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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its Instructions is at www irs.gov/form990.

OMB No 1545-0047 **201**3 Open to Public Inspection

X Yes

Form **990** (2013)

B Cout staystable Name of segmentation NOMEN'S BUSINESS DEVELOPMENT CENTER 36-3 4886628		Α	For the 2013	calendar year, or tax year beginning $07/01/13$, and ending $06/30/1$.4						
Name drugs Sacratic process		В	Check if applicable	C Name of organization		D Employ	er identification number				
Roundard		<u></u>	Address change								
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Tit 60603 Tit					H(b) Are all sub-	ordinates includ	ied? Yes No				
Mestate WbCdC.org Note					If "No,"	attach a list (see instructions)				
Part Summary		1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	}						
Part Summary 1 Briefly describe the organization's mission or most significant activities TO EMPOWER WOMEN BUSINESS OWNERS 2 Check this box ▶		J ¹	Website 🕨 1			· ·	<u> </u>				
1 Briefly describe the organization's mission or most significant activities TO EMPOWER WOMEN BUSINESS OWNERS 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1b) 4 1.7					ear of formation 1	986	M State of legal domicile IL				
TO EMPOWER WOMEN BUSINESS OWNERS 2 Check this box ▶		<u> P</u>									
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May the IRS discuss this return with the preparer shown above? (see instructions)

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

4d Other program services (Describe in	d Other program services (Describe in Schedule O)										
(Expenses \$	including grants of \$) (Revenue \$)								
4e Total program service expenses ▶	3,037,937										

	art IV Checklist of Required Schedules	-		age c
	111 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,"		163	1.40
٠	complete Schedule A	1	х	l
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
•	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, or have a section 501(h)		-	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, 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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, 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 167 If "Yes," complete Schedule D, Part VII	11b		X
Ç	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 162 if "Yes," complete Schedule D, Part VIII	11c	X	
ď	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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	i		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	i ']
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			i
	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?			
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\+ /	X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/	~

Form 990 (2013) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 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 25a 24a N b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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? N 24d 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 X 25a 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 N/A 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

197 Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2013)

37

38

X

38

Part VI

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	17			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
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	36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	7		2b	X	
	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	N/	A_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
F-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Ac	counts		_		.,
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	17		5b	N/	X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	14/	
va	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 as chantable contributions?					v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			6a		X
	gifts were not tax deductible?	OI		6ь	N/	Δ
7	Organizations that may receive deductible contributions under section 170(c).			00	/	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	de				
_	and services provided to the payor?	us		7a	1	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	N/	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>	/	_
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit conti	act?		7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as	s required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a f	Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	N/	A
9	Sponsoring organizations maintaining donor advised funds.]	_
а	Did the organization make any taxable distributions under section 4966?			9a	N/	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	N/	A
10	Section 501(c)(7) organizations. Enter	1 1	NI / P		I	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		1	
b 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	10b	N/A			
a	Gross income from members or shareholders	المدا	N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources	11a			- 1	
•	against amounts due or received from them)	11b	N/A			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	-		12a	N/	A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_12b	N/A	128	/	-
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	_120				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	N/	A
	Note. See the instructions for additional information the organization must report on Schedule O			134	/	
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b	N/A		1	
С	Enter the amount of reserves on hand	13c	N/A	[I	
4a	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	N/	4
AA			· · · · · · · · · · · · · · · · · · ·	For	_n 990	(2013)

Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 17 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a $\overline{\mathbf{x}}$ Each committee with authority to act on behalf of the governing body? 8Ь 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? N/A Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > IL 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website | X | Another's website | X | Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 and records of the Emilia DiMenco organization > 8 S Michigan #400 Chicago 312-853-3477

IL 60601

Form 990 (201	WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
	Independent Contractors Check if Schedule O contains a response or note to any line 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
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle	(C) Position o not check more to x, unless person is ficer and a director/			n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(VV-2/1099-MISC)	organization and related organizations
(1) Hedy Ratner	2 22									
_, , , , , , , , , , , , , , , , , , ,	3.00							051 105		
Director/CoPresident	0.00	X	_	X		\vdash		351,125	0	4,655
(2) S. Carol Dougal	3 00									
Director/CoPresident	3.00	x	1	x		1 1		221 076	^	4 777
(3) Emilia DiMenco	0.00	1	\vdash	^	_	\vdash		331,976	0	4,777
(3) Emilia Dimenco	40.00			,						
Chief Executive Ofcr	0.00	$ \mathbf{x} $		x				122,808	0	754
(4) Debra Jennings-3		<u> </u>	\vdash	^		\vdash		122,000		734
(4) Desira de inizingo	3.00									
Chairperson	0.00	$ \mathbf{x} $		x				o	0	0
(5) Pam McDonough	-	†==								
(0, 2 222 200 200 200 200 200 200 200 200	2.00									
Secretary	0.00	X		x				o	0	0
(6) Linda Chaplik-Ha	rris			_			_			
-	2.00	1	1			1 1				
Vice Chairperson	0.00	X		X				0	0	0
(7) Norma Lauder										
	2.00					1 1				
Director/Audit Chair	0.00	X						0	0	0
(8) Laurel G. Bellow	s									
	1.00									
Director	0.00	X						0	0	0
(9) Risa R. Davis						1 1				
	1.00									
Director	0.00	X	<u> </u>					0	0	0
(10) Sandra Rand	ļ		 							
	2.00									
Treasurer	0.00	X	_	X		\sqcup		0	0	0
(11) Arabel Alva Rosa										
	1.00		•						_	_
Director	0.00	X	L:	L_		Ш		0	0	
UAA										Form 990 (2013)

Part VII 'Section A. Officers	, Directors, Trus	stee	s, Ke	у Е	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bc of	x, unl	Pos check ess pe nd a c	erson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimat amount other ompens	of r ation	
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		;	organiza and rela rganizat	ited	
(12)Rona Fourte	1.00											•	
Director	0.00	X		L	<u> </u>			0	0				0
(13)Alison Chung							1						
Director	1.00	x						o	o				0
(14)Michelle Blaise	0.00			\vdash	\vdash		\vdash						
(,	1.00						İ						
Director	0.00	X						0	0				0
(15) Shelley Stern Gr													
Dimantan	1.00	x											_
Director (16) Cassandra Sanfor	0.00	^		-	-			0	0				0
(10,00000011010100000111001	1.00												
Director	0.00	x						0	0				0
(17) Elizabeth Minnel		le	z										
5 3	1.00			-									_
Director (18) Beth Kieffer Lec	0.00	X				 	-	0	0				0
(10,20011 11202202 200	1.00												
Director	0.00 X 0 0							0					
(19) Jennifer Mariani					"								
Dimenton	1.00	x			ł								_
Director 1b Sub-total	0.00				J			805,909	0	-		<u>.</u>	186
c Total from continuation shee	ets to Part VII, S	ectio	on A				•	003,303				<u>. </u>	100
d Total (add lines 1b and 1c)								805,909				LO,:	186
Total number of individuals (increportable compensation from a reportable compensation f				ose	liste	d abo	ve)	who received more than \$10	00,000 in				
3 Did the organization list any for	rmer officer, dired	ctor.	or tri	ısted	e ke	v em	nlov	ee or highest compensated	l	F	\dashv	Yes	No
employee on line 1a? If "Yes,"	complete Schedu	ile J	for s	uch i	ındıv	idual					3		X
4 For any individual listed on line organization and related organi	1a, is the sum of	f repo	ortab 8150	le co	ompe 2 if "	ensat Voc. "	ion a	and other compensation from	n the				
ındıvıdual											4	x	
5 Did any person listed on line 1a for services rendered to the org									lividual	ŀ	ا ۔	ı	x
Section B. Independent Contracto		3, C	отпр	CIC (SCITE	uuie	J 101	such person	·		5		
Complete this table for your five compensation from the organizer.	e highest comper	nsate	ed inc	lepe	nder	nt cor	ntrac	ctors that received more than	n \$100,000 of				
	(A) business address	прег	isalic)II 10	1010	Calc	lidai		(B) tion of services			(C) npensati	
- Name and	ousiness address							Descript	uon or services		Con	npensau	on
T-													
										1			
							\vdash						
								· · · · · · · · · · · · · · · · · · ·					
 -							_						
2 Total number of independent or	ontractors (includ	ina h	out n	ot lin	nited	to th	L	listed above) who		-+			
received more than \$100,000 o									0			******	
DAA											Fom	990	(2013)

Pa	rt VII 'Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	npic	ye <u>es</u>	, an	d Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	òo	x, unle	Pos check ess pe	rson ı	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-21099-MISC)		organiza and rela organiza	tion ted	
(12)	Jeanne Mandoza	1.00												
Dir	ector	0.00	x						0	0	·			0
(13)														
			<u> </u>		<u> </u>		_							
(14)														
(15)				ļ							 -			
(16)				_	_									
							-				ļ			
(17)														
(18)													-	
(19)			-											
1b c	Sub-total Total from continuation shee	ate to Part VII. S	ecti		<u>L</u>	<u> </u>	<u></u>	>				-		
d	Total (add lines 1b and 1c)	ses to rait vii, o	CCLIC	<i>,</i> ,,,				•			 			
2	Total number of individuals (increportable compensation from	•		to th	ose	liste	d abo	ve)	who received more than \$1	00,000 in				
3	Did the organization list any fo	rmer officer, dire	ctor,						ee, or highest compensated	1			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	1a, is the sum o	f rep	ortab	ole co	ompe	ensat	เดก ส		m the		3		
5	individual Did any person listed on line 1a	a receive or accri	ue co	mpe	nsat	ion f	rom a	any i	unrelated organization or in	dividual		4	_	
Sect	for services rendered to the or- ion B. Independent Contracto		:S, C	omp	ele c	SCHE	auie	J 10	r such person			5	1	
1	Complete this table for your five compensation from the organization	e highest compe	nsate	d inc	depe	nder r the	nt cor	ntrac ndai	ctors that received more that	n \$100,000 of the organization's tax year				
_		(A) i business address				-				(B) otion of services		Co	(C) mpensat	ion
				_				_						
					_									
		 			-								<u>_</u>	
2	Total number of independent c	ontractors (include	ding I	out n	ot lin	nited	to th	ose	listed above) who					
DAA	received more than \$100,000 c	ot compensation	trom	the o	orgai	nızat	ion 🕨		<u></u>			Fon	_n 990	(2013)

Form 990 (2013) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Unrelated exempt business excluded from tax tunction revenue 512-514 revenue 1a Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e 1,488,408 f All other contributions, gifts, grants, and similar amounts not included above 3,148,168 138,400 Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 4,636,576 Program Service Revenue Busn. Code 611710 46,447 46,447 Seminars 900099 31,013 31,013 b Program Interest 900099 9,298 C 9,298 Loan Fees f All other program service revenue Total. Add lines 2a-2f ▶ 86,758 Investment income (including dividends, interest, 4,385 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Secunties (II) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) Þ 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 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

▶

4,727,719

86,758

4,385

0

All other revenue Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo	mplete all columns. All other of		e column (A)	X
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				······
2	Grants and other assistance to individuals in			•	
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			•	
	organizations, and individuals outside the			1	
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	155,743	37,139	109,744	0 060
6	trustees, and key employees Compensation not included above, to disqualified	133,743	31,139	109,744	8,860
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,442,989	1,183,832	117,548	141,609
8	Pension plan accruals and contributions (include		1,100,002	111,310	141,009
3	section 401(k) and 403(b) employer contributions)	22,169	18,277	1,461	2 421
9	Other employee benefits	115,030	88,359	15,957	2,431 10,714
10	Payroll taxes	156,854	118,832	22,806	15,216
11	Fees for services (non-employees)			22/500	10,210
a	Management				
b	Legal	3,475	3,475	-	
c	Accounting	136,504	109,134	13,000	14,370
d					
е	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	576,560	536,519	10,388	29,653
12	Advertising and promotion	15,654	15,654	-	
13	Office expenses	329,532	283,768	33,607	12,157
14	Information technology	94,260	65,982	6,598	21,680
15	Royalties				
16	Occupancy	183,359	134,040	29,582	19,737
17	Travel	125,112	103,310	13,077	8,725
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	270,301	239,308	18,590	12,403
20	Interest	_			
21	Payments to affiliates		<u>-</u>		
22	Depreciation, depletion, and amortization	7,580	5,743	1,102	735
23	Insurance	17,457	13,334	2,473	1,650
24	Other expenses Itemize expenses not covered			1	
	above (List miscellaneous expenses in line 24e. If			•	
	line 24e amount exceeds 10% of line 25, column	1			
_	(A) amount, list line 24e expenses on Schedule ()	25 270	10.007		
a	Equip Rental, Repair, Mnt	25,379	19,227	3,690	2,462
b	Telephone Program Supplies	22,276	16,876	3,239	2,161
c d	Bank and Credit Card Proc	21,001	21,001		
	All other expenses	18,242 9,730	16,756 7,371	891	595
	·	3,749,207	3,037,937	1,415	944
26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,143,201	3,031,931	405,168	306,102
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
DAA	following SOP 98-2 (ASC 958-720)				- 000
					Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 83,049 Cash-non-interest bearing 1 1,105,403 1,363,074 2 Savings and temporary cash investments 2 656,657 733,694 3 Pledges and grants receivable, net 3 16,686 16,069 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other 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) Complete Part II of Schedule L 6 Notes and loans receivable, net 80,253 151,135 7 Inventories for sale or use 8 56,420 57,945 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 124,891 other basis Complete Part VI of Schedule D 10a 98,361 b Less. accumulated depreciation 10b 34,110 10c 26,530 5,961 6,454 11 Investments—publicly traded securities 11 12 150,000 Investments-other securities See Part IV, line 11 12 13 551,466 Investments-program-related See Part IV, line 11 13 672,888 14 Intangible assets 14 15 Other assets See Part IV, line 11 6,738 6,738 15 2,513,077 3,268,193 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 146,361 160,305 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 16,157 of Schedule D 231,115 25 26 162,518 26 Total liabilities. Add lines 17 through 25 391,420 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 844,523 405,815 28 1,506,036 2,470,958 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,876,773 3,268,193 Total net assets or fund balances 2,350,559 33 Total liabilities and net assets/fund balances 2,513,077

	990 (2013) WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					_X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1				719
2	Total expenses (must equal Part IX, column (A), line 25)	2	3			207
3	Revenue less expenses Subtract line 2 from line 1	3				512
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	<u>, 35</u>		<u>559</u>
5	Net unrealized gains (losses) on investments	5		_		<u>493</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-45	<u>52, '</u>	791
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	.				
	33, column (B))	10	2	, 87	16,	<u>773</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				- 1	ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			- [Ė
	Schedule O				-	ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Γ			
	reviewed on a separate basis, consolidated basis, or both				- 1	É
	Separate basis Consolidated basis Both consolidated and separate basis				- 1	Ĺ
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					[
	separate basis, consolidated basis, or both					É
	Separate basis Consolidated basis Both consolidated and separate basis				1	Ė
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 1		ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	l
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					ĺ
За	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ	T		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	N/	A
				Form	990	(2013)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN'S BUSINESS DEVELOPMENT CENTER

Employer Identification number 36-3488628

										,					
Pa	irt I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	rt) Se	e instr	uction	S.			
The o	orgar		a private foundation because												
1		A church, cor	nvention of churches, or asso	cation of	churches described in	section 1	70(b)(1)(A)(i).							
2	П		cribed in section 170(b)(1)(/												
3	П		a cooperative hospital servic			ion 170(b)(1)(A)(iii)	١.							
4	Ħ	· ·	search organization operated	_		-			γΑγιίίι	Enter th	ne hoso	ital's name			
•	ш	city, and state		001,10	alon wan a moophar ao		00000		,,,,,,,,,		юоор	nai o namo,			
5	\Box	•	, on operated for the benefit of	f a college	or unwereth owned or	nnerated	by a gove	rnmont	al wort do	combad	10				
•	ш				or university owned or	operateu	by a gove	en in ite inte	ii uiiit ue	SCIDEU	111				
	\Box		b)(1)(A)(iv). (Complete Part			-4: 4 7 0/	ENGANGEN.								
6															
7															
_	described in section 170(b)(1)(A)(vi). (Complete Part II)														
8	Participation of the state of t														
9		An organizati	on that normally receives (1)) more than	n 33 1/3% of its suppo	rt from cor	ntributions	, memb	ership fe	es, and	gross				
		receipts from	activities related to its exemp	pt functions	s—subject to certain e	exceptions,	, and (2) n	o more	than 33	1/3% of	ıts				
		support from	gross investment income and	d unrelated	l business taxable inci	ome (less	section 5	11 tax) fr	om busi	nesses					
	_	acquired by the	ne organization after June 30	, 1975 Se	e section 509(a)(2). (Complete	Part III)								
10		An organizati	on organized and operated e	xclusively i	to test for public safety	/ See sec	tion 509(a)(4).							
11		An organizati	on organized and operated e	xclusively 1	for the benefit of, to pe	erform the	functions	of, or to	carry ou	t the					
		purposes of c	ne or more publicly supporte	d organiza	tions described in sec	tion 509(a)(1) or se	ction 509	9(a)(2) \$	See sec	tion				
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11e through 11h														
	a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated														
е															
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)														
	or section 509(a)(2)														
f		If the organiza	ation received a written deter	mination fr	om the IRS that it is a	Type I. Ty	pe II. or T	vpe III s	upportin	a					
			check this box			, , , , , , , , , , , , , , , , , , ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,	3				Г	٦
g		Since August	17, 2006, has the organizati	on accepte	ed any gift or contributi	on from a	ny of the							L	لـ
9		following per	•		a any gin or commodi		.,								
			who directly or indirectly coi	ntrols eithe	er alone or together w	th nersons	e describe	id in (ii) s	and				Yes		
			v, the governing body of the		_	ui personi	3 46361106	u III (II) e	ano			144	$\overline{}$	No.	_
			member of a person describe		•							11g		+	_
												119	$\neg \neg$		_
L			ontrolled entity of a person de		., .,							119	<u>,III)</u>]		
<u>h</u>			ollowing information about th			1				1		ı			
(I)		e of supported anization	(ii) EiN		Type of organization scribed on lines 1–9	1 ' '	organization sted in your		ou notify	(vi) l organizat	s the	(vII) Amou		netary	
	3				ove or IRC section	1 ''	document?		of your		zed in the		upport		
				(1	see instructions))	ļ	г-	Sup	port?	U	S?				
						Yes	No	Yes	No	Yes	No				
A)															
										1					
B)									1						
									<u> </u>						
C)												_			_
						1									
D)													-		_
E)															_
				<u> </u>		<u> </u>			L						
Total				ŧ		Ī	1		l						

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						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,202,212	3,644,287	3,341,960	3,948,959	4,636,576	18,773,994
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	3,202,212	3,644,287	3,341,960	3,948,959	4,636,576	18,773,994
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						78,829
6	Public support. Subtract line 5 from line 4 tion B. Total Support	<u> </u>	<u></u>	<u></u>			18,695,165
	idar year (or fiscal year beginning in) ▶	(a) 2000	(F) 2040 T	(-) 2044 T	(4) 2042	(-) 2040	
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4	3,202,212	3,644,287	3,341,960	3,948,959	4,636,576	18,773,994
0	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,420	12,977	10,044	8,120	4,385	47,946
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	58,887	65,857	89,624	85,466	86,758	386,592
11	Total support. Add lines 7 through 10	00/00.	037031	- 03/024	03,100	00,730	19,208,532
12	Gross receipts from related activities, etc. (s	see instructions)	t		L	12	19,208,532
13	First five years. If the Form 990 is for the co		econd third fourth	or fifth tax year as	: a section 501(c)(3		
	organization, check this box and stop here			, or martax year ac	, a section 55 (6)(6	·/	▶ □
Sec	tion C. Computation of Public Su		ge	·	 ,		
14	Public support percentage for 2013 (line 6,))	·	14	97.33%
15	Public support percentage from 2012 Scheo	•		,,		15	97.53%
16a	33 1/3% support test—2013. If the organiz			and line 14 is 33 1.	/3% or more, check		2,,,,,,,
	box and stop here. The organization qualifi						▶ X
b	33 1/3% support test—2012. If the organiz		-		33 1/3% or more.		
	check this box and stop here. The organization				•		▶ □
17a	10%-facts-and-circumstances test—201				or 16b, and line 14	IS	ليبا
	10% or more, and if the organization meets						
	Part IV how the organization meets the "faci	ts-and-circumstance	s" test. The organi	zation qualifies as a	a publicly supported	d	
	organization						▶ □
b	10%-facts-and-circumstances test—201	2. If the organization	did not check a bi	ox on line 13, 16a,	16b, or 17a, and lin	e	
	15 is 10% or more, and if the organization in	neets the "facts-and-	-circumstances" te	st, check this box a	nd stop here.		
	Explain in Part IV how the organization mee	ts the "facts-and-circ	cumstances" test	The organization qu	ualifies as a publicly	1	
	supported organization				·		▶ □
18	Private foundation. If the organization did	not check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		
	instructions						▶ 🗌
				.			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

oupport comount to: organizations account in contrast	
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Pa	art II
If the organization fails to qualify under the tests listed below, please complete Part II.)	

500	tion A. Public Support	quality under ti	ie lesis listeu b	elow, please c	omplete Fait ii	/	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(2) 2003	(5) 2010	(0) 2011	(4) 2012	(6) 2010	(i) rotal
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)	<u> </u>	<u> </u>				
$\overline{}$	tion B. Total Support dar year (or fiscal year beginning in) ▶	T (=) 0000	1 (1) 0040	(.) 0044	4,0040		
9	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_		· · · · · · · · · · · · · · · · · · ·					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	_	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						
	tion C. Computation of Public Su				·		
15	Public support percentage for 2013 (line 8,		-	(f))		15	<u> </u>
16 Sec	Public support percentage from 2012 Sche tion D. Computation of Investme					16	%_
<u>360</u> 17				oolumn (fi)		47	0/
18	Investment income percentage for 2013 (lin Investment income percentage from 2012 states)		•	wanin (1))		17	<u>%</u>
19a	33 1/3% support tests—2013. If the organ			l 4 and line 15 ie m	ore than 33 1/20/	·	%
	17 is not more than 33 1/3%, check this box				·		▶ □
b	33 1/3% support tests—2012. If the organ			•	• • •		• 🗆
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did						▶ ☐

Schedule A (Form 990 or 990-EZ) 2013 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and

Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Seminars/Workshops \$ 290,748

Program Interest \$ 81,058

Loan Fees \$ 14,786

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name	of the organization		Employer Identification number
W	OMEN'S BUSINESS DEVELOPMENT CENTER		36-3488628
	rt I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to F	nds or Other Similar Funds or Ac	counts.
	Complete if the organization answered Tes to I	(a) Donor advised funds	(b) Funds and other accounts
	To be exceeded and of comme	(a) Donor advised funds	(b) Fullus 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		
5	Did the organization inform all donors and donor advisors in writing that		П., П.,
	funds are the organization's property, subject to the organization's exclu-	_	∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in w		
	only for chantable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	П., П.,
_	conferring impermissible private benefit?		Yes No
PE	rt II Conservation Easements.	Form 900. Bort IV June 7	
	Complete if the organization answered "Yes" to F		······································
1	Purpose(s) of conservation easements held by the organization (check a	—;·"	
	Preservation of land for public use (e g , recreation or education)	Preservation of an historically impo	rtant land area
	Protection of natural habitat	Preservation of a certified historic s	tructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conservation	on
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inclu	ided in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/0	6, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extending	inguished, or terminated by the organization of	lunng the
	tax year ▶		
4	Number of states where property subject to conservation easement is lo	ocated >	
5	Does the organization have a written policy regarding the periodic monit	oring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year	
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	onservation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy th	ne requirements of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	nts in its revenue and expense statement, an	d
	balance sheet, and include, if applicable, the text of the footnote to the o	rganization's financial statements that describ	pes the
	organization's accounting for conservation easements		
Pa	rt 排 Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar Assets.
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	t to report in its revenue statement and balan	ce sheet
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherand	ce of
	public service, provide, in Part XIII, the text of the footnote to its financial	I statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balance s	sheet
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherand	æ 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 o	other similar assets for financial gain, provide	the
	following amounts required to be reported under SFAS 116 (ASC 958) re		
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		▶ \$

Part III
collection items (check all that apply) a
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds.
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year Ending balance 1b Tending balance 1c Tending balance 1d Tending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds.
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds.
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Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds.
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c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds.
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f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds.
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b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds.
Part V Endowment Funds.
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and
losses
d Grants or scholarships
e Other expenditures for facilities and
programs f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ %
c Temporarily restricted endowment ▶ %
The percentages in lines 2a, 2b, and 2c should equal 100%
3a Are there endowment funds not in the possession of the organization that are held and administered for the
organization by Yes No
(i) unrelated organizations (ii) selected organizations
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds
Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value
(investment) (other) depreciation
1a Land
b Buildings
c Leasehold improvements
d Equipment 49,091 49,091
e Other 75,800 49,270 26,530 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

Schedule D (F	orm 990) 2013 WOMEN'S BUSINESS DEV	ELOPMENT CENTER	36-3488628	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	11b See Form 990, Part >	K, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valu	ation
	(including name of security)		Cost or end-of-year ma	rket value
(1) Financial of	denvatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			,
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 1	11c. See Form 990, Part >	(, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value	ation
(1) CD ! s	Restricted - Securing Loans	672,888	Cost or end-of-year ma	rket value
	Restricted - Securing Loans	072,888		 -
(3)	- 4.			
		-		·
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)			<u>.</u>	
	n (b) must equal Form 990, Part X, col. (B) line 13) ▶	672,888		
Part IX	Other Assets.	072,000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
· bit ix	Complete if the organization answered "Yes" to	Form 990 Part IV line 1	11d Soo Form 000 Bort V	/ line 15
****	(a) Description	7 Onn 990, Fait IV, line I	rid. See Form 990, Part 2	(b) Book value
(1)	(u) bookplott	11.		(b) Book Value
(2)		<u> </u>		
(3)			- 	
(4)	·			
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990 Part IV line 1	I 1e or 11f See Form 990	Part Y
	line 25.	51 01111 550; 1 alt 14; iiile 1	The of This See Folia 990,	, rait A,
1.	(a) Description of liability	(b) Book value		
(1) Federal		(b) Book Value		
	red Compensation	218,418		
	red Rent	12,697		
		12,037		
(4) (5)				
(6)		 		
(7)				
(8)				
(9)	(h) must equal Form 000. Part V and (D) line 05 \ h	221 115		
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	231,115		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

b Other (Describe in Part XIII) c Add lines 4a and 4b

4b

40

5

4,727,719

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	·		1	4,097,807
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				-
а	Donated services and use of facilities	2a	348,600		
b	Prior year adjustments	2b			
C	Other losses	2c			
đ	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	348,600
3	Subtract line 2e from line 1			3	3,749,207
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	4a			
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b			4c	
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	3,749,207

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part X - FIN 48 Footnote

The Organization has been determined by the Internal Revenue Service to be exempt from Federal income tax under Section 501(c)(3) of the U.S. Internal Revenue Code and exempt from Illinois state income tax under the comparable Accordingly, no provision for income tax has been established, and contributions to it are deductible within the limitations as prescribed by the Internal Revenue Code.

The Organization files income tax returns in the U.S. federal jurisdiction and Illinois. With few exceptions, the Organization is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities prior to fiscal year ended June 30, 2011 filed on the tax year 2010 tax form. The Organization does not expect a material net change in unrecognized tax benefits in the next twelve months.

Schedule D (Form 990) 2013 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE 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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WOMEN'S BUSINESS DEVELOPMENT CENTER

Employer identification number 36-3488628

P	art 1 Questions Regarding Compensation			
			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			I
	First-class or charter travel			İ
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			Į.
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			Ī
				ŧ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			ŧ
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		/	L
	explain	1b	N/	<u>A</u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			ŧ
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	N/	α
		-	/	<u>-</u>
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			I
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			ŧ
	Compensation committee Written employment contract			į
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			ŧ
				Ī
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			ŧ
	Receive a severance payment or change-of-control payment?	4a		X
	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			
	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			l
	compensation contingent on the revenues of			I
а	The organization?	5a		x
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			Γ
_	Foresteen betades Fores 2000 De 12/10 Oct. A d. A			
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	6a		X
	The organization? Any related organization?	6b		X
U	If "Yes" to line 6a or 6b, describe in Part III			
	TO TO THE OR OF OU, DESCRIBE HIT BILLIN			İ
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			L
	Regulations section 53 4958-6(c)?	9	N/	A

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WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Schedule J (Form 990) 2013

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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) Broadday and or 1000 MICC commonship (C) and (L) a	(B) Bres	M to manapa	(B) Breakdown of M.2 and/or 1000 MIC commonstran	Company in case	(a)	יייייייייייייייייייייייייייייייייייייי	יוומר ווומואומממו	
Clast box carol (A)	(a) (b)	Se la la la la la la la la la la la la la	II) Bonus & incentive	(iii) Other	other deferred	(b) Nortaxable	(E) Total of countins	(r) Compensation reported as deferred in
(A) Name and Title	compensation		compensation	reportable compensation	compensation			pnor Form 990
	L (1)	79,137	50,000	221,988	0	4,655	355,780	3,577
1 Director/CoPresident	(11)	0	0	0	0	0		0
S. Carol Dougal	9	58,304	20,000	223,672	0	4,777	336,753	3,577
2 Director/CoPresident	(E)	0	0	O	0	0		0
	Ξ,			•				
.	(11)	_						
	3							
4	3							
	Ξ							
	(11)							
	[ω]		,					
9	(ii)							
	(ι)							
7	€			•				
	Ξ	-						
8	·			•				
	Ξ							
6	(11)			•	:			
C	(0)							
	E 3							
2	E =						<u> </u>	
	(1)							
12	(II)							
	(C)	•						
14	(ti)							
15	· (II)	,,						
16							•	

Schedule J (Form 990) 2013

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Schedule J (Form 990) 2013 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

SĆHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

haden to ronn 550.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

Employer Identification number

		COTINE	22 DEAFTORME	INT CENTER			36-3488	628		
Pa	art I Types of Property									
		(a)	(b)	(c)			(d)		_	
		Check if	Number of contributions or	Noncash contribution			Method of determin	นกฐ		
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g			noncash contribution a	mounts		
1	Art — Works of art									
2	Art — Historical treasures									
3	Art — Fractional interests									
4										
	Books and publications									
5	Clothing and household									
_	goods					 -				
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property		-							
9	Securities — Publicly traded						-			
10	Securities — Closely held stock									
11	Securities — Partnership, LLC,									
	or trust interests									
12	Securities — Miscellaneous									
13	Qualified conservation									
	contribution — Historic									
	structures						 .			
14	Qualified conservation									
	contribution — Other									
15	Real estate — Residential									
16	Real estate — Commercial		. ".							
17	Real estate — Other									
18	Collectibles		·							
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts			_						
25	Other ▶(Travel Vouchers)		88	39,000	do	nor	estimate			
26	Other ▶(Cmptrs, Perphls)	X	50	45,321	do	nor	estimate		-	
27	Other ▶(Printing)	Х	5	22,605	do	nor	estimate	-		
28	Other ► (Supplies, Mtgs)	Х	100	31,474	do	nor	estimate			
29	Number of Forms 8283 received by the	ne organiza	ation during the tax year fo	or contributions for						
	which the organization completed For	m 8283, Pa	art IV, Donee Acknowled	gement	29					
				·					Yes	No
30a	During the year, did the organization r	eceive by	contribution any property	reported in Part I, lines 1 - 2	8, tha	t				
	it must hold for at least three years fro	m the date	of the initial contribution	, and which is not required to	o be					
	used for exempt purposes for the enti-	re holding	penod?	•				30a	1 1	x
b	If "Yes," describe the arrangement in		•							
31	Does the organization have a gift acce		licy that requires the revi	ew of any non-standard						
	contributions?	•	•	, ,				31		x
32a		parties or	related organizations to	solicit, process, or sell nonc	ash			<u> </u>		
	contributions?			, [32a		x
b	If "Yes," describe in Part II.							02.0		
33	If the organization did not report an an	nount in co	olumn (c) for a type of pro	perty for which column (a) is	s chec	ked				
	describe in Part II			party for thinest condition (a) is		,				
	· · · · · · · · · · · · · · · · · · ·								. .	

Schedule M (Form 990) (2013)

WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Dana 2

Part IISupplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

WOMEN'S BUSINESS DEVELOPMENT CENTER

36-3488628

Form 990, Part I, Line 6

Board of Directors, certification committee members, and trainers.

Form 990, Part VI, Line 11b - 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 Chief Executive Officer and documented in personnel file upon consideration of employee performance and budget constraints.

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

Chief Executive Officer or Board Chair.

Form 990, Part IX, Line 11g - Other Fees for Services
Description

	Prog	ram Service	Mgt	& General	Fun	draising
Other Fee	es					
	\$	536,519	\$	10,388	\$	29,653

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Deferred Compensation \$ 445,660

Deferred Payroll Taxes \$ 7,131

On July 31, 2013, the Organization founders (Co-presidents) retired and were provided deferred compensation and related payroll taxes totaling \$452,791 to be paid over twenty-four months beginning August 1, 2013.