and accounts and prevention accounts and accounts. I lives the organization accounts account that such contributions or grade the account account that were contributed to the very solicitation an express statement that such contributions or grade the first fires, and the organization or account that the cont | Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | | |
|--|------------|--|--------|-----|-------------|------------|--|
| U. S. Information Returns. Enter -0- if not applicable D. Enter the number of Form W. V. Grin cluded in line 14. Enter -0- if not applicable D. Enter the number of Form W. V. Grin cluded in line 14. Enter -0- if not applicable D. Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, file for the calendar year ending with or within the year covered by this return I all least one is reported on line 2a, aid his organization file all required federal employment tax returns? D. If all least one is reported on line 2a, aid his organization file all required federal employment tax returns? D. If all least one is reported on line 2a, aid his organization file all required federal employment tax returns? D. If we comparization have unrelated business gross income of \$1,000 or more during the year covered by this return. S. D. If we're, I make the dia Form 990-T for this year? If "No." provide an explanation in Schedule O. J. All 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 ► D. If "Yes," circle the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F.90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization and that is a party to a prohibited tax sheller transaction at any time during the tax year? So If "Yes," to equation to party to a prohibited tax sheller transaction at any time during the tax year? So If "Yes," and the organization interest was or a a party to a prohibited tax sheller transaction? So If "Yes," and the organization interest was or a a party to a prohibited tax sheller transaction or the foreign country to a prohibited tax sheller transaction or the foreign country to the organization include with every solicitation an express statement that such contributions to a contribution or the analysis of the organization include with every solicitation an express statement | | | | | | Yes | No |
| be fine the number of Forms W-2G included in line 1s, Enter-0+ in not applicable C Dot the organization comply with backing withholding rules for reportable parments to vendors and reportable gaming (gambing) winnings to price winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Rie of the celebrady veir ending with or within the year covered by this return 3 I was not a support of the property of the return of the property of the return (see minutations) 3b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c I was not file 1s and 1s and 2a greater finan 250, you may be required to -file this return, (see minutations) 3b If I was 1 filed a Form 990-T for this year? If ™0,* provide an explanation in Schedule O 3b I W-8,* has 4 filed a Form 990-T for this year? If ™0,* provide an explanation in Schedule O 3b I W-8,* has 4 filed a Form 990-T for this year? If ™0,* provide an explanation in Schedule O 3c count)? 3c If we return or subject to the search of the organization have an interest in, or a signature or other authority over a financial account is compared to the organization and interest in, or a signature or other authority over a financial account is compared to the organization of the organization with the organization interest in, or a signature or other financial accounts. 3c I was the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 3c I was the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 3c I was the instructions of exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 3c I was the instructions of exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 3c I was the instruction of the comparation of the comparation of the system | 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | [:43] | 3 30 | · . |
| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable graining (parmitaria) with backup withholding rules for reportable payments to vendors and reportable 2. N/A 2a Enter the number of employees apported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1a least one is reported on the 2.3 of the organization field in required to effe this return, (see instructions) 3b. Unit the organization have unrelated business grices income of \$1,000 or more during the year covered by this return 3c with the organization have unrelated business grices income of \$1,000 or more during the year covered by this return 3b. If Yes, I was the filled a Form 980-T for this year? If You, provide an explanation in Schedule O 3c with the organization have unrelated business grices income of \$1,000 or more during the year covered by this return, over, a financial account in a foreign country year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, did the organization have an interest in, or a signature or other authority over, a financial Accounts and the signature of the foreign country year, and the financial account in a financial Accounts and the signature of the foreign country year. See the instructions for exceptions and fifting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3c Was the organization on protein the organization that twis or is a party to a prohibited tax sheller transaction? 3c Was the organization protein to be foreign to the visual organization that was or is a party to a prohibited tax sheller transaction? 4c If Yes, I did the organization notify the control foreign that were not tax deductable? 5c If Yes, I did the organiz | | U.S Information Returns. Enter -0- if not applicable | 1a | | 1. km | چ چورید | -: : . |
| spamming (gambling) warnings to prize winners? Either the number of employees reported on Form W-3. Transmittal of Wage and Tax Stetements, fleed for the calendar year ending with or within the year covered by this return. It is a legant one is reported on line 2.8 dut the organization file all required feteral employments are futures? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 30. If it legant one is reported on line 2.8 dut the organization file all required feteral employments are futures? 31. If If year, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 32. If If year, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 33. If If year, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 34. If Year, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 35. If Year, has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 36. If Year, has it filed a Form 990-T for this year? If year, enter the name of the foreign country year has a bank account, securities account, or other financial accounts. 36. If Year, enter the name of the foreign country year has a securities account, or other financial accounts. 37. If year, enter the name of the foreign country year has a securities account, or other financial accounts. 38. If Year, enter the name of the foreign country year has a securities account. 39. If Year, enter the name of the foreign country year has a securities account. 40. If Year, if year, enter the name of the foreign country year has a party to a prohibited that year or a support the tax year? 40. If Year, if you question 5 or 95, do the organization file form 8896-T, Disclosure by Tax-Exempt Entity 40. If Year, if you question 5 or 5 or 5, do the organization has year year year year. 41. If Year, if you guestion 5 or 5 or 5, do the organizat | b | • • | لستنسا | _ 0 | | ; | |
| 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year rending with or within the year covered by this return. 1 If all least one is reported on the 2, did the organization file all required ideard a employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file this return. (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31 If Yes, I has at filed a Form 990-1 for this year? If TNo; provide an explanation in Schedule O 32 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 accountry? 33 If Yes, I eater the name of the foreign country over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 43 If Yes, I eater the name of the foreign country over, a financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 5 If Yes, inducties accountry in a financial accountry of the securities | С | Did the organization comply with backup withholding rules for reportable payments to vendors and report | table | | 1. 7. 1 | - | ببست |
| Subtements, field for the calendar year ending with or within the year covered by this return. If all least one is reported on line 2a, did the organization file all required federal emphypionent tax returns? Note, If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return, (see substitutions) 3b Dut the organization have unrelated business gross income of \$1,000 or more during the year covered by the return? 3b Dut the organization have unrelated business gross income of \$1,000 or more during the year covered by the return? 3c The state of the did a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b N/A 4a Alary 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountry in a securities account in a foreign country (such as a bank account, securities account, or other financial accountry) by If 'Yes,' ender the name of the foreign country (such as a party to a prohibited tax shelter transaction? 5b X 6b X 7c If 'Yes,' country (such as a party to a prohibited tax shelter transaction? 5c Dut the organization shell extraction that it was or is a party to a prohibited tax shelter transaction? 5c Dut the organization shell accounts in the ween | | gaming (gambling) winnings to prize winners? | | | | | A |
| b If all east one is reported on line 2a, did the organization file all required to e-file this return. (See instructions) Note. If the sum of lines to and 2a is greater than 250, you may be required to e-file this return. (See instructions) Dut the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | · ˈ - | .*`. | - |
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| mistructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 950-T for this year? If "No," provide an explanation in Schedule O 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 accounts) by If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to question 5s or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," to question 5s or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductable contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If Yes," did the organization one, during the year required to the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the organizati | þ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | • | | | X | |
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| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$\frac{5}{575}\)? b If "Yes." did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year benefit contract? d If "Yes." indicate the number of Forms 8282 filed during the year benefit contract? f Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Por all contributions of qualified intellectual property, did the organization file Form 8899 as required? f Por all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f Por all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f Por all contributions of organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? g Did the organization make and taxable distributions under section 4966? g Did the organization make and taxable distributions under section 4966? g Did the organization make and taxable distributions under section 4966? g Did to organizations included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c Gross income from members or sharehol | b | · · · · · · · · · · · · · · · · · · · | Or | | C.L | N/ | ZA. |
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| S75? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f IX g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g X f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h X 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make any taxable distributions under section 4966? 9b X constitution fees and capital contributions included on Part VIII, line 12 a Initiation fees and capital contributions. Enter a Gross income from members or shareholders 11a N/A 12a N/A 5 Forsi included from them.) | | • | | | + | | |
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| | 12a | | 041? | | 12a | N/ | A_ |
| | <u>b</u> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | N/A | B. S. | 塾な | |

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.)

| Sec | tion A. Governing Body and Management | | | <u></u> | | |
|---------|--|----------|-----------|----------|-----------------|--|
| | | | | | Yes | No |
| | For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe to | he | | - | · . | |
| | circumstances, processes, or changes in Schedule O. See instructions | | 1 | ~, | ;> | , ; |
| 1a | Enter the number of voting members of the governing body | 1a | 16 | · | 15.71 | |
| b | Enter the number of voting members that are independent | 1b | 14 | : | | 3.5 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship or | vith | | | | |
| _ | 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 d | | | | | . |
| | supervision of officers, directors or trustees, or key employees to a management company or other personal decreases and a supervision of officers. | | - 61-40 | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form | | as tiled? | 4 | + | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | | 5 | + | X |
| 6 7- | Does the organization have members or stockholders? | . | | 6 | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more mem | bers | | 7. | | x |
| ь | of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other person | ? | | 7a 7b | + | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken dur | | | 10 | + | |
| 0 | the year by the following | iiig | | | 1 | ļ |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | $\frac{x}{x}$ | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | | 9a | ** | x |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such cha | ntere | | | + | |
| - | affiliates, and branches to ensure their operations are consistent with those of the organization? | ptors, | | 96 | N/ | A |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization | nzation | c | 75 | + | - |
| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | • | 10 | x | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be rea | ched at | | | † | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 11 | | x |
| Sec | tion B. Policies | | | | | |
| | | | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12: | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could | give | | | | |
| | rise to conflicts? | | | 121 | \mathbf{x} | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye | s," | | | | |
| | describe in Schedule O how this is done | | | 12 | : X | |
| 13 | Does the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval b | , | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and | decisio | n | | ١. | |
| а | The organization's CEO, Executive Director, or top management official? | | | 15 | | |
| þ | Other officers or key employees of the organization? | | | 15 | X | |
| | Describe the process in Schedule O (see instructions) | | | | | |
| 16a | c and the second of the second | nt | | | J. | |
| | with a taxable entity during the year? | | | 16: | <u> </u> | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalua | | | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeg | uard | | | |]. |
| _ | the organization's exempt status with respect to such arrangements? | | | 16 | N/ | <u>A</u> |
| | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed IL | | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (5 | 01(c)(3 |)s only) | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | | | | | |
| 4- | Own website Another's website X Upon request | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, cor | flict of | interest | | | |
| 0.5 | policy, and financial statements available to the public | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and | | | | | |
| <u></u> | organization: ► Carol Dougal 8 S Michiga | | | | - | |
| | nicago | ть (| 50601 | 312-8 | <u> 53-3</u> | 477 |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the organ | ization did not compen | sate a | any c | опісе | r, ai | rector | , tru | stee, or key employee | | |
|-----------------------------|------------------------------|--------------------------------|--|----------|----------------|------------------------------|--------|---|--|--|
| (A) | (B) | | / . | ((| | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | Individual trustee or director | nstitutional trustee | Officer | | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Carol Dougal | | | | | | | | | | |
| Co-President | 40 | X | | X | | | | 136,698 | 0 | 54,224 |
| Hedy Ratner | | | | | | | | | | |
| Co-President | 40 | X | | X | | | | 136,698 | 0 | 54,224 |
| Debra Jennings | s-Johnson | | | | | | 1 | | | |
| Director | 1 | X | | | | | | 0 | 0 | 0 |
| Pam McDonough | | · I | | | | | | | | |
| Director | 1 | X | | | _ | | | 0 | 0 | 0 |
| Linda Chaplik | -Harris | | | | | | | | | |
| Director | 1 | X | | | | | | 0 | 0 | 0 |
| Norma Lauder | | | | | | | | | | |
| Director | 1 | X | | | | | | 0 | 0 | 0 |
| Laurel Bellows | | | | | | | | | | _ |
| Director | 1 | X | | | | | | 0 | 0 | 0 |
| Risa R. Davis | • | | | | | | | | | _ |
| Director Condens Pond | 1 | X | _ | <u> </u> | - | \vdash | | 0 | 0 | 0 |
| Sandra Rand | 4 | 1 | | | | | | | | |
| Director Arabel Alva Ro | | X | | - | ├ | ╁─┤ | | 0 | 0 | 0 |
| Director | | \ . | | | | | | | , | • |
| Emilia Dimenco | 1 | X | - | - | - | \vdash | | 0 | 0 | 0 |
| Director | 1 | x | | | | | | 0 | _ | • |
| Jeanne Mandoza | | ┿ | | - | - | + | | 0 | 0 | 0 |
| Director | 1 | x | | | | | | О | ^ | 0 |
| Allison Chung | <u> </u> | +^ | | | | | | | 0 | <u> </u> |
| Director | 1 | x | | | | | | 0 | 0 | 0 |
| Martha Garza | | <u> </u> | | | | \vdash | | | | <u> </u> |
| Director | 1 | x | | | | | | 0 | o | 0 |
| Shelley Stern | | +** | - | - | - | \vdash | | | | <u> </u> |
| Director | 1 | x | | | | | | 0 | o | 0 |
| Donna Westerma | | + | | | - | † † | | | | |
| Director | 1 | X | | | | | | o | 0 | 0 |
| Mary Ann Angle | | † <u></u> | | | | | | | | |
| Vice-Prsdnt | 40 | 1 | 1 | x | 1 | | | 77,081 | o | 8,948 |

| 1 A. Officers, Directors, 1ru | stees | , Ke | y En | plo | <u>yees</u> | , an | d Highest Compensated E | mployees (continued) | , |
|---|--|--|--|--|--|--|--|--|--|
| (B) | | | | | | | (D) | (E) | (F) |
| Average hours per week | | | Officer | Key employee | | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| | - | | | | | | | | |
| | | | | | | | | | |
| | _ | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | , | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | - | - | | | | | | | |
| | - | - | | | | | | | |
| | | | | | | | | | |
| | | · | 1 | | | ▶ | 350,477 | | 117,39 |
| | 1a) w | ho re | ceiv | ed n | nore | thar | \$100,000 in reportable con | npensation from the | · · · · · · · · · · · · · · · · · · · |
| 1a? If "Yes," complete Scheol listed on line 1a, is the sum | dule J of rep | for s ortat | uch de co | indiv ompe | idual ensat | tion | and other compensation fro | m | 3 X |
| | | | | | | | | | 4 X 5 X |
| ent Contractors | | | | | | | | | |
| m the organization | ensate | ed in | depe | ndei | nt co | ntra | | | (0) |
| Name and business address | | | | | | | Descrip | otion of services | (C) Compensation |
| | | | | | | | | | |
| | | | | | | | | 1-1-1 · | |
| | | | | | | | | - | |
| | ٠ د . | 1 - | | | | | 2/22 222 | | bord grip Thompson Att . |
| | iaing 1 | OS | ; IN 1 |) wn | o rec | eive | eu more man \$100,000 in | | Form 990 (200 |
| | Average hours per week Individuals (including those in 2) On list any former officer, dir 1a? If "Yes," complete Scheol listed on line 1a, is the sum and related organizations greated on line 1a receive or acceptate to the organization? If "Yes, ent Contractors le for your five highest composite of the organization (A) Name and business address | Average hours per week Individual function from the following the formula of the following the foll | Average hours per week Position (in Institutional trustee Position (in Institutional trustee) Po | Average hours per week Position (check or director) (check or director) Institutional trustee | (B) Average hours per week Position (check all the first below the first be | (B) Average hours per week CO Position (check all that at Image Image | (B) Average hours per week Position (check all that apply) Former week Position (check all that apply) Position (check all that a | (B) Average hours per week Position (check all that apply) Position (| Average hours per week |

Form 990 (2008) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

| Pa | rt V | III Statement o | <u>f Revenue</u> | | | | | | |
|--|-------------|---|-------------------|--|------------|---------------------------------------|--|---|--|
| | | | - | | , | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | | | | | | · · · · · · · · · · · · · · · · · · · | revenue | 13.5.4.00 | 512, 513, or 514 |
| nts | 1a | Federated campaigns | 1a | | | , | | | |
| gra | b | Membership dues | 1b | | | • • • | 14.32. | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| ts, am | С | Fundraising events | 1c | 87 | 78,964 | ۶. ۰ | | | |
| gif | d | Related organizations | 1d | | | | or the transfer to the | | |
| Contributions, gifts, grants and other similar amounts | е | Government grants (contribution | ns) 1e | 62 | 29,773 | | 18.00 | | 方法会员是 |
| tioi er s | f | All other contributions, gifts, gra | ints, | | | • • • | | | |
| ള | | and similar amounts not include | d above 1f | 1,63 | 37,310 | * . | | | The state of the s |
| 할 | g | Noncash contributions included | in lines 1a-1f \$ | | 39,996 | _ | , | " | |
| ပ္ပြဲ ခြ | _ | Total. Add lines 1a-1f | | | • | 3,146,047 | | | |
| a | | | | | Busn Code | | | | |
| Program Service Revenue | 2a | Seminars | | Ì | Dusii Code | 73,087 | 73,087 | | |
| Şev | b | Seminars | | | | 75,007 | 73,007 | <u> </u> | |
| e F | | | | • | · | | <u> </u> | | |
| چَ | _ | | | • | | | | | |
| Š | a | | | } | | | | | |
| Lau | е | | | | | | | | |
| 5 | | All other program serve | | Į | | | | | |
| _ | g | Total. Add lines 2a-2f | | | | 73,087 | | | |
| | 3 | Investment income (inc | cluding divider | nds, interest, | , and | | | | |
| | | other similar amounts) | | | • | 27,056 | | | 27,056 |
| | 4 | Income from investment | nt of tax-exem | pt bond prod | ceeds 🕨 | | | | |
| | 5 | Royalties | | | • | | | | |
| | | | (ı) Real | (II) Pe | ersonal | | | | - |
| | 6a | Gross Rents | | | | | | - | |
| | ь | Less rental exps | | | | | | | • |
| | С | Rental inc or (loss) | | | | | | | |
| | d | Net rental income or (le | oss) | | • | • | | | |
| | 7a | Gross amount from (1) | Securities | (n) | Other | | | | |
| | | sales of assets | | 1 | | | | | _ |
| | b | other than inventory Less cost or other | | | | | | | *** |
| | b | | | | | | | | - |
| | _ | basis & sales exps | | - | | | | | |
| | _ | Gain or (loss) | | | | | , , | | ويد مسلميا وأمنا |
| | d | Net gain or (loss) | | r | <u> </u> | | - | | |
| | ва | Gross income from fundra | | | | | | • | |
| ž | | (not including \$ | | | | | ٠- | | . 15. |
| š | | of contributions reported of | on line 1c) | | | | | | |
| Ř | | See Part IV, line 18 | a | | 170,402 | | } | | |
| Other Revenue | | Less direct expenses | t | | 170,402 | | į | | |
| ŏ | | Net income or (loss) fro | | events | <u> </u> | | | | |
| | 9a | Gross income from gamin | g activities | | | | - | - | - 7 m |
| | | See Part IV, line 19 | a | 1 | | | | | |
| | b | Less direct expenses | t | · | | | | | |
| | С | Net income or (loss) from | om gaming ac | tivities | • | | | | |
| | 10a | Gross sales of invento | ry, less | | | | | | 1 |
| | | returns and allowances | | | | | | -, -, - | a statement |
| | b | Less cost of goods so | | | | | | Sec. 20 10 10 10 10 10 10 10 10 10 10 10 10 10 | |
| | | Net income or (loss) from | | ventory | | | The second to select the second | Total a March State State Control | سبح غيالتظفدالمادالعطشادا |
| | | Miscellaneous | | | Busn. Code | 11. 11. 11. 11. | | I have desirable in paint where | भा <u>त्रह</u> ्य मुख्यास्य मृत्य |
| Ì | 11a | | · | | | no re recetam | Description of the second | a much a millionensensensensensensensensensensensensens | مشيشا كي عام المسلم المسلم المسلم |
| | b | | | ŀ | | | | | |
| | | | | } | | | | · · · - · · · · · · · · · · · · · · · · | |
| | ۲ C | All other | | } | | · | | | |
| | d | All other revenue | 4.4 | l | | | المراجع المراج | * U Alia share process and accommon | har at duracem and according |
| | e 42 | Total. Add lines 11a-1 | | | | - | The second second | | |
| | 12 | Total Revenue. Add III | nes 1h, 2g, 3, | 4, 5, 6d, 7d, | 8c, | | | | |
| | | 9c, 10c, and 11e | | | • | 3,246,190 | 73,087 | 0 | 27,056 |

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must o | | | | (D). |
|----|--|-----------------------|------------------------------|-------------------------------------|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | одропо <u>со</u> | general expenses | expenses |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | the same of the sa |
| _ | the U.S See Part IV, line 22 | 31,000 | 31,000 | | |
| 3 | Grants and other assistance to governments, | | | Carlo All | 新花·A至17元41 |
| | organizations, and individuals outside the | | | | |
| | U.S See Part IV, lines 15 and 16 | | | 1 1 | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 445,774 | 356,619 | 57,950 | 31,205 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 966 400 | 772 120 | 125 (22 | 67.640 |
| 7 | Other salaries and wages | 966,400 | 773,120 | 125,632 | 67,648 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 30,618 | 24,495 | 3,980 | 2 1/2 |
| 9 | Other employee benefits | 90,621 | 72,497 | 11,781 | |
| 10 | Payroll taxes | 96,249 | 76,999 | 12,513 | 6,737 |
| 11 | Fees for services (non-employees) | 20,212 | , , , , , , | 12,313 | 0,737 |
| a | Management | | | | |
| b | Legal | 1,050 | 1,050 | | |
| С | Accounting | 79,000 | | 79,000 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | 7 | | |
| g | Other | 561,179 | 476,409 | 55,022 | 29,748 |
| 12 | Advertising and promotion | 259,746 | 259,746 | | |
| 13 | Office expenses | 131,241 | 104,993 | 17,061 | 9,187 |
| 14 | Information technology | 31,610 | 26,868 | 3,161 | 1,581 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 150,766 | 120,613 | 19,600 | |
| 17 | Travel | 66,683 | 59,500 | 4,669 | 2,514 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 85,093 | 67,324 | 11,550 | 6,219 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | 15 005 | | |
| 22 | Depreciation, depletion, and amortization | 19,912 | 15,931 | 2,587 | 1,394 |
| 23 | Insurance | 12,102 | 9,682 | 1,573 | 847 |
| 24 | Other expenses Itemize expenses not | | , | ļ ,: | |
| | covered above (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | | | • | |
| | 5% of total expenses shown on line 25 below) | | | | |
| a | Program Supplies | 66,353 | 66,353 | | |
| b | Equip Rental, Repair, Mnt | 25,005 | 20,004 | | 1,750 |
| С | Telephone | 18,846 | 15,077 | 2,450 | |
| d | Bank and Credit Card Proc | 13,938 | 11,150 | | |
| е | Collateral Impairment Pro | 7,300 | 7,300 | | |
| f | All other expenses | 4,275 | 3,419 | | 299 |
| 25 | Total functional expenses. Add lines 1 through 24f | 3,194,761 | 2,600,149 | | |
| 26 | | | | | 2000 |

WOMENBUSINE 12/01/2009 11 24 AM
Form 990 (2008) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

| <u> P</u> | art) | Balance Sheet | | — т | <u> </u> |
|-------------|-------|---|-----------------------|----------|--|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest bearing | 3 3 2 | 1 | - |
| | 2 | Savings and temporary cash investments | 588,260 | 2 | 521,519 |
| | 3 | Pledges and grants receivable, net | 292,764 | 3 | 243,057 |
| | | Accounts receivable, net | 3,992 | 4 | 4,150 |
| | 4 | Receivables from current and former officers, directors, trustees, key | | | |
| | 5 | 1 | | 5 | |
| | | employees, or other related parties. Complete Part II of Schedule L | | <u>.</u> | ٠ - يعني دير ٢ - ٢٠٠٠ |
| | 6 | Receivables from other disqualified persons (as defined under section | | • .* | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete | | | The second secon |
| | | Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| 386 | 8 | Inventories for sale or use | 02.702 | 8_ | 26 500 |
| Ä | 9 | Prepaid expenses and deferred charges | 23,723 | 9 | 26,509 |
| | 10a | | | | - |
| | b | Less accumulated depreciation Complete | | - | |
| | | Part VI of Schedule D 10b 41, 960 | 102,843 | | 82,931 |
| | 11 | Investments—publicly traded securities | 3,842 | 11 | 3,842 |
| | 12 | Investments—other securities See Part IV, line 11 | 357,230 | 12 | 564,789 |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 25,938 | 15 | 6,738 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,398,592 | 16 | 1,453,535 |
| | 17 | Accounts payable and accrued expenses | 144,026 | 17 | 151,000 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| Liabilities | 20 | Tax-exempt bond liabilities | 20 | | |
| | 21 | 21 | | | |
| | 22 | Payables to current and former officers, directors, trustees, key | | | |
| | | employees, highest compensated employees, and disqualified | | | |
| Ë | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | 33,457 | 25 | 29,997 |
| | 26 | Total liabilities. Add lines 17 through 25 | 177,483 | 26 | 180,997 |
| ces | | Organizations that follow SFAS 117, check here ▶ X and | | | |
| ညိ | | complete lines 27 through 29, and lines 33 and 34. | , | | |
| Balan | 27 | Unrestricted net assets | 678,604 | 27 | 811,363 |
| Ba | 28 | Temporarily restricted net assets | 542,505 | 28 | 461,175 |
| Fund | 29 | Permanently restricted net assets | | 29 | |
| ٦ | | Organizations that do not follow SFAS 117, check here ▶ | | | |
| ٥. | | and complete lines 30 through 34. | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | , |
| set | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Assets | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| et / | 33 | Total net assets or fund balances | 1,221,109 | 33 | 1,272,538 |
| Net | 34 | Total liabilities and net assets/fund balances | 1,398,592 | 34 | 1,453,535 |
| Р | art) | KI Financial Statements and Reporting | | | |
| | | <u>_</u> | | | Yes No |
| 1 | Ac | counting method used to prepare the Form 990 $\ igsqcup \ \ $ Cash $\ f X igg $ Accrual $\ igg $ Ot | her | | |
| 2 | a We | ere the organization's financial statements compiled or reviewed by an independent accountan | t? | | 2a X |
| t |) We | ere the organization's financial statements audited by an independent accountant? | | | 2b X |
| (| | Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for | _ | | |
| | th | e audit, review, or compilation of its financial statements and selection of an independent according | untant? | | 2c X |
| 3 | | a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | | |
| | | e Single Audit Act and OMB Circular A-133? | | | 3a X |
| | o If" | Yes," did the organization undergo the required audit or audits? | | | 3b N/A |
| | | | - | | Form 990 (2008) |

SCHEDULE A

(Form 990 or 990-EZ)

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.

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

QMB No 1545-0047
2008
Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN'S BUSINESS DEVELOPMENT CENTER

Employer identification number 36-3488628

| The o | orgar | nization is not | a private foundation because | it is (Please check only one org | ganızatıon. |) | | | | | | | |
|-------------|----------|-----------------|---------------------------------|--|--------------|--------------|------------|---|-----------------|-------------|------------|---------|----|
| 1 | | A church, cor | vention of churches, or asso | ciation of churches described in | section 1 | 70(b)(1)(A | A)(i). | | | | | | |
| 2 | | A school desc | cribed in section 170(b)(1)(A | .)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 | П | A hospital or | a cooperative hospital service | e organization described in sect | ion 170(b) | (1)(A)(iii) | . (Attach | Schedu | ile H.) | | | | |
| 4 | П | A medical res | earch organization operated | in conjunction with a hospital de | scribed in | section 1 | 70(b)(1) | (A)(iii). | Enter th | e hospiti | al's name, | | |
| | | city, and state |) | | | | | | | | | | |
| 5 | \Box | An organizati | on operated for the benefit of | a college or university owned o | r operated | by a gove | ernmenta | al unit de | scribed | ın | | | |
| | | | b)(1)(A)(iv). (Complete Part I | | | | | | | | | | |
| 6 | | A federal, sta | te, or local government or go | vernmental unit described in sei | ction 170(| b)(1)(A)(v | ·). | | | | | | |
| 7 | X | An organizati | on that normally receives a si | ubstantial part of its support from | n a govern | mental un | ut or fron | n the ge | neral pu | blic | | | |
| | | described in s | section 170(b)(1)(A)(vi). (Co | mplete Part II.) | | | | | | | | | |
| 8 | Ш | A community | trust described in section 17 | '0(b)(1)(A)(vi). (Complete Part I | l) | | | | | | | | |
| 9 | | An organizati | on that normally receives (1) | more than 33 1/3 % of its supp | ort from co | ntribution | s, memb | ership fe | ees, and | gross | | | |
| | | receipts from | activities related to its exemp | ot functions—subject to certain e | exceptions, | and (2) n | o more | than 33 | 1/3 % o | fıts | | | |
| | | support from | gross investment income and | dunrelated business taxable inc | ome (less | section 51 | 11 tax) fr | om busi | nesses | | | | |
| | _ | acquired by the | ne organization after June 30 | , 1975 See section 509(a)(2). | (Complete | Part III.) | | | | | | | |
| 10 | Ц | An organizati | on organized and operated e | xclusively to test for public safet | y See sec | tion 509(| a)(4). (s | ee instru | ictions) | | | | |
| 11 | | An organizati | on organized and operated ex | xclusively for the benefit of, to pe | erform the | functions | of, or to | carry or | it the | | | | |
| | | purposes of c | one or more publicly supporte | d organizations described in sec | ction 509(a |)(1) or se | ction 50 | 9(a)(2) \$ | See se c | tion | | | |
| | | 509(a)(3). Ch | eck the box that describes th | e type of supporting organizatio | n and com | plete lines | s 11e thr | ough 11 | h | | | | |
| | | a Type | I b Type II | c Type III–Function | ally Integra | ated | d | ∐ Тур | e III-Ot | her | | | |
| e | | | | inization is not controlled directly | | | | | | | | | |
| | | persons other | r than foundation managers a | and other than one or more publi | icly suppor | ted organ | ızatıons | describe | ed in sec | ction | | | |
| | | 509(a)(1) or s | section 509(a)(2) | | | | | | | | | | |
| f | | If the organiza | ation received a written deter | mination from the IRS that it is a | Type I, Ty | pe II, or T | Type III s | supportin | ıg | | | | |
| | | _ | check this box | | | | | | | | | | |
| g | | Since August | 17, 2006, has the organization | on accepted any gift or contribut | tion from a | ny of the | | | | | | | |
| | | following per | sons? | | | | | | | | | | |
| | | (i) A persor | who directly or indirectly cor | ntrols, either alone or together w | ith person | s describe | ed in (ii) | | | | | Yes | No |
| | | and (III) b | below, the governing body of | the supported organization? | | | | | | | 11g(ı) | | |
| | | (ii) A famıly | member of a person describe | ed in (i) above? | | | | | | | 11g(ii) | | |
| | | (iii) A 35% c | ontrolled entity of a person de | escribed in (i) or (ii) above? | | | | | | | 11g(in) | | |
| h | | Provide the f | ollowing information about the | e organizations the organization | supports | | | | | | | | |
| (1) | Name | e of supported | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Did | ou notify | (vi) | is the | (vii) Amo | ount of | |
| | org | anization | | (described on lines 1–9 | 1.7 | sted in your | the orga | nization in | , , , | tion in cot | supp | | |
| | | | | above or IRC section (see instructions)) | governing | document? | | of your port? | 1 | zed in the | | | |
| | | | | (see insuscions,) | Yes | No | Yes | No | Yes | No | | | |
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| <u> ota</u> | <u> </u> | | [1] 自然是一个 | The things of the Control of the Control | * 子の代謝 | أنيسه ومريقة | 经三流 | (To 100 100 100 100 100 100 100 100 100 10 | 1.51.2 | 17.44 | | | |

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.)

| 00 0 | tion A. Public Support | _ | _ | | | | |
|-----------------|---|-------------|-----------------------|------------------------|-----------------------|-----------------|------------|
| Ca | endar 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") | 2,564,516 | 2,614,221 | 2,704,115 | 3,417,900 | 3,146,047 | 14,446,799 |
| 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 | 2,564,516 | 2,614,221 | 2,704,115 | 3,417,900 | 3,146,047 | 14,446,799 |
| 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) | | | | , | | 425,979 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 14,020,820 |
| | tion B. Total Support | | | | | <u> </u> | 14,020,820 |
| | endar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | 2,564,516 | 2,614,221 | 2,704,115 | 3,417,900 | 3,146,047 | 14,446,799 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 11,568 | 23,770 | 30,030 | 19,253 | 27,056 | 111,677 |
| 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.) | 85,486 | 98,372 | 87,115 | 89,824 | 73,087 | 433,884 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 14,992,360 |
| 12 | Gross receipts from related activities, etc. (s | , | | | | 12 | 433,884 |
| 13 | First five years. If the Form 990 is for the o | | second, third, fourth | n, or fifth tax year a | s a section 501(c)(| (3) | , п |
| 500 | organization, check this box and stop here tion C. Computation of Public Sup | | ~~~ | | | | <u> </u> |
| 14 | Public support percentage for 2008 (line 6, | | - | r)) | | 7.4.1 | |
| 15 | Public support percentage for 2000 (line 6, 1) | | | '')) | | 14 | 93.5198 % |
| 16a | 33 1/3 % support test—2008. If the organic | | | and line 14 is 33 : | 1/2 % or more, she | | 95.6427 % |
| ,,,, | and stop here. The organization qualifies a | | | , and line 14 is 33 | 1/3 % or more, crie | CK this DOX | ► X |
| b | 33 1/3 % support test—2007. If the organic | | | r 16a, and line 15 v | s 33 1/3 % or more | chack this | |
| _ | box and stop here. The organization qualifi | | | | 3 33 1/3 /8 01 111016 | s, check this | ▶ □ |
| 17a | 10%-facts-and-circumstances test—2008 | | . • | | or 16h, and line 14 | is 10% or | |
| | more, and if the organization meets the "fac | | | | | | |
| | organization meets the "facts-and-circumsta | | | | | v now the | ▶ □ |
| b | 10%-facts-and-circumstances test—2007 | | | | | ne 15 is 10% or | ٠ ا |
| | more, and if the organization meets the "fac | | | | | | |
| | organization meets the "facts-and-circumsta | | | | | | ▶ □ |
| 18 | Private foundation. If the organization did | | | | | structions | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2008 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Support Schedule for Organizations Described in Section 509(a)(2) Part III

| | (Complete only if you che | cked the box | on line 9 of Pai | τι.) | | | |
|-----|--|--------------------|---------------------------------------|-----------------------|--------------------|--------------|--|
| | tion A. Public Support | | | | | , | |
| Cal | endar 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 | | | | | <u> </u> | |
| 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 Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | <u> </u> | | | | |
| | line 6) | | | | | | ╡ |
| Sec | tion B. Total Support | | · · · · · · · · · · · · · · · · · · · | | ' | <u></u> | |
| | lendar 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 | | | | | | |
| С | Add lines 10a and 10b | | <u> </u> | | | | |
| 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) | | 1 | 1 | | <u></u> | |
| 14 | First five years. If the Form 990 is for the o | | second, third, four | th, or fifth tax year | as a section 501(c |)(3) | _ |
| | organization, check this box and stop here | | | | | | <u>▶</u> L |
| Sec | tion C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2008 (line 8, | column (f) divided | by line 13, column | (f)) | | 15 | % |
| 16 | Public support percentage from 2007 Sche | | | | _ | 16 | % |
| Sec | tion D. Computation of Investmer | | | | | | |
| 17 | Investment income percentage for 2008 (lin | | • | column (f)) | | 17 | <u> </u> |
| 18 | Investment income percentage from 2007 S | | • | | | 18 | % |
| 19a | 33 1/3 % support tests—2008. If the organ 17 is not more than 33 1/3 %, check this bo | | | | | | ▶ [|
| b | 33 1/3 % support tests—2007. If the organ | | | | | | _ |
| | tine 18 is not more than 33 1/3 %, check this | | | | | - | ▶ _ |
| 20 | Private foundation If the organization did | not chock a boy a | n line 14, 10e er 10 | h ahaali shia haii a | | _ | ▶ |

Schedule A (Form 990 or 990-EZ) 2008 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

Seminars/Workshops

433,884

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2008
- Open to Public Inspection

Name of the organization

Employer identification number

| anit | e of the organization | | | identification fian | |
|------|---|---|-------------|---------------------|-------------|
| W | OMEN'S BUSINESS DEVELOPMENT CENTER | | | 88628 | <u></u> |
| Pa | the organization answered "Yes" to Form 990, P | | ounts. | Complete if | |
| | | (a) Donor advised funds | (b) | Funds and other acc | counts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate contributions to (during year) | | | | |
| 3 | Aggregate grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the | ne assets held in donor advised | | | |
| • | funds are the organization's property, subject to the organization's exclus | | | Yes | □ No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in wi | | | | |
| | used only for charitable purposes and not for the benefit of the donor or d | • | | | |
| | impermissible private benefit? | | | Yes | ☐ No |
| Pa | art II Conservation Easements. Complete if the organ | nization answered "Yes" to Form | 990, Pa | rt IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check a | ll that apply) | | | |
| | Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically impo | rtant land | area | |
| | Protection of natural habitat | Preservation of certified historic str | ucture | | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a-2d if the organization held a qualified conservation con | ntribution in the form of a conservation ease | ment | | |
| | on the last day of the tax year | | | | |
| | | | | Held at the End | of the Year |
| а | Total number of conservation easements | | 2a | | |
| b | Total acreage restricted by conservation easements | | 2b | | |
| С | Number of conservation easements on a certified historic structure include | ed in (a) | 2c | | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | | 2d | | |
| 3 | Number of conservation easements modified, transferred, released, extin | guished, or terminated by the organization | during | | |
| | the taxable year | | | | |
| 4 | Number of states where property subject to conservation easement is loc | | | | |
| 5 | Does the organization have a written policy regarding the periodic monito | ring, inspection, violations, and | | | |
| | enforcement of the conservation easements it holds? | | | Yes | ∟ No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, and enforcing | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing east | · · · · · · · · · · · · · · · · · · · | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | e requirements of section | | □ _v | □ |
| _ | 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ı)? | | | ∐ Yes | ∐ No |
| 9 | In Part XIV, describe how the organization reports conservation easemer | • | | | |
| | balance sheet, and include, if applicable, the text of the footnote to the or the organization's accounting for conservation easements | ganization's financial statements that descri | bes | | |
| Pa | art III Organizations Maintaining Collections of Art, H | distorical Treasures, or Other Sir | nilar As | eats | |
| • | Complete if the organization answered "Yes" to | | illiai As | | |
| | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116, not to report in | its revenue statement and balance sheet w | orks of | | |
| | art, historical treasures, or other similar assets held for public exhibition, of | | | ·, | |
| | provide, in Part XIV, the text of the footnote to its financial statements that | | | | |
| | | | | | |
| b | If the organization elected, as permitted under SFAS 116, to report in its | revenue statement and balance sheet works | s of art, | | |
| | historical treasures, or other similar assets held for public exhibition, educ | cation, or research in furtherance of public s | ervice, | | |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > | \$ | |
| | (ii) Assets included in Form 990, Part X | | • | \$ \$ | |
| 2 | If the organization received or held works of art, historical treasures, or of | ther similar assets for financial gain, provide | the | | |
| | following amounts required to be reported under SFAS 116 relating to the | | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > | s | |
| b | Assets included in Form 990, Part X | | > | \$ = | |
| | | | | | |

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|--|-----------------------------|--|----------------------------|----------------|-----------------|----------------|
| Schedule D (Form 990) 2008 WOMEN'S B | USINESS DEVE | LOPMENT CE | NTER 36-34 | 88628 | | Page 2 |
| Part III Organizations Maintaining | | | | imilar Asse | ets (contin | |
| Using the organization's accession and other ritems (check all that apply) | | | | | | |
| a Public exhibition | d \sqcap Loan | or exchange program | ms | | | |
| b Scholarly research | e Othe | | | | | |
| c Preservation for future generations | | | | | _ | |
| Provide a description of the organization's coll Part XIV | ections and explain how the | ney further the organi | zation's exempt purpo | se in | | |
| 5 During the year, did the organization solicit or assets to be sold to raise funds rather than to | receive donations of art, h | nistorical treasures, or he organization's coli | r other similar ection? | | Yes | □No |
| Part IV Trust, Escrow and Custodi | | | | "Yes" to I | | |
| Part IV, line 9, or reported a | = | | | | • | |
| 1a Is the organization an agent, trustee, custodial | | | | | | |
| included on Form 990, Part X? | | | | | Yes | ☐ No |
| b If "Yes," explain the arrangement in Part XIV a | nd complete the following | table | | | | |
| | | | | | Amou | nt |
| c Beginning balance | | | | 1c | | |
| d Additions during the year | | | | 1d | | |
| e Distributions during the year | | | | 1e | | |
| f Ending balance | | | | 1f | | |
| 2a Did the organization include an amount on For | m 990, Part X, line 21? | | | | Yes | ∐ No |
| b If "Yes," explain the arrangement in Part XIV | 1 | 1 (1) (1) (| 5 000 D | D (); 40 | | |
| Part V Endowment Funds. Compl | | | | | | |
| | (a) Current year | (b) Pnor year | (c) Two years back | (d) Three yea | ars back (e) Fo | our years back |
| 1a Beginning of year balance | | | | - | | |
| b Contributions | | | | <u> </u> | | |
| c Investment earnings or losses | | | | <u> </u> | | - |
| d Grants or scholarships | | | - | <u> </u> | | |
| e Other expenditures for facilities | | | | | | |
| and programs f Administrative expenses | | | | | | |
| g End of year balance | | | | | | |
| 2 Provide the estimated percentage of the year | end halance held as | -1 | | <u> </u> | | |
| a Board designated or quasi-endowment | % | | | | | |
| b Permanent endowment > % | ~ | | | | | |
| c Term endowment ► % | | | | | | |
| 3a Are there endowment funds not in the possess | sion of the organization th | at are held and admir | nistered for the | | | |
| organization by | | | | | | Yes No |
| (i) unrelated organizations | | | | | 3a(i | |
| (ii) related organizations | | | | | 3a(ii | |
| b If "Yes" to 3a(II), are the related organizations | listed as required on Sche | edule R? | | | 3b | |
| 4 Describe in Part XIV the intended uses of the | • | | | | | |
| Part VI Investments—Land, Buildi | | |), Part X, line 10. | | | |
| D | 4-3-0 | 41.0 | | | 1 | |

(a) Cost or other basis (b) Cost or other (c) Depreciation (d) Book value (investment) basis (other) 1a Land b Buildings c Leasehold improvements 30,590 11,370 18,501 64,430 49,091 d Equipment e Other_ 75,800 Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) 82,931

Schedule D (Form 990) 2008

In Part XIV, 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 N/A

 \triangleright

Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

29,997

| Page 5 | 3488628 | 36-3 | 'ER | CENT | ENT | OPI | EVEL | S D | INES | BUSI | N'S | DME | W | 2008 | n 990) : | (Forn | ile D | Schedu |
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SCHEDULE G

Total

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Employer identification number Name of the organization WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Email solicitations Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 Form 990-EZ filers are not required to complete this table (iii) Did fund-(i) Name of individual (ii) Activity (IV) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions? col (i) Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

| P | art l | Fundraising E | vents. Complete if the orga ,000 on Form 990-EZ, line | nization answered "Yes" | to Form 990, Part IV, | line 1 | 8, or repo | rted | |
|-----------------|-------|--|--|-----------------------------------|---------------------------|---------------|----------------|---------|--------------|
| : | | more than \$10 | (a) Event #1 Conference | (b) Event #2 | (c) Other Events None | 1 40,0 | (d) Total E | | ah |
| | | | (event type) | (event type) | (total number) | - | col (| | 9" |
| Revenue | 1 | Gross receipts | 1,049,366 | | | | 1,04 | 19, | 366 |
| | 2 | Less [.] Charitable contributions | 878,964 | | | | 87 | 78, | 964 |
| | 3 | Gross revenue (line 1 minus line 2) | 170,402 | | | <u> </u> | 17 | 70,4 | 402 |
| | 4 | Cash prizes | | | | + | | | |
| nses | 5 | Non-cash prizes | | | | _ | | | |
| Direct Expenses | 6 | Rent/facility costs | 30,676 | | | | | 30, | 676 |
| Direct | 7 | Other direct expenses | 139,726 | | | | 1: | 39, | 726 |
| | 8 | | Add lines 4 through 7 in column (dombine lines 3 and 8 in column (d) | 1) | | | 1 | 70, | 402 |
| P | art | III Gaming. Com | plete if the organization ans | swered "Yes" to Form 99 | 0, Part IV, line 19, or r | eport | ed more | | |
| | _ | than \$15,000 c | on Form 990-EZ, line 6a. | (b) Pull tabs/Instant | | | (d) Total gam | nng (Ar | dd |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | | col (a) throug | _ | |
| | 1_ | Gross revenue | | | | | | | |
| " | 2 | Cash prizes | | | | | | | |
| Direct Expenses | | | | | | | | | |
| ct Exp | 3 | Non-cash prizes | | | | _ | | | |
| Dire | 4 | Rent/facility costs | | | | - | | | |
| | 5 | Other direct expenses | | | | \rightarrow | | | |
| | 6 | Volunteer labor | Yes % | Yes % | Yes No | % | <u>-</u> | | |
| | 7 | Direct expense summary | Add lines 2 through 5 in column (d | 3) | | • | | | |
| | 8 | Net gaming income sumr | mary Combine lines 1 and 7 in colu | mn (d) | | • | | | |
| • | | .to. the etate(a) in which the | | | | | | Yes | No |
| 9 a | | | e organization operates gaming acti o operate gaming activities in each o | | | | 9a | • • • | - |
| b | lf " | 'No," Explain | | | | | , | ź. | |
| 10- | 14/ | ore only of the organization | 'a coming because reveled a constant | | | | ا مداد | 22 | : : . |
| 10a b | | Yes," Explain | 's gaming licenses revoked, suspen | ided or terminated during the tax | x year? | | 10a | -f -77 | |
| | | | | | | | | | |
| 11 | | - | e gaming activities with nonmember | | | | 11 | المرسين | 2°-0" |
| 12 | | med to administer charitab | beneficiary or trustee of a trust or a le gaming? | member of a partnership or oth | er entity | | 12 | | |

| Sche | edule G (Form 990 or 990-EZ) 2008 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-348862 | 8 | _ P | age 3 |
|---------|---|---------|--------------|--|
| | | | Yes | No |
| 13 | Indicate the percentage of gaming activity operated in | | 3. 1. | |
| а | The organization's facility 13a % | 5.5 | الربيدة. | . <u>.</u> . |
| þ | An outside facility % | 11.1 | *** | 建建 |
| 14 | Provide the name and address of the person who prepares the organization's gaming/special events books | 4.4 | | 5.7 |
| | and records | 2 | | 1 |
| | | | | |
| | Name ▶ | 1 | 游 | 1,3 |
| | | | | |
| | Address ► | 4.4 | 6.2 | 1 |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | 9 | | , , |
| | revenue? | 15a | مابيتكناده | 490 |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | - · · . | 1 | |
| | amount of gaming revenue retained by the third party ▶ \$ | • • • • | 771. | <u>ا</u> . ا |
| С | If "Yes," enter name and address | | | ٦, |
| | | ~ ` ~ | 13. | |
| | Name ► | - ` ົ | د کند ه م | _ |
| | | | | |
| | Address Address Address | | 7 | |
| 16 | Coming manager information | | • | |
| 16 | Gaming manager information | ,, | · ` ` | |
| | Name ▶ | | | 1 |
| | | | - | |
| | Gaming manager compensation ▶ \$ | | | |
| | | ; | | |
| | Description of services provided ► | 71 | ļ <i>*</i> | |
| | | | ٠. | - |
| | Director/officer Imployee Independent contractor | ١. | | |
| 17 | Mandatory distributions | | : | - |
| ., a | Is the organization required under state law to make charitable distributions from the gaming proceeds to | . | .`. | ١. |
| - | retain the state gaming license? | 17a | iais | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent | 1/d | , | |
| | in the organization's own exempt activities during the tax year ▶ \$ | | ر ئو ئار | |

Schedule G (Form 990 or 990-EZ) 2008

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SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the U.S.

OMB No 1545-0047

2008 .: Open to Public Inspection .

2

Grants and Otner Assistance to Governments and Organizations in the Others. Compress the Compress to Section 1. for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on X Yes Employer identification number non-cash assistance (g) Description of 36-3488628 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed WOMEN'S BUSINESS DEVELOPMENT CENTER (c) IRC section if applicable General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization MPart I Part II

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Page 2

Schedule I (Form 990) 2008 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 31,000 (c) Amount of cash grant Use Schedule I-1 (Form 990) if additional space is needed. (b) Number of recipients Ŋ Grants to Business Owners (a) Type of grant or assistance Part

| | | | Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. |
|--|--|--|---|
| | | | implete this part to pi |
| | | | rovide the informatic |
| | | | on required in Part I |
| | | | , line 2, and any other add |
| | | | itional information. |

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. - Procedures for Monitoring the Use of Grant Funds ~ Part I, Line

Grants (must be matched by the recipient dollar for dollar) to businesses

to hire service providers to assist their business to grow or stabilize.

Schedule I (Form 990) 2008

SCHEDULE J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN'S BUSINESS DEVELOPMENT CENTER

Employer identification number 36-3488628

| Pa | rt I Questions Regarding Compensation | | | | |
|----|---|---|--------------|--|--------------|
| | | | | Yes | No |
| | | | ع في المحادث | ر. دي | · , |
| 1a | Check the appropriate box(es) if the organization provided any | | يأق | 3.0 | |
| | 990. Part VII, Section A, line 1a Complete Part III to provide an | ry relevant information regarding these items | 1 25.0 | | ľ |
| | C succession of the second | Usuana allamana ar sandanaa for normaal ma | - | ÷ | |
| | First-class or charter travel | Housing allowance or residence for personal use | | | |
| | Travel for companions | Payments for business use of personal residence | | } | - |
| | Tax indemnification and gross-up payments | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Personal services (e g , maid, chauffeur, chef) | Ì | | |
| b | If line 1a is checked, did the organization follow a written policy | regarding payment or reimbursement or | | | |
| | provision of all of the expenses described above? If "No," comp | | 1b | N/ | A |
| 2 | Did the organization require substantiation prior to reimbursing | · | | | |
| | officers, directors, trustees, and the CEO/Executive Director, re | • | 2 | N/ | A |
| | | | | | |
| 3 | Indicate which, if any, of the following the organization uses to | establish the compensation of the | | | |
| | organization's CEO/Executive Director. Check all that apply | | | | |
| | Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | Compensation survey or study | Ì | 1 | |
| | X Form 990 of other organizations | X Approval by the board or compensation committee | | | |
| | · | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Se | ection A, line 1a | | | |
| а | Receive a severance payment or change of control payment? | | 4a | ļ | X |
| b | Participate in, or receive payment from, a supplemental nonqua | alified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compe | ensation arrangement? | 4c | ļ | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the ap | oplicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations must complete | lines F 9 | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did | | ŀ | | |
| · | compensation contingent on the revenues of | the organization pay of accree any | | | |
| а | The organization? | | 5a | - | x |
| | Any related organization? | | 5b | | X |
| | If "Yes" to line 5a or 5b, describe in Part III | | 1 35 | - | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did | the organization nay or accrue any | | ŀ | |
| • | compensation contingent on the net earnings of | the organization pay or acorde any | | ĺ | |
| а | The organization? | | 6a | | x |
| | Any related organization? | | 6b | 1 | X |
| _ | If "Yes" to line 6a or 6b, describe in Part III | | 100 | | † <u> </u> |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did | the organization provide any non-fixed | | |] |
| • | payments not described in lines 5 and 6? If "Yes," describe in F | | 7 | | x |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accr | | <u> </u> | † · · · · | † <u></u> - |
| | subject to the initial contract exception described in Regs section | · | | | |
| | in Part III | (Alle) | 8 | | x |

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Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| | Н | (B) Breakdown o | (B) Breakdown of W-2 and/or 1099-MISC compensation | compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation · |
|--------------|-------------|--------------------------|--|-------------------------------------|--------------|----------------|----------------------|---|
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| Carol Dougal | € | 136,698 | 0 | 0 | 0 | 54,22 | 190,922 | 71,948 |
| | € | 0 | 0 | 0 | 0 | 0 | | 0 |
| Hedy Ratner | € | 136,698 | 0 | 0 | 0 | 54,224 | 190,92 | 71,948 |
| | ▣ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | | | | | | | |
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| | € | | | | | | | |
| 3) | <u>(E)</u> | | | | | | | |
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| | (1) | | | | | | | |
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| 1) | (ii) | | | | | | | |
| | Θ | | | | | | | |
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| 1) | <u>(£)</u> | | | | | | | |
| | € € | | <u>.</u> | • | | | | |
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| 0 | E E | | | | | | | |
|) | € € | | | | | | | |
| 7 | | | | | | | Schedule | Schedule J (Form 990) 2008 |

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information.

Schedule J (Form 990) 2008

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that 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. OMB No 1545-0047

2008

Open To Public Inspection

| | WOMEN'S | BUSINESS | DEVELOPMENT | CENTER |
|--------|--------------------|-----------------|-------------|-----------|
| Oart I | Evene Benefit Tres | annetions (seek | 504(-)(0) | F04/-\/4\ |

Employer Identification number 36-3488628

| | MOMEN S DUSTNESS | DEV. | ETIC | LMPM 1 | | THIEK | | 1 30- | 240 | <u>, 00.</u> | 40 | | | |
|---------------------------------------|--|----------|------------------------------|--|--|--|------------------------------|------------------|--------------|--------------|---------|----------------------------|----------------|------------------------|
| Part I | Excess Benefit Transactions (section To be completed by organizations that answere | | | | | | | | art V, | line 4 | 0b | | | |
| 4 | (a) Name of disqualified person | | | | | | (h) Docoratio | n of transaction | | | | (c) (| Correc | ted? |
| <u> </u> | (a) Name of disqualified person | | | | | | (b) Description | | | | | Yes | . 1 | No |
| · | | | | | | | | - | | | | | | |
| | | | | | ļ | | | | | | | <u> </u> | _ | |
| | | | | | | | | | | | | <u> </u> | | |
| | | | | | <u> </u> | | | | | | | | \dashv | |
| | | _ | | | | | | | | | | | - | |
| | amount of tax imposed on the organization mar | nagers | or dis | qualified p | Derson | s during the | e year | | | | | | | |
| 3 Enter the | ction 4958 amount of tax, if any, on line 2, above, reimburs | | | ganızatıor | 1 | | | | ► \$ ► \$ | | | | | |
| Part II | Loans to and/or From Interested Po | | | _ | | | | | | | | | | |
| | To be completed by organizations that answer | ed "Ye | s" on | Form 990 | , Part | IV, line 26, | or Form 990 | -EZ, Part V, lin | <u>e 38a</u> | | | | | |
| (a) | Name of interested person and purpose | or fro | oan to om the ization? | |) Origir apal am | | (d) Bal | ance due | (e) In (| default? | by bo | proved ard or nttee? | | Vritten ement? |
| | | To | From | | | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | | | |
| | . | | | | • | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | <u> </u> | - | | | | L | | |
| Part III | Grants or Assistance Benefitting Ir To be completed by organizations that answere | | | | | | _ | | | | <u></u> | | | |
| ··· · · · · · · · · · · · · · · · · · | *************************************** | eu ie | 5 011 | | | | | | | | | | | |
| | (a) Name of interested person | | | (D) F | Relation | | n interested pe anization | erson and the | (c) |) Amou | assis | - | r type | Dt . |
| | *************************************** | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | <u> </u> | | | | | |
| | | | | | • | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| Part IV | Business Transactions Involving In To be completed by organizations that answere | | | | | IV, line 28a | , 28b, or 28c | | | | | | | |
| | (a) Name of interested person | (b) F | Relatio ested | nship betwe person and inization | en | (c) An | nount of saction | (d) Descri | ption o | f trans | action | | of reve | Shanng org nues? |
| n | | | | | | | 444 1-1 | | | | | | Yes | |
| EMILIA Di | menco, Harris Bank NA | Boa | rd 1 | Member | - | | 410,482 | Finanic | al s | CCO | unt | 8 | <u> </u> | Х |
| | | | | | _ | | | | | | | | - | <u> </u> |
| | | | | - | | | | . | | | | | \vdash | |
| | | | | - | | | | | | | | | \vdash | \vdash |
| | | | | | | | | | | | | | - | — |

SCHEDULE M (Form 990)

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

3

5

6

8

Employer identification number WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Part I Types of Property (d) (b) (a) (c) Check if Number of Contributions Method of determining Revenues reported on Form 990, Part VIII, line 1g applicable revenues Art-Works of art Art-Historical treasures Art-Fractional interests Books and publications Clothing and household goods Cars and other vehicles

Intellectual property Securities---Publicly traded Q

Securities-Closely held stock 10

Securities-Partnership, LLC, 11 or trust interests

12 Securities-Miscellaneous

Boats and planes

13 Qualified conservation contribution (historic structures)

Qualified conservation contribution (other)

Real estate-Residential 15

Real estate-Commercial 16

Real estate-Other 17

18 Collectibles

19 Food inventory

Drugs and medical supplies 20

Taxidermy 21

25

22 Historical artifacts

23 Scientific specimens

Archeological artifacts 24

Other ▶(Supplies 26

Other ▶ (Printing

Other ▶(Promotion 27 Other ▶ (Travel vouchers) 28

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

X

X

X

29

donor

donor

donor estimate

donor estimate

estimate

estimate

16,750

57,993

9,600

255,653

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

4

16

17

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

| | | Yes | No |
|-----|--------|--------------|----------------------|
| | 30a | د معاملات | X |
| | 影引 31 | 13.00 | រុំរូវ រ៉ុំ X |
| | 32a | | x |
| | 語經濟 | 經歷到 | |
| مار | M /For | m 990\ | 2008 |

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

Schedule M (Form 990) 2008 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Page 2

art II | **Supplemental Information**. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990) Supplemental Information to Form 990

izations to provide questions for the Open to Public

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

WOMEN'S BUSINESS DEVELOPMENT CENTER

Employer identification number 36-3488628

OMB No 1545-0047

Inspection

Form 990, Part I, Line 6

Board of Directors, certification committee members, and trainers.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 Reviewed and approved by Board of Directors prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board completes disclosure forms. It is the continuing responsibility of
the board and officers to scrutinize their transactions and outside
business interests and relationships for potential conflicts and to
immediately make such disclosures to the Board Chair and update their
annual disclosure. Upon disclosure of a conflict of interest, the Board
member is precluded from participation in the discussion and/or vote
pertinent to the conflict.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Executive Committee of the Board of Directors reviews compensation comparability survey, evaluates past performance and any budget considerations before compensation approval, the procedures for which are duly documented in the meeting minutes.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Determined by Co-Presidents and documented in personnel file upon

consideration of employee performance and budget constraints.

Schedule O (Form 990) 2008

Name of the organization

WOMEN'S BUSINESS DEVELOPMENT CENTER

Employer identification number 36-3488628

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents made available upon evaluation of written request to either Co-President or Board Chair.

Under penalties of penury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,

it is true, correct, and complete, and that Lam authorized to prepare this form

Title 🕨

Date 🕨 2/08/10

Form 8868 (Rev 4-2009)