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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning 000 1, 2011 and	enaing	JUN 30, ZUIZ	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	women employed			
	Name change	Doing Business As		36-2	969526
Г	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
F	Termin		1500		782-3902
Ē	Ameno		<u>'                                    </u>	G Gross receipts \$	2,566,084.
F	Applic			H(a) Is this a group r	
-	ltion pendir	F Name and address of principal officer:ANNE LADKY		for affiliates?	Yes X No
		SAME AS ABOVE		H(b) Are all affiliates in	
_		empt status: X 501(c)(3)	or 52	<b>-</b>   ''	
		te: NWW. WOMENEMPLOYED.ORG	101 32	⊣,	list. (see instructions)
			l. v.	H(c) Group exemption	M State of legal domicile: IL
		Organization Caral	L Yea	romonnauon. 1917	M State of legal domicile: 11
Ľ	art I	Summary	TNC W	OMENI'C TOCITE	<u> </u>
9	1	Briefly describe the organization's mission or most significant activities: WORK	TING W	OMEN 5 1550E	10
Activities & Governance		Charlethin have a lifeth a recommendate discounting and the enceptions of discounting and the conceptions of discounting and the conceptions of discounting and the conceptions of the conception of the co	and of ma	re then 250/ of to not o	anata .
Veri		Check this box L if the organization discontinued its operations or disposition of the description of the	osea oi mo	re man 25% of its net a	14
Ĝ		Number of voting members of the governing body (Part VI, line 1a)		.   3	13
•ಕ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	32
ije.	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		. 5	130
Ē	1	Total number of volunteers (estimate if necessary)			0.
Š		Total unrelated business revenue from Part VIII, column (C), line 12		<mark> 7a</mark>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			
			⊢	Prior Year 929,753.	Current Year
9	8	Contributions and grants (Part VIII, line 1h)			2,418,745.
Revenue	9	Program service revenue (Part VIII, line 2g)	· · ·	0.	0.
ě	10	Investment income (Part VIII, column (A) lines 3, 4, and 7d)	_	4,622.	2,839.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		280,682.	31,288.
		Total revenue - add lines 8 through 11 must equal Part VIII, column (A), line 12)		1,215,057.	2,452,872.
		Grants and similar amounts paid (Part IX, column (A), (1985) 1-3)	_	0.	0.
		Benefits paid to or for members (Partix, column (A), Vine 4)	<u> </u>	0.	0.
es	15	Salaries, other compensation, employee penefits (PartVX column (A), lines 5-10)	) <u> </u>	1,401,936.	1,517,506.
Expenses	16a	Professional fundraising fees (Part IX, column (A), ane 11e)		0.	0.
ă	.  ь	Total fundraising expenses (Part IX, column (D), line 25)	<u> 59.  </u>	the state of the s	,
ш	1 1/	Other expenses (Part IX, column (A), lines 1 12 1 1d, 11f 240)	L	382,602.	625,792.
	18	Total expenses. Add lines 13-17 (must equal Part (X) Solumn (A), line 25)		1,784,538.	2,143,298.
	19	Revenue less expenses Subtract line 18 from line 12		-569,481.	309,574.
20.5	<u> </u>	·	LE	Beginning of Current Year	End of Year
Set	[ 20	Total assets (Part X, line 16)	L	1,542,262.	1,898,419.
TASS	21	Total liabilities (Part X, line 26)	L	232,789.	
2	22	Net assets or fund balances. Subtract line 21 from line 20		1,309,473.	1,619,047.
	art II	Signature Block			
	•	ilties of perjury, declare that I have examined this return, including accompanying schedul			ry knowledge and belief, it is
tru	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepar	er has any knowledge. 🖊	
		V Thus Alad Re			112
Sig	gn	Signature of officer		Date /	,
He	re	ANNE LADKY, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name  Preparer's sugnature  Preparer's sugnature		Date Check L	PTIN
Pa	iđ	MARGARET MCGINNIS MSGMM	w	10/25/12 seti-emplo	yed P00284587
Pre	eparer	Firm's name ► SELDEN FOX, LTD.		Firm's EIN	36-2985770
Us	e Only	Firm's address 619 ENTERPRISE DRIVE			
_		OAK BROOK, IL 60523-8835	·	Phone no. 6	30-954-1400
Ma	ay the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
132	001 01-2	23-12 LHA For Paperwork Reduction Act Notice, see the separate instruct	tions.		Form <b>990</b> (2011)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

ЬŒ	990 (2011) WOMEN EMPLOYED 36-296		_
	Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response to any question in this Part III  Binefly describe the organization's mission:  TO IMPROVE THE ECONOMIC STATUS OF WOMEN AND REMOVE BARRIERS TO	·	
	ECONOMIC EQUITY.		
	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	XYes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all others, the total expenses, and revenue, if any, for each program service reported.		
<b>4</b> a	(Code ) (Expenses \$ 1,147,907. Including grants of \$ ) (Revenue \$ PUBLIC EDUCATION AND POLICY - A PROGRAM TO INCREASE OPPORTUNIT ADVANCEMENT THROUGH EDUCATION AND TRAINING AND ENSURE EQUAL EMOPPORTUNITY AND FAIR WORKPLACES FOR ALL.	IES F	
			<u> </u>
4b	(Code ) (Expenses \$ 234,044 · including grants of \$ ) (Revenue \$ CAREER PROGRAMS - PROGRAMS THAT PROVIDE INFORMATION AND TOOLS LOW-INCOME WOMEN TO ADVANCE TO GOOD WAGES AND BETTER OPPORTUNI		ABLE
4c	(Code ) (Expenses \$ 316,403 · including grants of \$ ) (Revenue \$		
4c	COLLEGE COLLABORATIVE - PROVIDES FREE ADVISING AND SUPPORT TO	ADULT: ETURN	
4c	COLLEGE COLLABORATIVE - PROVIDES FREE ADVISING AND SUPPORT TO WHO HAVE SOME COLLEGE CREDIT BUT NO DEGREE TO ENABLE THEM TO R		
<b>4</b> c	COLLEGE COLLABORATIVE - PROVIDES FREE ADVISING AND SUPPORT TO WHO HAVE SOME COLLEGE CREDIT BUT NO DEGREE TO ENABLE THEM TO R		
4c	COLLEGE COLLABORATIVE - PROVIDES FREE ADVISING AND SUPPORT TO WHO HAVE SOME COLLEGE CREDIT BUT NO DEGREE TO ENABLE THEM TO R		
	COLLEGE COLLABORATIVE - PROVIDES FREE ADVISING AND SUPPORT TO WHO HAVE SOME COLLEGE CREDIT BUT NO DEGREE TO ENABLE THEM TO R AND COMPLETE COLLEGE.		
4c	COLLEGE COLLABORATIVE - PROVIDES FREE ADVISING AND SUPPORT TO WHO HAVE SOME COLLEGE CREDIT BUT NO DEGREE TO ENABLE THEM TO R		

Form 990 (2011) WOMEN EMPLOY
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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
	dunng the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ :		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 X; or provide	•		<del></del>
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1 ·		
	Part VI	11a	X	
b	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	11b	X	
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
_	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1444		<del></del> -
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			$\overline{}$
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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, Parts III and IV	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 Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	19	X	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	9 <del>9</del> 0 (	2011)

Form	990 (2011) WOMEN EMPLOYED 36-2969	526	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		Х
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 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
ь	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 pnor Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	25b		Х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
2.	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):	1 291		1
•	OKENSON Representation Control of the Control of th	28a	<u> </u>	Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
	An entity of which a current or former officer, director, trustee, or key employee: in rest, complete conceded 2, rective.  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1	╁╧	
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	$\vdash$	X
29	Did the organization receive more than \$25,000 in horreast contributions? If res, complete schedule in	25		<del>                                     </del>
30	contributions? If "Yes," complete Schedule M	30		х
24		-30	· · · · ·	<del></del>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del>  ^</del>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		x
		33		<del>  ^</del>
34	Was the organization related to any tax-exempt or taxable entity?	24	l	x
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del>  ^</del> -
Þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	254		x
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	├^
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
	If "Yes," complete Schedule R, Part V, line 2	36	├	<del>  ^</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	I	i

Form **990** (2011)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Form	990 (2011) WOMEN EMPLOYED 36-2969	9 <u>526</u>	Р	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			\$1.00 m
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	2		4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			**
	See instructions for 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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	THE REAL PROPERTY.		194
а	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		X	<del></del>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		х
	to file Form 8282?	7c		<del></del>
	if Tes, indicate the number of Forms 5252 filed during the year	7e	66.00 B	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>f</del>		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
9 5	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	_
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	19098	_	2.034
O	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	MANUEL .	1 (1) (1)
9	Sponsoring organizations maintaining donor advised funds.	_	E SÉRIE	
a	Did the organization make any taxable distributions under section 4966?  N/A	9a	3.33.48	
b	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:	Albert .	1	光谱和
а	Initiation fees and capital contributions included on Part VIII, line 12	26.0	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]. •		A 6874
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A _ 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	Aning	1	-
	amounts due or received from them.)	L'A		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		igspace
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	N. St.	44	***
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Siring	3636	de la
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<b>_</b>
	Note. See the instructions for additional information the organization must report on Schedule O.	学费	70	( <del>******</del>
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	<b>A. P.</b>		<b>*****</b>
	organization is licensed to issue qualified health plans	2008		1
С	Enter the amount of reserves on hand	* ** <u>\$</u>	CZ (#P)	X = 1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	₩	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2011)
		40111	・コゴリ	(2011)

Form 990 (2011) WOMEN EMPLOYED 36-2969526 Page

Part VI 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.

	Check if Schedule O contains a response to any question in this Part VI											
Sec	tion A. Governing Body and Management											
				_		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14	****	3	\$1.00m					
	If there are material differences in voting rights among members of the governing body, or if the governing				renen	<b>1</b> 000	<b>多数在</b> 中					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				114	<b>有解析</b>	43.64 A					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		<u> 13</u>	(2)(4)	**************************************	B-50-bill					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		AT NO.	<b>dof</b> err	1-1-7-2					
	officer, director, trustee, or key employee?				2		X					
3	Did the organization delegate control over management duties customanly performed by or under the	ne direc	ct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?		4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or									
	more members of the governing body?				7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or									
	persons other than the governing body?				7b		X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:		in the first							
а	The governing body?				8a	Х						
b	Each committee with authority to act on behalf of the governing body?				8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the		i l							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)									
						Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?				10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		<u> </u>					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the for	n?	11a	X	L					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				24.44	1						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	<u> </u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?		12b	Х	<u> </u>					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escпbe									
	in Schedule O how this was done			-	12c	X	<u> </u>					
13	Did the organization have a written whistleblower policy?				13	Х	<u> </u>					
14	Did the organization have a written document retention and destruction policy?			-	14	X	<u></u>					
15	Did the process for determining compensation of the following persons include a review and approve	al by I	ndependent		1 *		1					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			2 - 3 21	<u> </u>	لــــا					
а	The organization's CEO, Executive Director, or top management official				15a	X	<u> </u>					
b	Other officers or key employees of the organization			-	15b	Х	<u> </u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				3 195	** **						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a		7 . 22.		<del>     </del>					
	taxable entity during the year?			•••	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				4 ST							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	on's		(1) em	-,	لـــــا					
	exempt status with respect to such arrangements?				16b		<u> </u>					
Sec	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 (Sec	tion 501(c)(3)s c	nly)	avaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest police	y, ar	nd finar	ncial						
statements available to the public during the tax year.												
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the org	anıza	ition:							
	KAREN LATIMER - 312-782-3902											
T3200	65 E WACKER PLACE, SUITE 1500, CHICAGO, IL 60601											
01 22	in a				Form	990	(2011)					

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

Check if Schedule O contains a response to any question in this Part VII

#### 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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 hours per week	box	not c , unle	Pos heck ss pe	more	than is bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) FERN JOSEPHS DIRECTOR	3.00	x						0.	0.	0.	
(2) DEBORAH THORNE	3.00	^	$\vdash$	$\vdash$	⊢	├	├	0.	0.	0.	
CHAIR	3.00	x		х		ŀ		0.	0.	0.	
(3) GLORIA YSASI-DIAZ	3.00		$\vdash$		┝	$\vdash$	┢─		•		
TREASURER	3.00	x		х				0.	0.	0.	
(4) ANNE LADKY		<del></del>	┢		╁	┢	H		<u></u>		
EXECUTIVE DIRECTOR	40.00	x		х		1		133,925.	ο.	16,782.	
(5) TERESA SOPPET			T			t					
DIRECTOR	3.00	X					l	0.	0.	0.	
(6) ILLIANA MORA		П				İ					
DIRECTOR	3.00	x					l	0.	0.	0.	
(7) AMBAR MENTOR-TRUPPA				Г			Г				
ADVOCACY COUNCIL CHAIR	3.00	X			İ		l	0.	0.	0.	
(8) LYDIA BUESCHEL										_	
SECRETARY	3.00	X		X				0.	0.	0.	
(9) DEB GOLDEN			١	l	ĺ	l		_	_		
DIRECTOR	3.00	X	L	L	L		L	0.	0.	0.	
(10) HARRIET HARTY		İ	į			<b>!</b>		_			
DIRECTOR	3.00	X				<u> </u>		0.	0.	0.	
(11) NICOLE JOHNSON-SCALES		l				İ		1			
DIRECTOR	3.00	Х				_	_	0.	0.	0.	
(12) LISA PATTIS	1 2 00	١.,		١	ŀ						
VICE CHAIR	3.00	Х	<u> </u>	Х	ļ	<u> </u>	_	0.	0.	0.	
(13) ELENA ROBINSON	200			l					,		
DIRECTOR	3.00	X	├	$\vdash$	<u> </u>	<u> </u>	-	0.	0.	0.	
(14) JACLENE ROBINSON-IVY DIRECTOR	3.00	x					1	0.	٥.	0.	
(15) LAURIE ROMPALA	3.00	┞≏	$\vdash$	-	$\vdash$	$\vdash$	$\vdash$	0.	0.	0.	
DIRECTOR	3.00	x						0.	0.	0.	
DIRECTOR	3.00	Â	$\vdash$		-			· ·	0.	0.	
		-		_	$\vdash$	$\vdash$	$\vdash$				
			L			<u> </u>		<u> </u>			

132007 01-23-12

Section A. Officers, Directors, Tru		npio	yee			iign	est	· · · · · · · · · · · · · · · · · · ·	rees (continueu)	<del></del>	
(A)	(B) (C) Average Position							(D)	(E)		(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable		Estimated
	hours per week					s boti r/trusi		compensation	compensation from related		amount of
	(describe	ī						from the	organizations	ľ	other compensation
	hours for	direc				  -		organization	(W-2/1099-MIS	o	from the
	related	tee or	trustee			en sate		(W-2/1099-MISC)			organization
	organizations	l trus	nal tri		oyee	ğ W O					and related
	in Schedule O)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	mer			Ì	organizations
	0,	골	lns	ਙ	Key	돌	흔				
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				Н	┢┈	Н					
		Н			-	Н					
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			-	$\vdash$		Н				$\dashv$	*****
	:				L	Ų		133,925.		0.	16,782.
1b Sub-total	I Coation A							133,923.		<del>ŏ.</del> 1	0.
<ul> <li>Total from continuation sheets to Part V</li> <li>d Total (add lines 1b and 1c)</li> </ul>	ii, Section A	·· · ·		• •	•			133,925.		<del>ŏ.</del> l	16,782
Total number of individuals (including but r	ot limited to the	nose	liste	ad al	hove	a) wt	no r	<del>* · · · · · · · · · · · · · · · · · · ·</del>	1	Ť 1	
compensation from the organization	iot minica to a	.000		Ju u.		٠,			o,000 0. 10p0.10.0.0		1
									<del>"</del>		Yes No
3 Did the organization list any former officer,	director, or tr	ustee	e, ke	y en	nplo	уее,	or	highest compensated e	employee on		
line 1a? If "Yes," complete Schedule J for s										.	3 X
4 For any individual listed on line 1a, is the si									the organization	- }	
and related organizations greater than \$15										-	4 X
5 Did any person listed on line 1a receive or							elat	ed organization or indiv	ridual for services		5 X
rendered to the organization? If "Yes, " con Section B. Independent Contractors	ipiete Scriedui	e J T	or s	ucn	pers	son			<del></del>		5 X
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation from
the organization. Report compensation for	the calendar y	ear (	endi	ng v	vrth	or w	ıthır	<b>Y</b>	year.		
(A) Name and business	address	NO	INC	E			İ	(B) Description of s	services	C	(C) ompensation
											· <del></del>
							$\dashv$				
							$\dashv$				
							_				
2 Total number of independent contractors (		not lii	mıte	d to		_	stec	d above) who received r	nore than		
\$100,000 of compensation from the organ	zation >	-				0			<u> </u>		Form <b>990</b> (2011

1 a Federated campagns   1a	Pai	rt VII	Statement of Revenue					
Business Code						Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,
Business Code	ts st	1 a	Federated campaigns 1a					1
Business Code	E 회	b	Membership dues 1b					
Business Code	اڅي	С	Fundraising events 1c	219,852.				
Business Code	# <u>#</u>		· · · · · · · · · · · · · · · · · · ·	•				
Business Code	%							
Business Code	8.2	_	* `					ļ
Business Code	를	ı		2198893				
Business Code	문항			2190093.				
Business Code	20	_	<del></del>		2410745			
2 a b	으릭	<u>h</u>	Total. Add lines 1a-1f	<del>,                                    </del>	2410/43.			<del> </del> -
Total. Add lines 1a-21d				Business Code			<del></del>	ļ
Total. Add lines 1a-21d	8	2 a						
Total. Add lines 1a-21d	2 0	b						ļ
Total. Add lines 1a-21d	S E	C						
Total. Add lines 1a-21d	e a	d						1
Total. Add lines 1a-21d	9	е						
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e Total. Add lines 11a-11d  12 Total revenue. See instructions.  13 Total revenue. See instructions.  14 Total revenue. See instructions.  15 Total revenue. See instructions.			All other revenue					
12 Total revenue. See instructions. > 2452872. 19,044. 0. 15,083		e	•		19,044.			1
132009 01-23-12		12					0.	15,083.
VI-EU- IE TOTAL DU IEU	13200 01-23							Form <b>990</b> (2011)

## Form 990 (2011) WOMEN EMPLOYE Part X 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).

	amounts reported on lines 6b, I 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	other assistance to governments and			<del>-</del>	
organizatio	ns in the United States. See Part IV, line 21				
2 Grants and	d other assistance to individuals in				
the United	States. See Part IV, line 22			<u> </u>	
	d other assistance to governments,				
•	ons, and individuals outside the				
	ates. See Part IV, lines 15 and 16				
	aid to or for members				
•	ation of current officers, directors,	153,138.	107,196.	22,971.	22 971
· ·	and key employees	155,136.	107,190.	22,3/1.	22,971
•	non not included above, to disqualified				
	s defined under section 4958(f)(1)) and				
•	scribed in section 4958(c)(3)(B)	1,120,916.	887,586.	81,579.	151,751
	ines and wages in accruals and contributions (include	1,120,310.	007,300.	01,373	131,731
-	` I	46,672.	38,684.	3,694.	4 294
	) and section 403(b) employer contributions)	105,360.	82,651.	8,993.	4,294 13,716
<ul><li>9 Other emp</li><li>10 Payroll tax</li></ul>	ployee benefits	91,420.	71,929.	7,489.	12,002
•	ervices (non-employees):	J1,120.	71,525.	7,403.	12,002
<ul><li>a Managem</li><li>b Legal</li></ul>	ent				
c Accounting		13,481.		13,481.	
d Lobbying	·9 · · · · ·				
	al fundraising services. See Part IV, line 17				
	nt management fees				
g Other		214,604.	203,250.	3,097.	8,257
•	g and promotion	15,242.	15,242.		
13 Office exp	* ' ' ' <b> </b>	85,779.	64,761.	7,194.	13,824
•	on technology	82,023.	65,275.	6,166.	10,582
15 Royalties	- · · · · · · · · · · · · · · · · · · ·				
16 Occupano	· ·	142,834.	112,771.	10,932.	19,131
17 Travel		15,368.	14,066.	872.	430
18 Payments	of travel or entertainment expenses				
for any fee	deral, state, or local public officials				
19 Conference	ces, conventions, and meetings	11,989.	6,312.	3,467.	2,210
20 Interest					
21 Payments	to affiliates .	4.6			
22 Depreciat	ion, depletion, and amortization	18,092.	14,086.	1,719.	2,287
23 Insurance	la la la la la la la la la la la la la l	12,621.	7,903.	3,285.	1,433
24 Other expe	nses. Itemize expenses not covered t miscellaneous expenses in line 24e. If line				
24e amoun	it exceeds 10% of line 25, column (A)				
	t line 24e expenses on Schedule 0.)	5 045	240	4 060	4.1
	LLANEOUS	5,245.	342.	4,862.	41
	ING AND DEVELOPMEN	4,529.	3,391.	451.	687
c DUES	AND SUBSCRIPTIONS	3,985.	2,909.	133.	943
d					
e All other e	•	2 142 200	1 600 254	100 305	264 550
	tional expenses. Add lines 1 through 24e	2,143,298.	1,698,354.	180,385.	264,559
	c. Complete this line only if the organization				
	column (B) joint costs from a combined	İ			
	I campaign and fundraising solicitation.			1	
Check here	If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011

132010 01-23-12

Pant X Balance Sheet Beginning of year End of year 85,591. 55,335. 1 Cash - non-interest-bearing 817,509. 743,895. 2 Savings and temporary cash investments 2 115,000. 589,032. 3 Pledges and grants receivable, net 41,038. 20,595. Accounts receivable, net ..... 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .... 6 Notes and loans receivable, net Inventories for sale or use 3,825. 20,629. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 134,814 basis. Complete Part VI of Schedule D 10a 77,492 45,861. 57,322. **b** Less: accumulated depreciation . . 10c 10b Investments - publicly traded securities 11 11 475,170. 303,130. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets ... 14 14 34,867.31,882. 15 Other assets. See Part IV, line 11 1,542,262. 16 1,898,419. Total assets. Add lines 1 through 15 (must equal line 34) 16 141,977. 165,847. 17 17 Accounts payable and accrued expenses . . . 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 90,812. 113,525. Schedule D 232,789. 279,372. 26 Total liabilities. Add lines 17 through 25 lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 883,974. 843,729. 27 27 Unrestricted net assets 425,499. 775,318. 28 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 1,309,473. 1,619,047. 33 Total net assets or fund balances 1,542,262. 1,898,419. Total liabilities and net assets/fund balances

Form **990** (2011)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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 separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 36-2969526 WOMEN EMPLOYED

Part	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	te this part	:.) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)					_
1			s, or association of churc									
2			0(b)(1)(A)(ii). (Attach Sci									
з 🔲			tal service organization of	•		170(b)(1)(	AXiii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospita	l's name.	
	city, and state	-	•		•				•	•	•	
5 🗀	• .	_	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describe	ed in		
•	-	(b)(1)(A)(iv). (Comple	<del>-</del>			,	a <b>3</b>					
6			ent or governmental unit	described	d in sectio	n 170/h¥1	ΙΛΦΑΛΟΙ					
7 🗓		-	eives a substantial part					r from the	general i	nublic desc	nhed in	
•	-	b)(1)(A)(vi). (Comple	•	or ito oupp	or nom a	govornin	ina ann c	1101111110	gonorar	papilo acot	AIDCG III	
8 🗔	•		ection 170(b)(1)(A)(vi). (	Complete	Part II \							
9 🗔	-		eives: (1) more than 33 1		-	rom contri	hitions m	embershii	n fees ar	nd aross re	cointe fra	nn.
•	-	•	nctions - subject to certa							_	•	
		•	axable income (less sect	•	•	•				•		
		<b>509(a)(2).</b> (Complete	•	iononta	x, 110111 bu	311103303 6	ioquirea b	y the orga	inzacion e	arter durie (	<i>,</i> 1373.	
10			perated exclusively to te	et for publi	ic safety S	Soo soctin	n 500(a)(d	ı,				
11 🗔	•	•	perated exclusively for the	•	•			-	v out the	numneae (	of one or	
—	-		itions described in section		•							
			organization and comple		•		.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>адо</b> ј. Опс		· wiac	
	a Type I	··	٦ -		e III - Func		enrated		d□	Type III -	Other	
e 🗀			t the organization is not	• •			-	r more disc		• •		
•—	-	=	han one or more publicly			=	· <del>-</del>					
f		•	ten determination from t		_				,(4)(1) 01 1		/(Δ/(Ε).	
•		rganization, check th	_			po ., . , po	., 0,p.				[	
g		-	rganization accepted ar	 nv aift or co	ontribution	from anv	of the foli	owina pers	ons?		-	
9	_		rectly controls, either al			-					Yes I	No
		•	upported organization?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		() (	,,	11g(i)	<del>  ••••  •</del>	<u> </u>
	-		described in (i) above?			• •	•			11g(ii)	t	_
	·	•	person described in (i) of	•	e?					11g(iii)	$\overline{}$	
h		<del>-</del>	about the supported or								<del></del>	_
		J	,,	,	. ,							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls	the .	(vii) Ar	nount of	_
	anization	(,		in col. (i) lis	sted in your	organizat	ion in col.	organizátio (i) organiz	on in col.   ed in the		port	
_			above or IRC section	governing	document?	(i) of your	support?	U.S.	?	·		
			(see instructions))	Yes	No	Yes	No	Yes	No			
				L								_
								}				
								· · · · · · ·				
	_											
									L			
				<u> </u>								
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

## Schedule A (Form 990 or 990-EZ) 2011 WOMEN EMPLOYED 36-29695 [Partill | 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		<del></del>				
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,682,637.	968,527.	2,117,399.	929,753.	2,418,745.	8,117,061.
2	Tax revenues levied for the organ-						
	ızatıon'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	1,682,637.	968,527.	2,117,399.	929,753.	2,418,745.	8,117,061.
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	j					
	amount shown on line 11,						
	column (f)						3,702,964.
6	Public support. Subtract line 5 from line 4						4,414,097.
Sec	ction B. Total Support			·			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,682,637.	968,527.	2,117,399.	929,753.	2,418,745.	8,117,061.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	36,001.	19,863.	5,380.	4,622.	2,839.	68,705.
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.)	29,422.	18,873.	8,295.	9,636.	19,044.	85,270.
11	Total support. Add lines 7 through 10						8,271,036.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 1	,601,220.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	53.37 %
15	., ,					15	51.08 %
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				$\triangleright X$
b	33 1/3% support test - 2010. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation .			▶□
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and <b>stop</b> h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	_	•		-		
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets to				-		. —
	organization meets the "facts-and-cir		-	•			▶⊢
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	edule A (Form 990	or 990-EZ) 2011

## Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	olovi, places com	proto r dre m.,				·
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received. (Do not		ľ	1	1	1	
	include any "unusual grants.")			İ	1		
2	Gross receipts from admissions,						
	merchandise sold or services per-				1		
	formed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	I					
	or expended on its behalf	<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to	I		ľ			
	the organization without charge						
6	Total. Add lines 1 through 5 .						
78	Amounts included on lines 1, 2, and	1					
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that	[	1		Ì		
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year						
	Add lines 7a and 7b	-					
_8	Public support (Subtract line 7c from line 6.)	1"	<u> </u>	3, 3-36 pronoceille	4 4- 1	1,	
	ction B. Total Support		<del></del>		· <del>····</del>		<del></del>
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6		ļ		ļ	+	
10a	Gross income from interest, dividends, payments received on			<b>!</b>			
	secunties loans, rents, royalties			1			
	and income from similar sources						
t	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975		1	+		+	
	Add lines 10a and 10b  Net income from unrelated business		-	<del> </del>	<del> </del>	<del>                                     </del>	ļ
•••	activities not included in line 10b,						ļ
	whether or not the business is						
12	regularly carried on Other income Do not include gain			+	<del> </del>	+	
12	or loss from the sale of capital						1
42	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	e first second th	rd fourth or fifth t	tay year as a sasti	on 501(c)(3) organi	zation
	check this box and stop here	tile organization	3 mat, second, tri	ira, ioaitii, or iiitii	iax year as a secii	on son(c)(s) organiz	Lation,
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15				column (fl)		15	<u></u> %
16	Public support percentage from 2010				••• •	16	%
	ction D. Computation of Inves			•		1	
17	Investment income percentage for 20	11 (line 10c, colu	mn (f) divided by	ine 13, column (f))		17	%
18	Investment income percentage from				- ·	18	%
198	33 1/3% support tests - 2011. If the			on line 14, and lin	ne 15 is more than	33 1/3%, and line	
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	alifies as a publicly	supported organi	zation .	▶□
ŧ	33 1/3% support tests - 2010. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	<b>top her</b> e. The or	ganization qualifies	as a publicly sup	ported organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check t	this box and see in	nstructions	<u> </u>

#### SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2011

Ogen to Public

Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

	01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of orga	anization WOMEN E	MDI.OVED		Emp	loyer identification number 36-2969526
PartIFA		janization is exempt unde	er section 501(c)	or is a section 527 o	
	a description of the organiz	ration's direct and indirect politica			
Part I-B	Complete if the org	ganization is exempt unde	er section 501(c)(	3).	
1 Enter th	e amount of any excise tax	incurred by the organization unde	er section 4955		
2 Enter th	e amount of any excise tax	incurred by organization manager	s under section 4955	<b>&gt;</b> \$	
3 If the org	ganization incurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a Was a c	orrection made?				Yes No
	describe in Part IV.				
Rantife	Complete if the org	janization is exempt unde	er section 501(c),		
	• •	d by the filing organization for sect	•	• •	
		ization's funds contributed to other	er organizations for se	_	
•	function activities			▶\$	
	•	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL,	<b>.</b> .	
line 17b				🏲 \$	
	filing organization file Form	•			└ Yes
		nployer identification number (EIN			
	•	tion listed, enter the amount paid omptly and directly delivered to a			•
	·	additional space is needed, provide		•	ne segregated faria or a
<u> </u>	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
				· · · · · · · · · · · · · · · · · · ·	
For Paperwo	ork Reduction Act Notice.	see the Instructions for Form 99	00 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2011

132041 01-27-12

LHA

Schedule C (Form 990 or 990-EZ) 2011

9,271.

12,265.

12,235.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

15,869.

360,333.

49,640.

# Schedule C (Form 990 or 990-EZ) 2011 WOMEN EMPLOYED 36-296952 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(4	a)		(t	<del></del>
	e lobbying activity.	Yes	N	lo	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
	20					
d	Mailings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1ı	<del>de la time</del>	79 <b>6</b> 12			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				es a bei	<b>医外部</b>
b	If "Yes," enter the amount of any tax incurred under section 4912	and the same				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	3 3000	364			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<b>504</b> (-)				中的种类的
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ION SUTIC	(5),	or se	ection	
	501(c)(6).				Yes	No
_			1		res	NU
1	Were substantially all (90% or more) dues received nondeductible by members?	• • • •		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	••	•	3		
3 Par	Did the organization agree to carry over lobbying and political expenditures from the prior year?  † III-B   Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c	(5).	,	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere					e 3, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical		1300		
	expenses for which the section 527(f) tax was paid).		,			
а	Current year			2a		
b	Carryover from last year		-	2b		
C				2c		<del> </del>
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e			ince.		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	роппса		100		
_	expenditure next year?			5		
5 Par	Taxable amount of lobbying and political expenditures (see instructions)  It IV. Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; l	Cost II As one	Dort	II D In	. 1 Alaa	
		-art ii-A, ario	Fait	H-D, III	ie 1. Also,	complete
นาเรา	part for any additional information.					
						<del></del>
					· · · ·	
		·				·

#### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Name of the organization

WOMEN EMPLOYED

**Employer identification number** 36-2969526

Par	WOMEN EMPLOTED  Ulimonia	od Funds or Other Similar Funds	or Accounts Complete of the
[LCT	<del></del>		of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e o.  (a) Donor advised funds	(b) Funds and other accounts
	Total according at an electronic	(a) Donor advised failes	(b) i unus and other accounts
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	<u> </u>	
5	Did the organization inform all donors and donor advisors in	-	
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	5 5	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	
(Dăi	impermissible private benefit?	contration analysis of IVacility Farm 200. Da	Yes No
	Conservation Easements. Complete if the or		art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	· —	orically important land area
	Protection of natural habitat	Preservation of a certification	ied historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Hold at the Fad of the Tay Voor
_	Takel as such as of a second selection and a		Held at the End of the Tax Year
a	Total number of conservation easements	•	.   2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified histonic sti		. 2c
a	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structul	\$ <b> </b>
2	listed in the National Register		
3	Number of conservation easements modified, transferred, re	rieased, extinguished, or terminated by the	organization during the tax
4	Number of states where properly subject to concentration of	account to located	
5	Number of states where property subject to conservation ea		
J	Does the organization have a written policy regarding the pe	G. , .	Yes No
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting.		
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) abo	-	· —————
Ū	and coation 170/b)/4\/D\(ii)?	ve satisfy the requirements of section 17 of	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and evnense	
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.	inorro marolar statornomo d'al doconsoc t	no organization s accounting to
Pai	Collections Maintaining Collections	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (A)	SC 958), not to report in its revenue statem	ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		•
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
ь	If the organization elected, as permitted under SFAS 116 (A)	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		·
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	·	•
а	Revenues included in Form 990, Part VIII, line 1	. , , , , , , , , , , , , , , , , , , ,	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$
		•	• • •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 WOMEN EMPLOYED			<u> 36-2</u>	<u> 2969526</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finar	icial S	State	ment	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			2,452,	872.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			2,143,	,298.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			309	,574.
4	Net unrealized gains (losses) on investments	4				
5	Donated services and use of facilities	5				-
6	Investment expenses	6				
		7			<del></del>	
7	Prior period adjustments	$\vdash$				
8	Other (Describe in Part XIV.)	8			<del></del>	
9	Total adjustments (net). Add lines 4 through 8	9			200	A
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10				574.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue p	er H	etum		000
1	Total revenue, gains, and other support per audited financial statements	-	•••	1	2,458,	<u>,832.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			3.240		
а	Net unrealized gains on investments			- 1		
b	Donated services and use of facilities	5,9	60.	3.24		
С	Recovenes of pnor year grants 2c					
d	Other (Describe in Part XIV.)			167.3		
	Add lines 2a through 2d			2e	5.	960.
3	Subtract line 2e from line 1		•	3	2,452,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		٠	$\vdash$		
•	1 1			7,884		
a	Investment expenses not included on Form 990, Part VIII, line 7b			1.77		
b	Other (Describe in Part XIV.)			مئنفظ		^
С	Add lines 4a and 4b			4c	0.450	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,452,	8/2.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	enses	per	Hetui		<u> </u>
1	Total expenses and losses per audited financial statements			1	2,149,	<u>, 258                                    </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1 2		
а	Donated services and use of facilities 2a	5,9	<u>60.</u>	Maryon		
b	Pnor year adjustments					
C	Other losses			•		
d	Other (Describe in Part XIV.)	_		X25" (.)		
е	Add lines 2a through 2d			2e	5,	960.
3	Subtract line 2e from line 1			3	2,143,	298.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•	•	.3.		
a	Investment expenses not included on Form 990, Part VIII, line 7b					
h	Other (Describe in Part XIV.)			1. I		
_	Add lines 4a and 4b			4c		0.
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		•	5	2,143,	
5 Da	t XIV Supplemental Information			2	2,143,	230.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, l					4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro	ovide ar	ny add	Isnoitic	information.	
			_			
			***			

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No 1545-0047 olity of ago inspection

Name of the organization

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Employer identification number

WOMEN E	MPLOYED				36-2969	526
Fundraising Activities required to complete this par	Complete if the organization answert.	ered "\	es" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (inclui	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		_				
				:		
Total		<u> </u>	<b>•</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notifie	d it is exempt from re	egistration
	· · · · · · · · · · · · · · · · · · ·		-			
					<u>.</u>	<del></del>
	· · · · · · · · · · · · · · · · · · ·					

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

Schedule G (Form 990 or 990-EZ) 2011

			4-3-55			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL	ADVOCACY		''
			LUNCHEON	COUNCIL EVEN	1	(add col. (a) through
ο			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	296,851.	3,215.	2,122.	302,188.
	2	Less: Charitable contributions	219,852.			219,852.
$\dashv$	3	Gross income (line 1 minus line 2)	76,999.	3,215.	2,122.	82,336.
	4	Cash prizes			· 	
ses	5	Noncash prizes .			•	
Direct Expenses	6	Rent/facility costs	48,539.	3,705.	2,122.	54,366.
Direct	7	Food and beverages				·
	8	Entertainment				
	9	Other direct expenses	28,460.	300.	86.	28,846.
	10	Direct expense summary. Add lines 4 through	n 9 ın column (d)			(83,212)
	11	Net income summary. Combine line 3, colum		•		-876.
Pa	rt,		answered "Yes" to Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		1	r	······································
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			43,120.	43,120.
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes			15,628.	15,628.
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes % No	X Yes 75.00 %	705 105 105 105 105 105 105 105 105 105 1
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		▶	( 15,628;
	8	Net gaming income summary. Combine line	I, column d, and line 7	<u> </u>		27,492.
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain:	ctivities in each of these	states?		X Yes No
		ere any of the organization's gaming licenses re	•		year?	Yes X No
						rm 990 or 990.E7\ 2011

Schedule G (Form 990 or 990-EZ) 2011 WOMEN EMPLOYED	36-2969526 Page 3
11 Does the organization operate gaming activities with nonmembers?	X Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity operated in:	. 1 1
a The organization's facility	13a .00 %
b An outside facility	13b 100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	· <u> </u>
THE LINE HIE Haine and address of the person who prepares the organization's garming special events books and rec	ords.
Name   KAREN LATIMER	
Address ► 65 E WACKER PLACE, SUITE 1500 - CHICAGO, IL 60601	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	nount
of gaming revenue retained by the third party > \$	iodit
c If "Yes," enter name and address of the third party:	
C if fes, enter name and address of the third party:	
Name	
Address ▶ _	
16 Gaming manager information:	
Name ► KAREN LATIMER	
Gaming manager compensation ▶ \$0.	
Description of services provided ▶ PROVIDE OVERALL SUPERVISION OF RAFFLE	OPERATIONS AND
RECONCILE COLLECTIONS AT CONCLUSION OF RAFFLE.	
	<del></del>
☐ Director/officer	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	[]
retain the state gaming license?	Yes X No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	nt in the
organization's own exempt activities during the tax year ▶ \$ 27,492.	
Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

**Compensation Information** 

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

Open to Public Inspection

Name of the organization WOMEN EMPLOYED

**Questions Regarding Compensation** 

**Employer identification number** 36-2969526

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal u	se		
	Travel for companions Payments for business use of personal resider	nce		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1		
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	°, 2		
			<del></del>	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization'			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	į.		
	establish compensation of the CEO/Executive Director. Explain in Part III.	' I	l	
				^
	Compensation committee  Independent compensation consultant  Written employment contract  Compensation survey or study			
	Tom 990 of other organizations  X Approval by the board or compensation commensus to the state of the state o		1 1	
	Approval by the board of compensation commensation e			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	•		
7	organization or a related organization:			1
_				X
a h	Receive a severance payment or change-of-control payment?	4a	$\vdash$	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	. <u>4c</u>	$\vdash$	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	,		
	Only section 501/aV2) and 501/aV4) argenizations must complete lines 5.0			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	,		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			X
	The organization?	<u>5a</u>		X
D	Any related organization?	<u>5b</u>	$\vdash \vdash \vdash$	Λ
6	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	. <u>6a</u>		X
D	Any related organization?	_6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.	ļ		
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	$\sqcup \downarrow$	<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990)	2011

Schedule J (Form 990) 2011 WOMEN EMPLOYED (RAMIN) Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D)	(E) Total of columns	(F) Compensation
( <b>A</b> ) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	reported as deferred in prior Form 990
ANNE LADRY	€	129,425.	4,500.	0	10,370.	6,412.	150,707.	0
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Schedule J (Form 990) 2011 V

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3 3: THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY	TE COMMITTEE OF THE BOARD OF DIRECTORS BASED ON A REVIEW OF THE	990 PUBLICALLY AVAILABLE FOR SEVEN COMPARABLE NOT-FOR-PROFIT	IS. FROM TIME TO TIME, THE EXECUTIVE COMMITTEE MAY DIRECT STAFF	COMPARABLE NOT-FOR-	INFORMATION REGARDING COMPENSATION OF TOP EXECUTIVES AT THOSE	Sh						Schedule J (Form 990) 2011
THE	THE EXECUTIVE COMMITTE	MOST RECENT 990 PUBLIC	IZATIONS.	CONTACT THE COMPARA	NFORMATION REGARDING	ORGANIZATIONS.						

#### **SCHEDULE 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.

2011

OMB No 1545-0047

Open To Public Inspection

Name of the organization

WOMEN EMPLOYED Employer identification number 36-2969526

Complete if the ora:					n 501(c)(4) organization line 25a or 25b, or Fo			V. line 40	)b.			
1 (a) Name of disqualified person				990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  (b) Description of transaction						(c) Corrected?		
	•									Yes	No	
		<del></del>										
<ul><li>2 Enter the amount of tax imp section 4958</li><li>3 Enter the amount of tax, if a</li></ul>		_	_			year un	der	<b>▶</b> \$ <b>▶</b> \$				
Part II Loans to and/o	r From Int	erested	Persons	<b>5.</b>								
					line 26, or Form 990-E	T	-		roved	Γ		
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Onginal principal amount		(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?		
	То	From				Yes	No	Yes	No	Yes	No	
				-							-	
						ļ						
	-					ļ		ļ				
										-		
otal	·············			▶ \$					!			
Part III Grants or Assis		•										
Complete if the organization answered "Yes" on Fo  (a) Name of interested person (b) Re				ationship between interested person and the organization				(c) Amount and type of assistance				
			·									
							<u> </u>				_	
							+					
				-								
							+					
					· · · · · · · · · · · · · · · · · · ·							

132131 01-19-12

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing o organization' revenues?	
(-7	person and the organization	transaction	transaction		
ELISSA JOSEPHS	SISTER OF BOARD MEM	84,171	MELISSA IS		X
Part V   Supplemental Information				<u> </u>	
	onal information for responses to question	s on Schedule L (see	e instructions).		
CH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTERES	red persons:	<u> </u>	
A) NAME OF PERSON: MELIS	SSA JOSEPHS				
B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZA	rion:		
ISTER OF BOARD MEMBER F	ERN JOSEPHS				
C) AMOUNT OF TRANSACTION	N \$ 84,171.				
	ACTION: MELISSA IS EM	PLOYED BY	WOMEN EMPLOY	ZED A	
THE DIRECTOR OF EQUAL OP					
E) SHARING OF ORGANIZAT	ION REVENUES: = NO				
		-			
-					
		· · · · · · · · · · · · · · · · · · ·			
	, , , , , , , , , , , , , , , , , , , ,				
	-				

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
2011
Inspection

Name of the organization

AND COMPLETE COLLEGE.

WOMEN EMPLOYED

Employer identification number 36-2969526

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

COLLEGE COLLABORATIVE - PROVIDES FREE ADVISING AND SUPPORT TO ADULTS

WHO HAVE SOME COLLEGE CREDIT BUT NO DEGREE TO ENABLE THEM TO RETURN TO

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WAS REVIEWED IN

DETAIL BY THE EXECUTIVE COMMITTEE. ONCE REVIEWED AND APPROVED BY THE

EXECUTIVE COMMITTE, A COPY OF THE 990 WAS EMAILED TO THE FULL BOARD BY THE

DIRECTOR OF FINANCE.

FORM 990, PART VI, SECTION B, LINE 12C: EVERY BOARD MEMBER IS REQUIRED TO SIGN A FORM ANNUALLY ACKNOWLEDGING THEY UNDERSTAND THE CONFLICT OF INTEREST POLICY AND HAVE HAD NO VIOLATIONS OF THE POLICY IN THE LAST YEAR.

FORM 990, PART VI, SECTION B, LINE 15: SALARIES FOR TOP LEVEL EMPLOYEES

ARE SET BY THE EXECUTIVE COMMITTEE. THE COMMITTEE ASSESSES PERSONNEL

PERFORMANCE AND COMPARES SALARY AGAINST OTHER SIMILAR ORGANIZATIONS. THE

DIRECTOR OF FINANCE PROVIDES THE EXECUTIVE COMMITTEE REPORTS FROM

GUIDESTAR.ORG SHOWING SALARIES OF COMPARABLE POSITIONS IN COMPARABLE

ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: WOMEN EMPLOYED MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON THE REQUEST OF AN INTERESTED PARTY.