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WOMENBUSINE 11/19/2010 3 12 PM OMB No 1545-0047 Return of Organization Exempt From Income Tax 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. inspection. 07/01/09 06/30/10 and ending For the 2009 calendar year, or tax year beginning Please Employer identification number C Name of organization Check if applicable use IRS WOMEN'S BUSINESS DEVELOPMENT CENTER Address change label or 36-3488628 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 400 312-853-3477 8 S. MICHIGAN AVENUE Specific Termination G Gross receipts \$ 3,273,519 City or town, state or country, and ZIP + 4 Instruc CHICAGO ΙL 60603 tions. Amended return Name and address of principal officer H(a) Is this a group return for Application pending X S. Carol Dougal No affiliates? Yes H(b) Are all affiliates included? Suite 400 8 S Michigan Avenue, IL 60603 Chicago If "No," attach a list. (see instructions) X 501(c) 4947(a)(1) or 527 (insert no. Tax-exempt status wbdc.org Website: ▶ H(c) Group exemption number ▶ Type of organization X Corporation 1986 Year of formation M State of legal domicile Trust Part l' Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER WOMEN BUSINESS OWNERS Activities & Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 14 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 31 5 5 Total number of employees (Part V, line 2a) 30 6 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 3,146,047 3,202,212 8 Contributions and grants (Part VIII, line 1h) 73,087 58,887 9 Program service revenue (Part VIII, line 2g) 27,056 12,420 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,246,190 3,273,519 31,000 20,500 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,629,662 1,789,250 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 199,203 **学家,译品类理解**解例是 ALL THE PARTY OF T b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,534,099 1,560,454 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,194,761 3,370,204 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A) line 25) VED 51,429 -9<u>6,685</u> 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances SO Beginning of Current Year End of Year 990 NOV **3 0** 2010 1,453,535 1,372,345 20 Total assets (Part X, line 16) 180,997 196,492 21 Total liabilities (Part X, line 26) 272,538 ,175,853 Net assets or fund balances. Subtract line 21 from line 20 . Part II Signature Block

Under penalties of penulty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and completed beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Type or print name and title Preparer's identifying number Check if Preparer's Paid signature 11/19/10 employed > P00296563 Preparer's Osher & Associates, 36-4333530 EIN Firm's name (or yours **Use Only** 11 E Hubbard Suite #3A if self-employed), Phone address, and ZIP + 4 **▶** 312-236-8590 Chicago, IL 60611

May the IRS discuss this return with the preparer shown above? (see instructions)

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

X Yes No Form **990** (2009) Form 990 (2009) WOMEN'S BUSINESS DEVELOPMENT CENTER

36-3488628

P	art: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?				2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				┌┈		†
•	candidates for public office? If "Yes," complete Schedule C, Part I				3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				Ť	 	
-	Schedule C, Part II				4	ĺ	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-/	A —
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				─ ─	/	
U	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"					1	ļ
	complete Schedule D, Part I				6	ļ	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				١,,		x
_					7	 	^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					l .	
_	complete Schedule D, Part III				8_	 	Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part				ļ		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				1		.
	complete Schedule D, Part IV				_9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or						₹.
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,						1
	VII, VIII, IX, or X as applicable				11 80×30×3	X	Se Steel
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				Y.		
	Schedule D, Part VI.						
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						1
_	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII.				42	WEST THE	ent-disk
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	. 1	Yes	No	12	X	درا) الاستان الرسومية
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	. 63	No X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13	4034	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				, , , a	i	
~	business, and program service activities outside the United States? 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 a total of more than \$15,000 of expenses for professional fundraising services						
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			ļ		\dashv	_ _
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						
	If "Yes," complete Schedule G, Part III			1	19	ļ	X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20		X
						000	(2009)

<u> </u>	artiv. Checklist of Required Schedules (Collinaed)			
		İ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		
	in the United States 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 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	├
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23_	X	
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 lines			- v
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	37 /	X
р	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		/	L
	to defease any tax-exempt bonds?	24c	N/	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_N/	<u>A</u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1	1	
	If "Yes," complete Schedule L, Part III	27	100141617	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l i		
	Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		J	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		٠,	
	Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_	-	••
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_	1	.,
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 1	i	••
	Schedule N, Part II	32		<u>_x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 [ĺ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١. ١		
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	1 1		
	Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related]]	- 1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		j	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		-	•-
	Part VI	37		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2009) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

a Enter the number reported in Box 3 of Form 1096, Annual Summany and Transmittal of U.S Information Returns Enter -0- front applicable Enter the number of Forms WS-Q mulcided in line 18. Enter -0- front applicable Difference of the congruence of the Complex	Pa	art·V. Statements Regarding Other IRS Filings and Tax Compliance					
L.S. Information Returns Enter -0- if not applicable Enter the number of Forms Vog Grindced min for 15. Enter -0- if not applicable C. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) warnings to grow wenners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with the within the year convered by this return b. If at least one is reported on the 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s in greater share 250, you may be required to e-file that return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the valence of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, let the service of the complex of the co						Yes	No
b Enter the number of Forms W-2G included an line 1s. Enter-0-find applicable C Did the organization comply with backup withholding rules for reportable systems to vendors and reportable gamins (gambhing) winnings to prize winners? 2a Enter the number of amplityses reported on Form W-3. Transmittal of Wage and Tax Silatements, file of the clastified year earling with or within the year covered by this return? b I at least one a reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2s greater time 3.5, you may be required to 4-file this return (see an including the case of the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2s greater time 3.5, you may be required to 4-file this return (see as for the sum of lines 1 and 2s, you are the organization file and included to 4-file this return (see as for the sum of the sum of 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, or other financial account)? b If "Yes," she the name of the foreign country, but a san bank account, or other financial account in a foreign country (such as a bank account, or other financial account)? b If "Yes," she have a fine of prome organization have an interest in, or a signature or other authority over, a financial account in a foreign country, but a fine organization for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization problem to a prohibited tax shelter transaction at any time during the tax year? 5b In "If "Yes," other is a organization and prome makes of the properties of the properties of the organization shelt and properties of the properties of the organization of the comparation in Fore masses. The problem of the organization shelt and properties of the organization shelt and properties of the organization and properties of the pro	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	l	ł			
Cilid the organization comply with backup withholding rules for reportable payments to vendors and reportable gamins (gambing) winnings to prize winners? 2 Einter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Bear for the calendar year ending with or within the year covered by this return. 5 If all least one is reported on the 2.2, did the organization file all required deferal employment tax returns? 5 Note. If the sum of lines 1s and 2s is greater titum 250, you may be required to e-file this return (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the calendar year, did the organization have unrelated business gross income of \$1,000 or more during the calendar year, did the organization have an explanation in Schedule O 4 At any time during the calendar year, did the organization have an explanation in Schedule O 4 At any time during the calendar year, did the organization have an intestin, or a signature or other authority over, a financial account in a foreign country, leaves a bank account, securities account, or other financial accountry. 5 We have the organization and printy to a prohibited tax shelter transaction at any time during the tax year? 5 We she organization apprix to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line 5 and 50, did the organization file Form 888-7, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 Prohibited Tax Shelter Transaction? 6 Does the organization approach that was or is a party to a prohibited tax shelter transaction? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6 If "Yes," did the organization network organization file form 888-7, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax shelter Transaction in the wash organized to the organization have annual gross receipts that are viewed to the		U.S Information Returns Enter -0- if not applicable	1a_	18			
againing (gambing) winnings to prize winners? Eater the number of employees reported on Form W-3. Transmittal of Wage and Tax Sistements, field for the calendar year ending with or within the year covered by the return If at least one is reported on fine 2a, did the organization file all required federal employment 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 instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of instructions 2 and 2a is greater than 250, you may be required to e-file this return (see instructions) If the sum of the organization received and the organization of the approach of the sum of a problem of a sum of a section of the sum of a greater than 350, and 3 an	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b_	0			
2a Elert the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by the return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2 as is greater than 250, you may be required to e-flies this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 5b If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 5c At any time during the calendary 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). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c West the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable? 5c N/A 7c Organizations that may receive deductable contributions under section 170(c). 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 5c Did the organization for tax deductable? 6c Did the organization for tax deductable? 7c Organizations that may receive deductable contributions under section 170(c). 6c Did the organization and the support in excess of \$15	С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table			国路	
sistements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see If the sum of lines 1a and 2a is greater than 250, you may be received to the payor? If the sum of lines 1a and 2a is greater than 250, you may be received? If the sum of lines 2a and 2a is greater than 250, you may be received? If the sum of lines 2a and 2a is greater than 250, you may be received? If the sum of lines 2a and 2a is greater than 250, you		gaming (gambling) winnings to prize winners?			10	N	/A_
b If at least one is reported on line 2a, did the organization file all required feeder employment tax returns? Note. If the sum of lines is and 2 as is greater than 250, you may be required to e-file this return (see instructions) 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 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or as ignature or other authority over, a financial account in a foreign country, level as a bank account, securities account, or other financial account in a foreign country, level as a bank account, securities account, or other financial accounts? 5a Was the organization a party to a prohibited that shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b If "Yes," to line Sa or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5b If "Yes," to line Sa or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," to line Sa or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," to line Sa or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited tax shelter transaction? 5c If "Yes," to line Sa or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited tax shelter transaction? 5c If "Yes," to line organization and unal gross receipts that are normally greater than \$100,000, and did the organization societ any contributions under section 170(c). 5c If "Yes," to line the organization flee the organization flee form 5000 the organization flee to repartity of the organization flee the organization flee fo	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 8282? If "Yes," indicate the number of Forms 8282 filed during the year required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year of the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If If X g For all continbutions of qualified intellectual property, did the organization file Form 8899 as required? If Yes, "indicate the number of Forms 8282 filed during the year of payon the organization file a Form 1098-C as required? If X X g For all continbutions of qualified intellectual property, did the organization file a Form 1098-C as required? If X X S Section for G cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? If X X S Section for G cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? If X X S Section for G cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? If X X S Section 501(c)(7) organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the organization make any taxable distributions under section 4966? If X X X X X X X X X X X X X X X X X X X	6a						
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Sec	ction A. Governing body and management					
4.	Cataraba a combas of cating manabase of the accomplish body	ا مه	16	SE VAN	Yes	No
1a	Enter the number of voting members of the governing body	1a 1b	14			
b	Enter the number of voting members that are independent	10	7.3			题:
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				The state of the s	100 3.4°
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	•		2	├	X_
3						.
	supervision of officers, directors or trustees, or key employees to a management company or other person?	10		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	1 ?		4	-	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	-	X
6	Does the organization have members or stockholders?			6		 ^
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					. ,
	of the governing body?			7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	7	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			4	7.63	1000
	the year by the following:				T. 12.	1226
a	The governing body?			_8a	X	├
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
	tion B. Policies (This Section B requests information about policies not required by the Int	ernal				
Ke	renue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b	N/	A
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	fom?			11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			700		SARE
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					l
	describe in Schedule O how this is done			12c	Х	
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 by				-	-, -
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				- 72	41.35
а	The organization's CEO, Executive Director, or top management official			15a	X	
þ	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			3	雅多	S
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					à Bà
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					24 H.Z
	the organization's exempt status with respect to such arrangements?			16b	N/	A
<u>Sec</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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	y)				
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	:				
	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 records of the					
	organization: ► Carol Dougal 8 S Michigan #400					
Ch	icago IL 6060	1	3	12-853	3 – 3 4	177

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(C) (D) Position (check all that apply) Reportable							(E) Reportable	(F) Estimated
	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Carol Dougal		Ť								
Co-President	40.00	X		X	_	-		125,014	0	54,079
Hedy Ratner		l		i						
Co-President	40.00	X		X				125,014	0	54, 079
Debra Jennings-Jo		l								
Director	1.00	X				_		0	0	0
Pam McDonough		1			1	١.		_		
Director	1.00	X			_			0	0	0
Linda Chaplik-Har		1			l				_	
Director	1.00	X						0	0	0
Norma Lauder	1	1 :						_]		
Director	1.00	X				Ш		0	0	0
Laurel Bellows		l i						_		
Director	1.00	X						0	0	0
Risa R. Davis		l							_	
Director	1.00	X						0	0	0
Sandra Rand	l	l l						_[_ [
Director	1.00	X						0	0	0
Arabel Alva Rosal	L							اً ا	. ا	
Director	1.00	X	_			\square		0	0	0
Emilia Dimenco								_	_	
Director	1.00	X		_				0	0	0
Jeanne Mandoza		1				ĺ]		_	
Director	1.00	X				\sqcup	_	0	0	0
Allison Chung		1					ł	_		
Director	1.00	X						0	0	0
Martha Garza	7 00	_					l	_	_ ا	_
Director	1.00	X						0	0	0
Shelley Stern	1 00	ا ہے ا					j			_
Director	1.00	X	_		_	\sqcup		0	0	<u>0</u>
Donna Westerman	1 00	_	-				- 1			_
Director	1.00	X				\Box		0	0	0
Mary Ann Angle	40.00		- {	_			-	=. ==.	_	
Vice-Prsdnt DAA	40.00			X				74,552	0	9,764 Form 990 (2009)

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization								
	(A) Name and business address	(B) Description of services	(C) Compensation						
2	Total number of independent contractors (including but not limited to the more than \$100,000 in compensation from the organization ▶	Fr. 0							

Form 990 (2009) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Page 9 Statement of Revenue (D) Revenue excluded from tax (B) Related or exempt (C) (A) Unrelated Total revenue business revenue under sections 512, 513, or 514 revenue gifts, grants lar amounts 1a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and other simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2,543,062 301,228 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn. Code 58,887 2a Seminars b C f All other program service revenue 58,887 **阿尔斯斯 八 共行** g Total. Add lines 2a-2f Investment income (including dividends, interest, and 12,420 other similar amounts) 12,420 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross Rents b Less rental exps F. 36 c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventor b Less cost or other hasis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 Other b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, Ine 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue

▶

3,273,519

بر - ب_ر - ب

12,420

A. 1955年。 1955年, 1956年, 1956年

58,887

Total. Add lines 11a-11d

Total Revenue. See instructions

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	All other organizations must not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.	- Juli Oxpolisos	expenses	general expenses	expenses
1	Grants and other assistance to governments and				CONCLETE AND
	organizations in the U.S. See Part IV, line 21				The state of the s
2	Grants and other assistance to individuals in				The state of the s
	the U.S. See Part IV, line 22	20,500	20,500		A STATE OF THE STA
3	Grants and other assistance to governments,			1 2000	THE STATE OF THE S
	organizations, and individuals outside the				A CARAGON SALES
	U.S. See Part IV, lines 15 and 16		İ		"没有我们还是这个人
4	Benefits paid to or for members			Fr. m. start Marie . wherean in the	A STATE OF THE STA
5	Compensation of current officers, directors,				
	trustees, and key employees	494,680	395,743	64,309	34,628
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	[
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,030,525	824,420	133,968	72,137
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)	38,424	30,739	4,995	2,690
9	Other employee benefits	117,783		15,312	8,244
10	Payroll taxes	107,838		14,019	
11	Fees for services (non-employees):		00,2,0		7,7313
	Management				
a	Legal	3,000		3,000	
b	Accounting	97,500		97,500	
Ç	-	311300	 	37,300	<u> </u>
d	Lobbying Defendant fundaments controls See Bort IV line 17	<u> </u>	· 大学的 大学 的 中华 电子 在 电 电 电 电 电 电 电 电 电 电 电 电 电 电 电 电 电		
e	Professional fundraising services. See Part IV, line 17		A POST SANS CONTRACTOR AND AND AND AND AND AND AND AND AND AND	But of the the transfer of the state of the	
T	Investment management fees	467,832	300 333	45 100	24 220
g	Other	245,157	398,322	45,182	24,328
12	Advertising and promotion		245,157	10 700	70 (50
13	Office expenses	144,370		19,782	10,650
14	Information technology	16,280	13,024	2,116	1,140
15	Royalties	157 420	105 050	20 465	11 001
16	Occupancy	157,438	125,950	20,467	11,021
17	Travel	67,979	61,670	4,101	2,208
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	256 000	005 456	22 225	
19	Conferences, conventions, and meetings	256,820	205,456	33,386	17,978
20	Interest				
21	Payments to affiliates	10 010	15 021	0 -0-	
22	Depreciation, depletion, and amortization	19,912	15,931	2,587	1,394
23	Insurance	12,982	10,385	1,688	909
			かれ、かん、からないない。		
24	Other expenses. Itemize expenses not	The second of th			and the second of the second o
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed	The state of the s			Constitution of the contraction
	5% of total expenses shown on line 25 below.)	- distribution	S Carling Broken		
а	Equip Rental, Repair, Mnt	21,846	17,477	2,840	1,529
b	Telephone	20,328	16,262	2,643	1,423
С	Bank and Credit Card Proc	15,197	12,157	1,976	1,064
d	Program Supplies	9,375	9,375		
e	Dues and Subscriptions	4,438	3,550	577	311
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	3,370,204	2,700,553	470,448	199,203
26	Joint costs. Check here ▶ ☐ If following			· — —	
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				
AΑ					Form 990 (2009)

Form 990 (2009) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

	art X	(2009) WOMEN'S BUSINESS DEVELO (Balance Sheet	JE MIL	NI CENIER 30	1-3486026		Page 11		
	aib /	V Dalatice Street			(A)	Γ	(B)		
					Beginning of year		End of year		
	1	Cash—non-interest bearing				1			
	2	Savings and temporary cash investments			521,519	2	374,362		
	3	Pledges and grants receivable, net		•	243,057	3	304,492		
	4	Accounts receivable, net			4,150	4	15,350		
	5	Receivables from current and former officers, directors, tru	ıstees.	kev	No. of the last of	F.T.	· 大學學學學學學		
	*	employees, and highest compensated employees. Complete				1	一种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种		
	İ	Schedule L			A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	5	Series Comments of the Comment		
	6	Receivables from other disqualified persons (as defined un	nder se	ection	THE PERSON NAMED IN	22	A STATE OF THE PARTY OF THE PAR		
	1	4958(f)(1)) and persons described in section 4958(c)(3)(B			A THE SECOND STATE OF THE				
	1	Part II of Schedule L	Education of the Action at Amelions	6	A company of the second				
ţ	7	Notes and loans receivable, net				7			
Assets	R	Inventories for sale or use				8			
ĕ	9	Prepaid expenses and deferred charges		•	26,509	9	19,429		
	102	Land, buildings, and equipment. cost or	ĺ		等。1000年100日	71.5	Tantily Things		
		other basis. Complete Part VI of Schedule D	10a	124,891	表示学者的	"A . 15 5.			
	۱,	Less: accumulated depreciation	10b	61,872	82,931	10c	63,019		
	11	Investments—publicly traded securities			3,842	11	3,842		
	12	Investments—other securities. See Part IV, line 11	564,789	12	585,113				
	13	Investments—program-related. See Part IV, line 11		13	- 000/220				
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11		•	6,738	15	6,738		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,453,535	_	1,372,345		
	17	Accounts payable and accrued expenses			151,000	17	169,955		
	18	Grants payable				18	100/000		
	19	Deferred revenue		•		19			
	20	Tax-exempt bond liabilities				20	 		
S	21	Escrow or custodial account liability. Complete Part IV of S	chedu	e D		21	 		
Ë	22	Payables to current and former officers, directors, trustees					THE REPORT OF THE PERSON OF TH		
<u>=</u>		employees, highest compensated employees, and disquali							
Liabilities		persons. Complete Part II of Schedule L	cu			22	The state of the s		
_	23	Secured mortgages and notes payable to unrelated third pa	arties			23			
		Unsecured notes and loans payable to unrelated third parti				24			
		Other liabilities. Complete Part X of Schedule D	00		29,997	25	26,537		
	26	Total liabilities. Add lines 17 through 25			180,997	26	196,492		
S		Organizations that follow SFAS 117, check here ▶ X	and		过程中学的原本 完全		2307432		
Ce		complete lines 27 through 29, and lines 33 and 34.					The state of the s		
an	27	Unrestricted net assets			811,363	27	818,740		
3a	28	Temporarily restricted net assets			461,175	28	357,113		
ַ		Permanently restricted net assets				29			
ח		Organizations that do not follow SFAS 117, check here	▶ 「]		<u></u>	· 公司 · · · · · · · · · · · · · · · · · ·		
_		and complete lines 30 through 34.							
o s	30	Capital stock or trust principal, or current funds							
ě	31	Paid-in or capital surplus, or land, building, or equipment fu	nd			30 31			
188	32	Retained earnings, endowment, accumulated income, or of		nds		32			
Net Assets or Fund Balances		Total net assets or fund balances		 	1,272,538	33	1,175,853		
ž		Total liabilities and net assets/fund balances		Ì	1,453,535		1,372,345		

Form **990** (2009)

Form	1 990 (2009) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628		Pa	ge 12
Pa	art:XId Financial Statements and Reporting			
-			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	7	1,52	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		(1) · · ·	3
	Schedule O.	4 May 34		4-25
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	Ĺ.
	If the organization changed either its oversight process or selection process during the tax year, explain in			外接了
	Schedule O.		77.7	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:	200		
	X Separate basis Consolidated basis Both consolidated and separate basis			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	N	A
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separat

► See separate instructions.

2009
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN'S BUSINESS DEVELOPMENT CENTER

Employer Identification number 36 - 3499629

			MONEY	יפטם פיו	INESS DEVELO	PMEN.	I CEN	I EK_			30	-240	0020		
P	art I	Reas	on for Pub	lic Charity	Status (All organization	zations	must c	omplet	<u>e this r</u>	oart.) S	See in:	structi	ons.		
The	orga	nization is not	a private found	dation because	e it is. (For lines 1 throug	gh 11, che	eck only d	ne box.)							
1		A church, co	nvention of chi	urches, or ass	ociation of churches des	cribed in	section '	170(b)(1)	(A)(i).						
2	\Box	A school des	scribed in secti	on 170(b)(1)(A)(ii). (Attach Schedule	E.)									
3		A hospital or	a cooperative	hospital service	ce organization describe	d in secti	ion 170(b)(1)(A)(ii	i).						
4	П	A medical re	search organiz	ation operated	d in conjunction with a ho	ospital de	scribed in	section	170(b)(1)(A)(iii).	Enter t	he hosp	ital's name,		
		city, and star	te:	·											
5		An organizat	ion operated fo	or the benefit o	of a college or university	owned or	operated	l by a gov	ernment	al unit de	escribed	in i			
		_	(b)(1)(A)(iv). ((•								
6					overnmental unit describ	ed in sec	tion 170	(b)(1)(A)(v).						
7	X		_		substantial part of its sup					n the ae	neral pi	ıblic			
		_			omplete Part II.)	•	•				•				
8					70(b)(1)(A)(vi). (Comple	ete Part II	 								
9	H	-) more than 33 1/3 % of		•	ontribution	ns, memt	ership f	ees. an	d aross			
		•		•	pt functions—subject to					•		-			
		-			d unrelated business tax			• •							
		• •	-		0, 1975. See section 50				•						
10		•	_		exclusively to test for pub			-	(a)(4).						
11	H	•	_	•	exclusively for the benefit	-			,	carry or	ut the				
•	ш	•	-	•	ed organizations describe	•			•	•		tion			
		•		- •	ne type of supporting org										
		a Type		Type II	c Type III-F			-	d		e III-Ot	her			
е			-		anization is not controlled		, ,		e or more	,					
				•	and other than one or mo	_				•		ction			
		509(a)(1) or	section 509(a)(2).		·		·							
f				•	rmination from the IRS th	nat it is a	Type I, Ty	pe II, or	Type III s	upportir	ng				
			check this box					. ,	•	••	•				
g		Since Augus	t 17, 2006, has	the organizati	on accepted any gift or o	contribution	on from a	nv of the					•		
Ū		following per	sons?	•	, , ,			•							
				or indirectly co	ntrols, either alone or tog	gether wil	th person:	s describe	ed in (ii)					Yes	No
		and (iii)	below, the gove	erning body of	the supported organizat	tion?	•		` ,				11g(i)	1	1
		* .*	• -		ed in (i) above?							•	11g(ii)		
			-		escribed in (i) or (ii) abov	ve?			•			•	11g(ii		1
h			· ·	-	e supported organization								<u> </u>	4	
(i)	Name	of supported		EIN	(iii) Type of organiza		(iv) is the o	nganization	(v) Did y	ou notify	(vi)	s the	(vil) An	nount of	
	orga	anization	l		(described on lines		1 17	sted in your		nization in	organizat		sup	port	
]		above or IRC sections (see instructions)		governing	document?		of your cort?	(i) organı U :				
			Ì		(See that dedons,	,,	Yes	No	Yes	No	Yes	No			
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ota	d		200			Trial 2		10. 13							

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

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 2009 NOL	1514 P D D D 1	MEDD DEVE	HOPMENT C	ENIBR 30	7-3400020	Page 2
Р	Support Schedule for Or				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che ction A. Public Support	ecked the box	on line 5, 7, or	o or Part I.)	<u> </u>		······································
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Uä	liendar year (or listar year beginning in)	(a) 2005	(b) 2006	(6) 2007	(u) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received (Do not						
	include any "unusual grants ")	2,614,221	2,704,115	3,417,900	3,146,047	3,202,212	15,084,495
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,614,221	2,704,115	3,417,900	3,146,047	3,202,212	15,084,495
5	The portion of total contributions by each	The state of the s	學學學學	で発音を		Promised Assistance	
	person (other than a governmental unit or	是不 城市家庭					
	publicly supported organization) included on line 1 that exceeds 2% of the amount		はなる おいま 日本				
	shown on line 11, column (f)	The same of the sa	有一种人的	一种人们的			557,166
6	Public support. Subtract line 5 from line 4	TALLER OF THE PARTY OF THE	and the same of th	A PROPERTY OF THE PARTY OF THE	The second second	Andrew Control of the	14,527,329
Sec	tion B. Total Support	-					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,614,221	2,704,115	3,417,900	3,146,047	3,202,212	15,084,495
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	23,770	30,030	19,253	27,056	12,420	112,529
_							<u> </u>
9	Net income from unrelated business activities, whether or not the business is						
	regularly carried on					ا	
	•						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)	98,372	87,115	89,824	73,087	58,887	407,285
11	Total support. Add lines 7 through 10	河南南南河		A THERE	"一大量"。"这一个	是大學學學的	15,604,309
12	Gross receipts from related activities, etc. (s	see instructions)		4-11 -4-11	T. See Volume 1 Sec. 2 L. 2	12	407,285
13	First five years. If the Form 990 is for the o	•	second, third, fourth	n, or fifth tax vear a	s a section 501(c)(10.7203
-	organization, check this box and stop here			.,		-,	▶ □
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2009 (line 6,	column (f) divided b	y line 11, column (n))		14	93.10 %
15	Public support percentage from 2008 Scheo		-			15	93.52 %
16a	33 1/3 % support test-2009. If the organiz	ation did not check	the box on line 13	, and line 14 is 33	1/3 % or more, che	ck this box	
	and stop here. The organization qualifies a	s a publicly support	ed organization				► X
þ	33 1/3 % support test-2008. If the organiz	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3 % or more	, check this	. —
	box and stop here. The organization qualific	es as a publicly sup	ported organization	1			▶ □
17a	10%-facts-and-circumstances test—2009	. If the organization	did not check a bo	x on line 13, 16a,	or 16b, and line 14	ıs 10% or	
	more, and if the organization meets the "fac	ts-and-circumstand	es" test, check this	box and stop here	e. Explain in Part I\	/ how the	
	organization meets the "facts-and-circumsta						▶□i
b	10%-facts-and-circumstances test—2008	. If the organization	did not check a bo	x on line 13, 16a,	16b, or 17a, and lin	e 15 is 10% or	J
	more, and if the organization meets the "fact						
	organization meets the "facts-and-circumsta	nces" test. The org	anization qualifies	as a publicly suppo	rted organization		▶ □
8	Private foundation. If the organization did i				_	structions	▶

Schedule A (Form 990 or 990-EZ) 2009 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 7a received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 investment income percentage from 2008 Schedule A, Part III, line 17 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Page 4

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

Part II, Line 10 - Other Income Detail

Seminars/Workshops

\$

407,285

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public

Employer Identification number Name of the organization 36-3488628 WOMEN'S BUSINESS DEVELOPMENT CENTER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2ď Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part-III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items. (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 other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 WOMEN'S	BUSINESS DEVE	LOPMENT CE	<u> ENTER 36-</u>	3488628	Page
Part III Organizations Maintainir	ng Collections of Art,	Historical Trea	sures, or Other	Similar Asse	
3 Using the organization's acquisition, access collection items (check all that apply):	sion, and other records, chec	k any of the followin	g that are a significa	ant use of its	
a Public exhibition	d Loan	or exchange progra	ams		
b Scholarly research	e Othe	r			
c Preservation for future generations	_				
Provide a description of the organization's or Part XIV.	collections and explain how the	ey further the organ	nızatıon's exempt pu	ırpose in	
5 During the year, did the organization solicit assets to be sold to raise funds rather than					□ v _{aa} □ v _a
Part-IV Escrow and Custodial Ar				l "Yes" to Forn	Yes No n 990, Part
IV, line 9, or reported an a	amount on Form 990,	Part X, line 21.			
1a Is the organization an agent, trustee, custoo	lian or other intermediary for	contributions or oth	er assets not		<u> </u>
included on Form 990, Part X?					Yes No
b If "Yes," explain the arrangement in Part XIV	/ and complete the following	table:			
-					Amount
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 F	Form 990, Part X, line 21?			المستنسلين	Yes No
b If "Yes," explain the arrangement in Part XIV	· · · · · ·				162 140
Part V Endowment Funds. Com		swered "Yes" 1	to Form 990. Pa	art IV. line 10.	
	(a) Current year	(b) Prior year	(c) Two years bac		back (e) Four years back
1a Beginning of year balance	<u> </u>	······································	建筑工作。		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Contributions	· · ·		5 TE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i saleri e	Carlo 12 12 12 12 12 12 12 12 12 12 12 12 12
c Net investment earnings, gains,			CALL TO THE STATE OF THE PERSON OF THE PERSO	A STATE OF THE PROPERTY OF THE	the state of the s
and losses					第一次,在一个
d Grants or scholarships			1. 15 (2 m) 1	\$1628 70 4 1 5 5	AND THE SHOP OF THE PARTY OF TH
•			War San San San San San San San San San San	13 1 2 25 C W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#1.2 4 4 4 5 4 6 4 6 4 6 6 6 6 6 6 6 6 6 6 6
e Other expenditures for facilities	1				
and programs			- And Same of the second	3 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the state of
f Administrative expenses			Total San Asia	THE RESIDENCE TOWN	र क्ये के के के के कि हैं। उसे राष्ट्री की कि स्वाम का स्वाम
g End of year balance			一种的人的	3. 1. Je 1. At 2. 13. 2. 2.	
2 Provide the estimated percentage of the year					
a Board designated or quasi-endowment ▶	%				
	6				
c Term endowment ▶ %					
3a Are there endowment funds not in the posse	ssion of the organization that	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 organization	s listed as required on Sched	lule R?			3b
4 Describe in Part XIV the intended uses of the					
Part VI Investments—Land, Build	lings, and Equipment	See Form 990), Part X, line 1	0.	
Description of investment	(a) Cost or other basis	(b) Cost or o	ther (c)	Accumulated	(d) Book value
	(investment)	basis (other	er) de	epreciation	
1a Land			£ 5,	Constant Constant	
b Buildings			Table Tabl		
c Leasehold improvements					
d Equipment		49	0,091	42,922	6,169
e Other			5,800	18,950	56,850
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X. colur			▶	63,019
3 (2.2.2 (3) (1.20.0.	,				

Schedule D (Form 990) 2009 WOMEN'S BUSINESS DEVEI		R 36-3488628 Page 3
Part VII Investments—Other Securities. See Form 990,		
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _ Certificates of Deposit	409,791	
Cert of Dep Acct Registry Services	175,322	2
	·	
	FOE 444	Strands washing 700 to an incidentary to a translation of the second t
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		《新聞》的學術學的學術學的學術學的學術學的學術學的學術學的學術學的學術學的學術學的學術
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		
		<u> </u>
		
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)		は おから (
Part IX Other Assets. See Form 990, Part X, line 15.		<u> </u>
(a) Description		(b) Book value
Security Deposit		6,738
		0,730
		
	 -	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		▶ 6,738
Part X - Other Liabilities. See Form 990, Part X, line 25.		
(1) 5	(b) Amount	E tree : 141 は、 15 と思いてからまり これに
	(b) Amount	
Federal income taxes	26 527	En Electrical Control of the Control
Deferred Rent	26,537	A Same of State Same of the Sa
		The segretarion of the first spreading in the company of the compa
		一品の一品のは、一日の一日の一日の一日の一日の一日の一日の一日の一日の一日の一日の一日の
		The state of the s
		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,537	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organiza	ation's financial statements	that reports the
organization's liability for uncertain tax positions under FIN 48.		

Sche	/	36-3488628		Page 4
Pa	art.XI Reconciliation of Change in Net Assets from Form 990 to Audited Financian	ancial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	3,273,519
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	3,370,204
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-96,685
4	Net unrealized gains (losses) on investments	<u> </u>	4	<u>-</u>
5	Donated services and use of facilities		5	
6	Investment expenses .	<u></u>	6	
7	Prior period adjustments		7	·····
8	Other (Describe in Part XIV.)	<u> </u>	8	
9	Total adjustments (net). Add lines 4 through 8	<u></u> !	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		0	96,685
<u> Pa</u>	art XII Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Returi	n	
1	Total revenue, gains, and other support per audited financial statements	·	1 String	<u>3,299,328</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		222	
а	Net unrealized gains on investments		445 314	
b	Donated services and use of facilities 2b	25,809		
c	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)		2	
e	Add lines 2a through 2d	2	e	25,809
3	Subtract line 2e from line 1	_ ;	3	3,273,519
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)	3		
С	Add lines 4a and 4b	4	c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,273,519
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per Retu	urn	
1	Total expenses and losses per audited financial statements		1	3,396,013
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		3.5	
а	Donated services and use of facilities 2a	25,809		
b	Pnor year adjustments 2b			
С	Other losses 2c	i i i		
d	Other (Describe in Part XIV.)		1892	
е	Add lines 2a through 2d	2	e	25,809
3	Subtract line 2e from line 1	3	3	3,370,204
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	**		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
ь	Other (Describe in Part XIV.)			
	Add lines 4a and 4b	4		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		3,370,204
	urt XIV Supplemental Information			- / - / - /
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/. lines 1b		
-	2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also			
	eart to provide any additional information.			
p				

Schedule D (Fo	orm 990) <u>2009</u>	WOMEN'S	BUSINESS	DEVELOPMENT	CENTER	36-3488628	Page
Part XIV	Suppleme	WOMEN 'S	on (continued)				
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

Open to Public Inspection **2** □ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. (c) IRC section section if applicable assistance ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. WOMEN'S BUSINESS DEVELOPMENT CENTER 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 Name of the organization Part

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Enter total number of other organizations

Schedule I (Form 990) 2009

Enter total number of section 501(c)(3) and government organizations

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Schedule I (Form 990) 2009 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 20,500 (c) Amount of cash grant (b) Number of recipients 9 Grants to Business Owners (a) Type of grant or assistance Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV

- Procedures for Monitoring the Use of Grant Funds

Part I, Line 2

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) 2009

SCHEDULÈ J (Form 990)

Compensation Information

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

Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2009

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Part I.

WOMEN'S BUSINESS DEVELOPMENT CENTER

Questions Regarding Compensation

Employer identification number 36-3488628

			Yes	No
		, _,	į (1)	1
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	jer je		' ' · · · ·
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	• -		1
	First-class or charter travel Housing allowance or residence for personal use		Ì	
	Travel for companions Payments for business use of personal residence		1	1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			İ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	, . ·.	١.	١.
	_			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment	والريد		,
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	N/	/a
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			1
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	N	A
		د در اور در در در در در در در در در در در در در د	ئى سى مە ئام	\$ 25
3	Indicate which, if any, of the following the organization uses to establish the compensation of the	4.30	2 5 7 E	
	organization's CEO/Executive Director. Check all that apply	(, 'd =	4 (2.5)	1
	Compensation committee Written employment contract			1. 快点
	Independent compensation consultant Compensation survey or study	1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	35.5
	Form 990 of other organizations Approval by the board or compensation committee		\$	
		i de di	建 产设	1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	ابان		7.10
	organization or a related organization.	1,25	ئ، ئ آ	8.1
а	Receive a severance payment or change-of-control payment?	4a	.`	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	-	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	٦.	÷.	7 -
				1
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			Ι.
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	, .	-; ·	٠
	compensation contingent on the revenues of:	;	,	1 : .
а	The organization?	5a		x
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.	- <u>'</u>		4.5.5
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		3 12	7
	compensation contingent on the net earnings of.		زا معرفائی	i
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	ره ^{در} سرد وادر سرد	j	1
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 Part III	_7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			ĺ
	ın Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	N/	A

Page 2

Schedule J (Form 999) 2009 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628
Pärt II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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.

		W	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	_	(F) Componention
(A) Name	- B	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or
Carol Dougal	<u>e</u>	125,014	0 0	0 0	0.0	54,079		190,922
Hedy Ratner	E 8	125,014	0	0	0	54,079	179,093	190,922
	<u> </u>	0	0	0	0	0	0	0
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Schedule J (Form 990) 2009

WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Schedule J (Form 990) 2009 WOMEN'S BT

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.

SCHEDULÈ L (Form'990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

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

OMB No 1545-0047

Open To Public Inspection

Name of the org	ganization WOMEN'S BUSINESS	DEV	ELO	PMENT C	ENTER		1	- 348			מוונטוו	ei	
Part I	Excess Benefit Transactions (sec	tion 501(c)(3) a	nd section 501	(c)(4) orgar			401					
	Complete if the organization answered "Yes	on Form	1 990, 1	Part IV, line 25	a or 25b, or	r Form 990-E	Z, Part V, line	406			(6)	Correc	+od2
1	(a) Name of disqualified person					(b) Description	on of transaction				Yes		No
					_			-			<u> </u>	+-	
							·····						
											 	+	
	e amount of tax imposed on the organization in	nanagers	or disc	ualified persor	ns during th	e year		▶ \$				<u> </u>	
3 Enter the	e amount of tax, if any, on line 2, above, reimb	ursed by	the org	janization				_ ► \$					
Part.ll	Loans to and/or From Interested												
	Complete if the organization answered "Yes	on Form	1 990, I	Part IV, line 26	, or Form 9	90-EZ, Part '	√, line 38a	т—					
(;	a) Name of interested person and purpose	(b) L or fro organi		(c) Ong principal a		(d) Ba	lance due	(e) in (lefault?	1 1	proved ard or nittee?		Vntten ment?
		То	From					Yes	No	Yes	No	Yes	No
													!
				<u></u>									
	-			-								_	
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		 				-		\Box					
		_	-					-	 				
Total					▶ \$	3		1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	or year	بر الراب الراب الراب	" -1.	, ,	- , ", "
Partellis	Grants or Assistance Benefitting Complete if the organization answered "Yes"												
	(a) Name of interested person		-		nship betwee	en interested p	erson and the	(c) A	·moun	t and ty	ype of	assista	ance
				 				 					
				-				<u> </u>					
				ļ			·						
D 4 11/		1 1						<u> </u>					
Part IV	Business Transactions Involving Complete if the organization answered "Yes"				a, 28b, or 2	8c.							
	(a) Name of interested person	T^{-}		ship between	T	mount of	(d) Desc	nption o	f trans	action		(e) S	hanng
		intere		erson and the ization	trans	saction							ues?
Emilia Di	imenco, Harris Bank NA	Boa	rd M	ember		663,797	Financi	al a	.cco	unt	8	168	X
	-												

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2009

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

		OSTNE	DEVELOPME	MI CHAIR	1 30-3400	<u> </u>		
_P	art I Types of Property	т -		r	г			
		(a)	(b)	(c)	(d)			
		Check if	Number of Contributions	Revenues reported on	Method of determine	ning		
		applicable		Form 990, Part VIII, line 1g	revenues			
1	Art-Works of art							
2	Art—Historical treasures	ļ			<u> </u>			
3	Art—Fractional interests		man with some of the					
4	Books and publications	ļ	1 - 4 - 2					
5	Clothing and household	Į.						
	goods	ļ	で いっこの 大学 大学 大学 大学 大学 大学 大学 大学 大学 大学 大学 大学 大学					
6	Cars and other vehicles			<u> </u>				
7	Boats and planes							
8	Intellectual property	<u> </u>						
9	Securities—Publicly traded	ļ						
10	Securities—Closely held stock	ļ						
11	Securities—Partnership, LLC,							
	or trust interests	ļ	r 					
12	Securities—Miscellaneous	ļ		7111				
13	Qualified conservation	1						
	contribution—Historic							
	structures	<u> </u>				 -		
14	Qualified conservation							
	contribution—Other	ļ						
15	Real estate—Residential	ļ						
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							——
19	Food inventory	<u> </u>						
20	Drugs and medical supplies							
21	Taxidermy	-						
22	Historical artifacts							
23	Scientific specimens Archeological artifacts							
24	Other > (Promotion)	x	15	214,503	donor estimate			
25 26	Other > (Mtls & Supplies)		27	45,525				
26 27	Other > (Printing)	X	8	38,500				
27	Other > (Travel Vouchers)	X	1	2,700	donor estimate			
28	Number of Forms 8283 received by the	'			donor escimate			
29	which the organization completed For	•		ı	29			
	which the organization completed For	111 0200, F	ait iv, Donee Auxilowieu	Jennem 1	25	— — т	Yes	No
202	During the year, did the organization i	roceive by	contribution any property	reported in Part I lines 1 2	9 that	 	163	140
30a	it must hold for at least three years fro	•		· ·				1
	used for exempt purposes for the enti			and which is not required t	o be	20-	ł	v
b	If "Yes," describe the arrangement in		peniou !		•	30a	<u> </u>	X
31	Does the organization have a gift acco		licy that requires the revu	aw of any non-standard		77.		1
31	contributions?	epiance po	iicy that requires the revit	ow or any non-standard		, ,	مري وصع د	X
32a	Does the organization hire or use third	d narties or	related organizations to	solicit process or sall popo	esch	31		
JEG	contributions?	, paraes or	Totaled organizations to	sonat, process, or sen nonc	uon	32a		x
b	If "Yes," describe in Part II.						2 01	
33	If the organization did not report rever	nues in coli	ımn (c) for a type of prope	erty for which column (a) is	checked	2.2.175	- Table	
	describe in Part II.		(2) .2. 2 5) PO O. PIOP	, milon volumin (a) is		**	ايرية.	, Fw.,

Schedule M (Form 990) 2009 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Page 2

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

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WOMEN'S BUSINESS DEVELOPMENT CENTER

Employer identification number

36-3488628

Form 990, Part I, Line 6

Board of Directors, certification committee members, and trainers.

Form 990, Part VI, Line 11A - Organization's Process 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.

Page 2

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.