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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 2014 Open to Public Inspection

Ā	For the	2014 calendar year, or tax year beginning 07/01/14 and ending 06/30	/15		
В				D Employe	r Identification number
	Address cha	mge WOMEN'S BUSINESS DEVELOPMENT CENTER			
	Name chang	Doing business as		36-3	488628
	]	Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Telephon	853-3477
_	j Initial retum ∃ Final retum		1	312-	055-3411
L	terminated				2 612 060
	Amended re	turn F Name and address of pnncipal officer		G Gross rec	erpts \$ 3,613,969
Ē	Application		H(a) Is this a gro	oup return for so	ubordinates? Yes X No
L	] . <b>P</b> P	8 S Michigan Avenue, Suite 400	H(b) Are all sub	ordinates inclu	rded? Yes No
		Chicago IL 60603	1 ''		(see instructions)
-	<b>-</b>				<b>,</b>
<u> </u>	Tax-exemp	-1-1	H(c) Group exe	maken numba	
7	Website. Form of org			.986	M State of legal domicale IL
<u>*</u>	Part I	Summary	Tear of tormation		M State of legal dofflictle 11
_	<del></del>	riefly describe the organization's mission or most significant activities			<del></del>
		TO EMPOWER WOMEN BUSINESS OWNERS			
3	3	TO EMPONER NOMEN BOSINESS OWNERS			
	2 N N T T 6 T 6 T	heck this box ▶	0/ of its pot asset		
ć	5   2 U	umber of voting members of the governing body (Part VI, line 1a)	% Of its fiet assets	。   3	18
٥	g J N	umber of independent voting members of the governing body (Part VI, line 1b)		4	16
	86   4 N	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	37
		otal number of volunteers (estimate if necessary)		6	40
•		otal intriber of volunteers (estimate in necessary)		7a	0
ĽΩ		et unrelated business taxable income from Form 990-T, line 34		7b	0
2015 	- BIN	et difference busiliess taxable income from 1 offit 550-1, fille 54	Prior Ye		Current Year
	. 8 c	ontributions and grants (Part VIII, line 1h)		6,576	3,535,209
67	ğ   9 P	rogram service revenue (Part VIII, line 2g)		6,758	73,944
FC 28	∯   10 lr	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,385	4,816
DFC	ž   11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 T	otal revenue – add lines 8 through 11 (must equal Part WH3 column (A), line 12)	4,72	7,719	3,613,969
SCANNED	13 G	rants and similar amounts paid (Part IX, eorumn (A), nes 1+3)			0
2	14 B	enefits paid to or for members (Rant X Column (A), line 4)			0
	n 15 S	alaries, other compensation, employee benefits (ParteX, column (A), lines 5-10)	1,89	2,785	2,105,983
C)	2   16a P	rofessional fundraising fees (Part IX-colūmn (A), line 11e)			0
$ \mathbf{w} $	в Б	otal fundraising expenses (Ran X, column (D), line 25) 303,152			
Ĺ	D 17 0	ther expenses (Part IX, column (A), lines 11a 11d, 141 24e)	1,85	6,422	1,864,622
	18 T	otal expenses Add lines 13-7 (must equal Part IX, column (A), line 25)		9,207	3,970,605
	19 R	evenue less expenses Subtract line 18 from line 12		8,512	-356,636
Š	20 T Rapud 21 T 22 N		Beginning of Cu		End of Year
afaa	[편 20 T	otal assets (Part X, line 16)		8,193	2,746,475
Š	뜀 21 T	otal liabilities (Part X, line 26)		1,420	225,202
-		et assets or fund balances Subtract line 21 from line 20	2,87	6,773	2,521,273
_	Part II	Signature Block			
		alties of penury, I declare that I have examined this return, including accompanying schedules and staten ct, and complete Declaration of preparel (other than officer) is based on all information of which preparel			wledge and belief, it is
_		Emilia Il Meria		12-	8-2015
S	ign	Signature of officer		Date	
۲	lere	Emilia DiMenco Pres	ident and	1 CEO	
_		Type or print name and title			
_	]	Print/Type preparer's name  Preparer's signature	Date	Check	d PTIN
		ROBERTA OSHER BLA UL	11/18	/15 self-em	
1	reparer	Firm's name > Osher & Associates, CPA's		ım's EIN	36-4333530
U	se Only	11 E Hubbard Suite #3A			<del></del>
_		Firm's address  Chicago, IL 60611		Phone no	312-236-8590
_		discuss this return with the preparer shown above? (see instructions)	_		X Yes No
	or Paperwo	ork Reduction Act Notice, see the separate instructions.		_	77 Form 990 (2014)

9 37 Form 990 (2014)

Form 990 (2014) <b>V</b>	NOMEN'S BUSIN	ESS DEVELOPMENT CENTER	<u>36-3488628</u>	Page 2
Part III Sta	atement of Program	Service Accomplishments		<u> </u>
		ntains a response or note to any line i	n this Part III	
1 Briefly describ	e the organization's mission	on		
TO EMPOW	ER WOMEN BUSI	NESS OWNERS		
2 Did the organi	ration undertake any signi	ficant program services during the year which w	ere not listed on the	····
2 Did the organi prior Form 99		meant program services during the year which w	ere not listed on the	Yes X No
•	nbe these new services on	Schedule O		
		or make significant changes in how it conducts, a	any program	
services?	_	-		Yes X No
If "Yes," desci	nbe these changes on Sch	edule O.		
4 Describe the	organization's program ser	vice accomplishments for each of its three large	st program services, as measured by	
expenses Se	ction 501(c)(3) and 501(c)	(4) organizations are required to report the amou	int of grants and allocations to others,	
the total expe	nses, and revenue, if any,	for each program service reported		
4a (Code	) (Expenses \$	3, 238, 975 including grants of \$	) (Revenue \$	73,944)
		AND ADVICE TO WOMEN WHO		
		ING THEIR OWN BUSINESS.	3,700 PERSONS	
SERVED D	URING FISCAL	YEAR.		
		<del></del>	<del></del>	
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4- (Codo:	) (Expenses \$	includes state of fi	) (Daniel C	<del></del>
4c (Code	) (Expenses a	including grants of \$	) (Revenue \$	)
4d Other	m aanuaan (Daaraha iii Ca	hadula O )		
	m services (Describe in Sc		) (Devenier 2	
(Expenses \$		including grants of \$ 3,238,975	) (Revenue \$	
4e i olai program	n service expenses 🕨	3,230,913		<del></del>

## 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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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,			
	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		х
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	l		
	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,	- 1		
	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,"		1	
	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 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 169 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	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	and the tax years in reas, and in			
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		- 1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		İ	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		l	7.5
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
	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	ایرا		7.5
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
. •	If "Yes," complete Schedule G, Part III	4.		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 202		$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	N/	
	The state of the s	20b	74\h	

Pa	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			
	domestic government 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 or other assistance to or for domestic individuals on			<b>.</b>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	├	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	l		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			<b></b>
	employees? If "Yes," complete Schedule J	23		X
24a		ŀ	i	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ŀ	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	N/	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	14/	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ļ.,	N/	
	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	N/	A
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,5
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	_25a		X
þ	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	ţ	ļ	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		i	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-	İ	x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	205		x
_	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b	<del> </del>	
С	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	29	X	<del>                                     </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	-	├─
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	<del>                                     </del>	-
•	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
<b>-</b>	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u> -		<del></del>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
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		x
35a		35a		X
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	35b	N/	A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		<del></del>	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- <u></u> -	<b></b>	===
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ł	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	192 Note: All Form 990 filers are required to complete Schedule O	20	Y	

14a

14b

N

Form **990** (2014)

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  $|\mathbf{X}|$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 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 16 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 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 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a one or more members of the governing body? 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. X The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 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 X with a taxable entity during the year? 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 safequard the N/A organization's exempt status with respect to such arrangements? Section C. Disclosure IL List the states with which a copy of this Form 990 is required to be filed ▶ 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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) 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 State the name, address, and telephone number of the person who possesses the organization's books and records Emilia DiMenco 8 S Michigan #400

312-853-3477

IL 60601

Chicago

orm 000 /2014)	WOMEN'S	BUSTNESS	DEVELOPMENT	CENTER	36-3488628
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Pane	1

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		( <b>D</b> )  Reportable  compensation  from  the  organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1033-MISC)	from the organization and related organizations
(1) Emilia DiMenco										
	40.00									
Chief Executive Ofcr	0.00	X		X		$\sqcup$		132,717	0	5,725
(2) Hedy Ratner										
	12.00	l								_
Director	0.00	X			_	<del>  </del>		50,000	0	0
(3) S. Carol Dougal										
	3.00	l						ا		_
Director	0.00	X		_	_			0	0	0
(4) Debra Jennings-J			1		l	i i				
	3.00	۱								_
Chairperson	0.00	X		X	<u> </u>	₩		0	0	0
(5) Pam McDonough			1	<b> </b>		1 1				
	2.00					1			_	
Secretary Charalile He	0.00	X	<u> </u>	X	┝	├─┤		0	0	0
(6) Linda Chaplik-Ha		ļ	ļ	ļ	l	\				
	2.00								•	_
Vice Chairperson	0.00	X		X	┢	╁╌┤		0	0	0
(7) Laurel G. Bellow	1.00	l				ll				
Dimenton.	0.00	x		ļ				o	^	_
Director (8) Risa R. Davis	0.00	╀┻		-	┝	┼╌╢		<u> </u>	0	0
(8) RISA R. DAVIS	1.00									
Director	0.00	$ \mathbf{x} $		1		1 1		o	o	О
(9) Sandra Rand	0.00	<del>  ^</del>		╁	$\vdash$	+-1		<del></del>		
(s) Sandra Rand	2.00	l		l						
Treasurer	0.00	x		x		1 1		o	o	0
(10) Arabel Alva Rosa		1	┢╌	-	$\vdash$	$\vdash$		<del></del>	<u> </u>	<del></del>
(10)ALCOCL III VA 11050	1.00									
Director	0.00	x			1			o	0	0
(11)Rona Fourte	1	† <u></u> -	$\vdash$	1	$\vdash$	1 1				<del> </del>
(,2	1.00									
Director	0.00	X			l			o	o	o
DAA		<del></del>		Ь.	—				<u> </u>	Form <b>990</b> (2014)

Part VII Section A. Officers,	Directors, Trus	tee	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)	
(A) Name and title	Name and title Average hours per week (list any Position (do not check more than on box, unless person is both a officer and a director/trustee				an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	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-2/1099-MISC)	from the organization and related organizations
(12)Alison Chung	12)Alison Chung									
Director	0.00	x			ļ			o	0	0
(13)Michelle Blaise										
Director	1.00	X						0	o	0
(14) Shelley Stern Gr										
_	1.00	}	1		1	1				
Director	0.00	X	L			<u> </u>	_	0	0	0
(15) Cassandra Sanfor		[	ļ		ļ		<b> </b>			
	1.00	l								
Director	0.00	X	<u> </u>	<u> </u>	<b>├</b> ─	├	├—	0	0	0
(16) Elizabeth Minnel	1.00	TΕ	Z							
Dimenton	0.00	x						0	o	o
Director (17) Beth Kieffer Lec		1	╁╌		╁╴	┢		<u> </u>		<del>_</del>
(II) De til Richies Det	1.00									
Director	0.00	x				ł		0	o	0
(18) Jennifer Mariani										
•	1.00	ļ	1	ļ		ļ				
Director	0.00	X	_	<u> </u>	<u> </u>	ļ_	_	0	0	0
(19)				1						
1b Sub-total							<b>&gt;</b>	182,717		5,725
c Total from continuation shee	ets to Part VII, S	ecti	on A				ightharpoons			
d Total (add lines 1b and 1c)	<del> </del>					<del></del>	<u> </u>	182,717		5,725
Total number of individuals (individuals compensation from			1	ose	liste	d abo	ove) 	who received more than \$1	00,000 of 	Yes No
3 Did the organization list any fo								ee, or highest compensated	i	
employee on line 1a? If "Yes,"  4 For any individual listed on line organization and related organ	1a, is the sum o	f rep	ortat	ole c	omp	ensat	tion		m the	3 X
individual	izations greater t	ııaıı	<b>Ģ</b> IOU	,000	17 11	165,	COI	implete Scriedule 3 for such		4   X
5 Did any person listed on line 1			•				-	•	dividual	
for services rendered to the or		es," (	omp	lete	Sche	dule	J fo	r such person		5 X
Section B. Independent Contracto  1 Complete this table for your five		nsat	ed in	dene	ende	nt co	ntra	ctors that received more tha	n \$100 000 of	<del></del>
compensation from the organiz	zation Report co							r year ending with or within	the organization's tax year	<del></del>
Name and	(A) I business address						L	Descrip	(B) otion of services	(C) Compensation
	· · · · · · · · · · · · · · · · · · ·						╁		<del></del>	
							┼		<del></del>	
	<del></del>						$oxed{oldsymbol{oldsymbol{oxed}}}$	<del>-</del>		
2 Total number of independent of								e listed above) who		
received more than \$100,000 of DAA	or compensation	<u> 11 OIT</u>	ne	orga	nıza	ION		<del></del>	0	Form <b>990</b> (2014)

Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII

		Cneck	ir Schedule (	) contai	ns a re	esponse o	r note to any line i			
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ম ম	1a	Federated can	nnaigns	1a				Tovallag		012-014
Contributions, Gifts, Grants and Other Similar Amounts		Membership de		1b						
호일		•	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							
ξĒ		Fundraising ev		1c						
قَقَ		Related organi		1d		754 000				
Sign	e	Government grants	•	1e		754,998				
흕뤼	T	All other contribution and similar amounts								
듗된		and similar amounts	not included above	1f	2,	780,211	I			
ig g	g		ns included in lines 1a-	1f \$		76,600				
	<u>h</u>	Total. Add line	es 1a–1f			<u> </u>	3,535,209			
e l						Busn. Code	1			
ver	2a	Seminar	s		ļ	611710	46,242	46,242		
Re	b	Program	Interest		ļ	900099	23,911	23,911		
Vice	С	Loan Fe	es		1	900099	3,791	3,791		
Ser	d									
an a	е									
Program Service Revenue	f	All other progra	am service rever	nue						
ď	g	Total. Add line	es 2a–2f			•	73,944			
	3	Investment inc	come (including d	ividends,	ınterest,					
		and other simil	lar amounts)			<b>•</b>	4,816			4,816
	4		nvestment of tax-	exempt bo	ond prod	ceeds 🕨			<u> </u>	
	5	Royalties		·	·	▶ [				
		•	(ı) Real		(II) Pe	ersonal				
	6a	Gross rents								
	b	Less rental exps								
	c	Rental inc or (loss)								
	d	Net rental inco	<b>L</b>	<u> </u>		▶			•	
	7a	7a Gross amount from (i) Securities (ii) C		Other			· ·			
		sales of assets			,,,					
	b	other than inventory Less cost or other								
	D	basis & sales exps								
	_	Gain or (loss)								
		, ,								
	d	Net gain or (lo	ss) om fundraising ever							
nue	oa		-	its						
ven		(not including \$								
Re			reported on line 1c)							
Other Reve	L	See Part IV, line		a						
5		Less direct ex	(penses (loss) from fund:	b	ante		1			
	C		•		511 <b>18</b>					
	53	See Part IV, line	om gaming activitie							
	L			a						
		Less direct ex		b						
			(loss) from gam	ng activitie	es	<b>•</b>				
	10a		f inventory, less							
		returns and all		a						
		Less cost of g		_ b						
	<u> </u>		(loss) from sales	of invent	ory T					
		Mis	scellaneous Revenue			Busn Code				
	11a								<u> </u>	
	b									
i	C									
	d	All other reven			L					
	е	Total. Add line				<b>•</b>				
	12	Total revenue	e. See instruction	s			3,613,969	73,944	0	4,816

Statement of Functional Expenses

Form 990 (2014)

WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) (B) Program service (C) Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 47,832 92,850 140,682 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,601,562 1,310,177 125,920 165,465 Other salaries and wages Pension plan accruals and contributions (include 54,720 45,097 5,725 3,898 section 401(k) and 403(b) employer contributions) 154,285 120,868 18,633 14,784 Other employee benefits 154,734 120,851 19,135 14,748 10 Payroll taxes Fees for services (non-employees) 11 a Management Legal 140,740 109,921 17,405 13,414 Accounting c Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 488,291 446,069 23,846 18,376 (A) amount, list line 11g expenses on Schedule O) 4,334 3,385 536 413 Advertising and promotion 12 241,783 217,158 20,263 4,362 13 Office expenses 110,398 120,847 5,900 4,549 Information technology 14 Royalties 15 206,799 253,569 27,158 19,612 16 Occupancy 116,102 81,158 18,383 16,561 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 22,649 357,439 317,641 17,149 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 11,530 11,530 Depreciation, depletion, and amortization 22 16,671 13,119 2,006 1,546 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 26,398 20,617 3,265 2,516 Telephone 19,261 24,662 3,050 2,351 b Equip Rental, Repair, Mnt 22,292 С Program Supplies 22,292 Bank and Credit Card Proc 21,704 19,880 1,030 794 18,260 6,452 11,021 787 Ail other expenses 3,970,605 3,238,975 428,478 303,152 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2014)

WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

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 83,049 107,128 Cash--non-interest bearing 1,363,074 1,311,369 2 2 Savings and temporary cash investments 733,694 358,693 3 Pledges and grants receivable, net 3 16,686 11,018 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 151,135 133,546 Notes and loans receivable, net 8 Inventories for sale or use 57,945 14,200 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 219,692 other basis. Complete Part VI of Schedule D. 10a 109,891 26,530 109,801 10b 10c b Less accumulated depreciation 6,454 7,589 11 11 Investments-publicly traded securities 150,000 150,827 12 12 Investments-other securities See Part IV, line 11 672,888 535,566 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 6,738 6,738 15 15 Other assets See Part IV, line 11 3,268,193 2,746,475 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 160,305 214,254 17 Accounts payable and accrued expenses 17 18 18 Grants payable 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 231,115 25 10,948 of Schedule D 391,420 225,202 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 405,815 785,967 27 27 Unrestricted net assets 2,470,958 1,735,306 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and 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 2,521,273 33 Total net assets or fund balances 33 3,268,193 2,746,475 Total liabilities and net assets/fund balances

Parf XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	l
3 Revenue less expenses Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	<u> 9</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	<u>)5</u>
5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	36
6 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,521,27  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	6
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,521,27  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,521,27  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	_
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	_
33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	_
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	13
	_
	7
	<u>-</u>
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	<u> </u>
If the organization changed its method of accounting from a prior year or checked "Other," explain in	
Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	ζ
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	_
reviewed on a separate basis, consolidated basis, or both	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
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	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in	
Schedule O	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	
1 0 1 4 1/4 / 10/10 0 1 4 1/40	7
the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<u> </u>
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  N/A	

**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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

aille	OI LINE	Organization	MONGRAL C DUCT	NECC DEVELOPMENT		<b>M D D</b>	, , ,	incation number					
152	art I	Bass		NESS DEVELOPMEN			36-348						
				Status (All organizations			this part ) See instruction	<u> </u>					
	orgar □□		•	it is (For lines 1 through 11, che	•	•	A \/!\						
1				ciation of churches described in	section 1	/U(D)(1)(	A)(I).						
2	H		cribed in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E ) a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .										
3	H	•	•	•	•								
4	ш			in conjunction with a hospital de	scribed in	section	170(b)(1)(A)(III). Enter the hosp	oital's name,					
_		city, and state											
5	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
_	$\Box$	•											
6	₩		I, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X		nization that normally receives a substantial part of its support from a governmental unit or from the general public										
_	$\overline{}$		section 170(b)(1)(A)(vi). (Co	•									
8	Н	·		70(b)(1)(A)(vi). (Complete Part I	•								
9	LJ	-	•	more than 33 1/3% of its suppo									
				ot functions—subject to certain e									
				d unrelated business taxable inco			11 tax) from businesses						
••	$\Box$	-	<del>-</del>	, 1975 See <b>section 509(a)(2).</b> (	•	•							
10	H			clusively to test for public safety		-		_					
11	Ш			clusively for the benefit of, to pe									
				ins described in section 509(a)				neck					
_	$\Box$			ribes the type of supporting orga									
а				d, supervised, or controlled by its									
				regularly appoint or elect a majo	ority of the	airectors	or trustees of the supporting						
b		-	You must complete Part IV										
U	Ш			sed or controlled in connection w									
				rganization vested in the same p	persons in	at control	or manage the supported						
_		-	s) You must complete Part			41 1 4							
С	لــا			orting organization operated in co									
d				ons) You must complete Part									
u	Ш			upporting organization operated inization generally must satisfy a			• • • • • • • • • • • • • • • • • • • •						
				complete Part IV, Sections A			ment and an attentiveness						
е				a written determination from the			al Type II Type III						
·	ш			ctionally integrated supporting or			e i, Type ii, Type iii						
f	Ente		of supported organizations	cionally integrated supporting or	gariizaliori								
g			ing information about the sup	ported organization(s)				<u> </u>					
		e of supported	(li) EIN	(III) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vI) Amount of					
•		janization	, ,	(described on lines 1-9		ır governing	support (see	other support (see					
				above or IRC section	docu	ment?	instructions)	instructions)					
				(see instructions))	Yes	No							
A)				<del></del>			<del></del>						
•													
<u>—</u> В)							<u>-</u>						
C)					1								
D)					1		<del>-</del>						
E)													
			i :		1	1 1		1					

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	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,644,287	3,341,960	3,948,959	4,636,576	3,535,209	19,106,991
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	3,644,287	3,341,960	3,948,959	4,636,576	3,535,209	19,106,991
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)						233,020
6	Public support. Subtract line 5 from line 4						18,873,971
	tion B. Total Support	I I.	<u></u>	<u> </u>	<del></del>	<u></u>	18,873,971
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3,644,287	3,341,960	3,948,959	4,636,576	3,535,209	19,106,991
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,977	10,044	8,120	4,385	4,816	40,342
9	Net income from unrelated business activities, whether or not the business is regularly carried on			7			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	65,857	89,624	85,466	86,758	73,944	401,649
11	Total support. Add lines 7 through 10						19,548,982
12	Gross receipts from related activities, etc. (	•				12	0
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	ı, or fifth tax year as	a section 501(c)(3	3)	
	organization, check this box and stop here			<u> </u>		<u>.</u> .	
	tion C. Computation of Public Su	<del></del>	<del>-</del>				
14	Public support percentage for 2014 (line 6,	• • •	•	<b>(</b> ))		14	96.55%
15	Public support percentage from 2013 Scher					15	97.33%
16a	33 1/3% support test—2014. If the organiz				/3% or more, checl	k this	. =
	box and stop here. The organization qualifi						<b>▶ X</b>
b	33 1/3% support test—2013. If the organization has the bay and step bers. The organization				33 1/3% or more,		
170	check this box and <b>stop here.</b> The organization of the stop here.	•		•	40b 44		
114	<ul><li>10%-facts-and-circumstances test—201</li><li>10% or more, and if the organization meets</li></ul>						
	Part VI how the organization meets the "fac						
	organization	is-and-circumstand	es test The organi	zation qualifies as a	a publicly supporter	u	▶ □
ь	10%-facts-and-circumstances test—201	3. If the organization	n did not check a b	ov on line 13 16a	16b or 17a and lin	20	
_	15 is 10% or more, and if the organization r					ie	
	Explain in Part VI how the organization mee				•	u.	
	supported organization			organization qu	.aioo do a publicij	,	▶ □
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b. 1	7a, or 17b, check ti	his box and see		<b>-</b> []
	instructions			,	22 2 000		▶ □

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	tion A. Public Support	1				<i></i>				
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	~								
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 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									
С	Add lines 7a and 7b		ļ			<u> </u>				
8	Public support (Subtract line 7c from						- 1			
500	tion B. Total Support	<u> </u>	1	<u> </u>		<u> </u>		<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total		
9	Amounts from line 6	(4) 2010	(5) 2011	(0) 2012	(u) 2015	(0) 2014		(i) rotar		
		<del></del> -	<u> </u>			-				
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					<del> </del>				
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 VI)									
13	Total support. (Add lines 9, 10c, 11,									
4.4	and 12)  First five years. If the Form 990 is for the	organization's first	second third form	th or fifth towards	1 2 coston 501(=)	(2)				
14	organization, check this box and stop here	-	secona, unra, rour	ın, or ılırı tax year a	as a section 501(c)	(3)		▶ □		
Sec	tion C. Computation of Public Su		tage							
15	Public support percentage for 2014 (line 8,			(f))	<del></del>		15	%		
16	Public support percentage from 2013 Sche	, ,	-	·//			16			
$\overline{}$	tion D. Computation of Investme						<u> </u>			
17	Investment income percentage for 2014 (lii			column (f))			17	%		
18	Investment income percentage from 2013			• • •		ļ.	18	%		
19a	33 1/3% support tests—2014. If the organ			14, and line 15 is m	ore than 33 1/3%,	and line				
	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization qu	alifies as a publicly	supported organiz	ation		▶ []		
b	33 1/3% support tests—2013. If the orga									
	line 18 is not more than 33 1/3%, check thi	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	•				▶ 🛄		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A and D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

coot	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete A. All Supporting Organizations	olete Part V.)		
1				
•	Are all of the organization's supported organizations listed by name in the organization's governing	E	Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain			
2		1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
3a	organization was described in section 509(a)(1) or (2)	_2		
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
L	(b) and (c) below	_ 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	<u>4a</u>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	Į.		
	was accomplished (such as by amendment to the organizing document)	5a		
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	_7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990)	8		<del></del>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	_9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)		ĺ	
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		[	
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	

determine whether the organization had excess business holdings )

	tule A (Form 990 or 990-EZ) 2014 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-34886	28		Page 5
<u> Far</u>	** Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	•	Ì
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		l
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s)	1	_	L
Sect	ion D. All Type III Supporting Organizations	-		
		F	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		1
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	s)		
		٠,		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	5. See See See See See See See See See Se			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

5 Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2014 WOMEN'S BUSINESS DEVELOPMEN	NT CE	NTER 36-3488	628 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	20, 1970	See instructions. All	
other Type III non-functionally integrated supporting organizations must complete Section	ns A throug	jh E.	
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year
			(optional)
1 Net short-term capital gain	1	,	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	<u> </u>	
4 Add lines 1 through 3	4	<u></u> .	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 а b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3<sub>j</sub> and 4c Breakdown of line 7 а

Schedule A (Form 990 or 990-EZ) 2014

b c

d Excess from 2013
e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 WOMEN'S	BUSINESS DEVE	LOPMENT CENTER 36-348	88628 Page 8
	-	equired by Part II, line 10; Part II, line	e 17a or 17b; and
Part III, line 12 Also complete this	part for any additiona	I information. (See instructions.)	
Part II, Line 10 - Other Inc	come Detail		
Seminars/Workshops	\$	278,103	
Program Interest	\$	104,969	
Loan Fees	Ś	18 577	

#### **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		36-3	488628				
	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to F	nds or Other Similar Funds or Ac	s or Accounts.					
		(a) Donor advised funds		b) Funds and other accounts				
1	Total number at end of year	(,,		2,1 22				
,	Aggregate value of contributions to (during year)			·				
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year			<del></del>				
5	Did the organization inform all donors and donor advisors in writing that	the assets hold in depart advised						
3	_			□ <b>v</b> □ <b>v</b> -				
6	funds are the organization's property, subject to the organization's exclusive property and the organization of the organizati	•		∐ Yes ∐ No				
O	Did the organization inform all grantees, donors, and donor advisors in w							
	only for charitable purposes and not for the benefit of the donor or donor conferring impermissible private benefit?	advisor, or for any other purpose		□ v <sub></sub> □ v <sub>-</sub>				
D,	art II Conservation Easements.			Yes No				
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check a	all that apply)						
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically imports	ant land	area				
	Protection of natural habitat	Preservation of a certified historic si	tructure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conserv	ration 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	ded ın (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, exti	nguished, or terminated by the organization d	luring the	· · · · · · · · · · · · · · · · · · ·				
	tax year ▶							
4	Number of states where property subject to conservation easement is lo	cated ►						
5	Does the organization have a written policy regarding the periodic monitor	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						
	<b>&gt;</b>							
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	onservation easements during the year						
	<b>▶</b> \$							
8	Does each conservation easement reported on line 2(d) above satisfy the	e 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, and	d					
	balance sheet, and include, if applicable, the text of the footnote to the o	rganization's financial statements that describ	es the					
	organization's accounting for conservation easements							
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F	Historical Treasures, or Other Signature 990 Part IV line 8	milar A	Assets.				
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), no works of art, bustorical transpires, or other similar assets held for public a							
	works of art, historical treasures, or other similar assets held for public e		æ or					
<b>L</b>	public service, provide, in Part XIII, the text of the footnote to its financial of the organization elected, as permitted under SEAS 116 (ASC 958), to		bost					
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to							
	works of art, historical treasures, or other similar assets held for public e	Ambidon, education, or research in furtherand	स्र व					
	public service, provide the following amounts relating to these items			•				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>P</b>	\$				
•	(ii) Assets included in Form 990, Part X	Alban aumilian annata fan 5		\$				
2	If the organization received or held works of art, historical treasures, or or		tne					
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items:	_	_				
a	Revenue included in Form 990, Part VIII, line 1		<b>•</b>	\$				

Variable   Variable	<u> </u>
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?  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 2D Id the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year	
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  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions	
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assets to be sold to raise funds rather than to be maintained as part of the organization?  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, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
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?    Yes	
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?    Yes    No	
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, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four year back (e) Four years back (e	
included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  C Beginning balance  d Additions during the year  Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e	
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	
Amount  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, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years bac	No
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, tine 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four year back (e) Four year (c) Two years back (e) Four year (c) Two years back (e) Four year (e) Four year (e) Two years back (e) Four year (e) Two years back (e) Four year (e) Four year (e) Four year (e) Two years back (e) Four year (e) Fo	
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, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four ye	
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years b	
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e) Fou	
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e)	
Part V Endowment Funds. Complete If the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four year	∐ No
Complete If the organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four year  1a Beginning of year balance  b Contributions	<u> </u>
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back to Contributions	
1a Beginning of year balance b Contributions	<del></del>
b Contributions	rs back
c Net investment earnings, gains, and   I I I I I I I I I I I I I I I I I I	
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	<del></del>
organization by	s No
(i) unrelated organizations  3a(i)	
(ii) related organizations	┿
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	Щ
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	
	,851
d Equipment 49,091 49,091	, 651
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)	,950

WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Page 2

Part VII Investments—Other Securities.  Complete if the organization answered "Yes" to I		h See Form 990 Part X line 1	Page
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other Certificates of Deposit	150,827		
(A)			
(B)			
(C)			
(D)		<del> </del>	
(E)		<del></del>	
(F)		<del></del>	
(G)			<del></del>
(H)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	150,827		<del></del>
Part VIII Investments—Program Related.	1 200/02/		
Complete if the organization answered "Yes" to I	Form 990. Part IV. line 11	c. See Form 990. Part X. line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market value	<del>_</del>
(1) CD's Restricted - Securing Loans	535,566	Cost of the of your market rates	<del></del>
(1) CD's Restricted - Securing Loans (2)	333,333	<del></del>	
(3)			·——
(4)		<del></del>	
(5)			
(6)			
(7)			-
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶	535,566		
Part IX Other Assets.			_
Complete if the organization answered "Yes" to	Form 990, Part IV, line 11		
(a) Description		(b) Boo	ok value
(1)			-
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		<del></del>
(5)		<del></del>	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" to line 25	Form 990, Part IV, line 1	le or 11f. See Form 990, Part X	•
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Deferred Rent	10,948		
(3)			
(4)			
(5)			
(6)	+		
(7)	<del>                                     </del>		
(8)			
(9)	1 .		

10,948

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

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	rn.			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	4,	<u>034</u>	<u>, 905</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments  2a 1,136	- 1			
b	Donated services and use of facilities 2b 419,800				
С	Recoveries of prior year grants	- 1			
d	Other (Describe in Part XIII )				
е	Add lines 2a through 2d	2e		<u>420</u>	
3	Subtract line 2e from line 1	3	3 <u>,</u> (	<u>613</u>	<u>,969</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	- 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII )				
С	Add lines 4a and 4b	4c			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	<u> </u>	<u>613</u>	<u>, 969</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn.			

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 4,390,405 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 419,800 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII ) 2d 419,800 e Add lines 2a through 2d 2e 3,970,605 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 4b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 3,970,605

Part XIII 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 state law. 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, 2012 filed on the tax year 2011 tax form. The Organization does not expect a material net change in unrecognized tax benefits in the next twelve months.

Schedule D (Form 990) 2014 WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Page 5

Part XIII Supplemental Information (continued)

WOMENBUSINE 1,1/18/2015 11 09 AM

### 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.

▶ Information about Schedule L (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

ame of the organ	WOMEN'S BUSINESS DEV	ELODMENT C	ENMED				1	yer ider 34886		on num	ber		
Part I	Excess Benefit Transactions			501(c)	(4)	and 501(c)(29) or		4000	26				
1 -17 -	Complete if the organization answered							40b					
		- I	onship between disc		_		_				(d)	Correct	ted?
1	(a) Name of disqualified person	ł	organizatio	ın			(c) Description of tra	ınsactıoı	1		Yes	T	No
(1)												一	
(2)												$\top$	
(3)													
(4)												$\Box$	
(5)													
(6)													
under s	ne amount of tax incurred by the organizat section 4958 ne amount of tax, if any, on line 2, above, i	_			ns d	uring the year		► \$ ► \$	; 				
Daniel II	1 4 1/ F 1-4	-4I D											
Part II	Loans to and/or From Interes			V 1	- 00	F 000 B							
	Complete if the organization answered organization reported an amount on Fo				e 36	a or Form 990, P	aπ IV, line 26; or i	r tne					
<del> </del>	(a) Name of interested person	(b) Relationship	(c) Purpose of		oan to	(e) Original	(f) Balance due	(a) In	default?	(h) Ap	proved	l m w	/ntten
		with organization	loan	or fro	m the		''	""		by bo	ard or		ment?
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10)								1		1			
Γotal		•	•			▶ \$	<del></del>					<u> </u>	
Part III	Grants or Assistance Benefi					· · · · · · · · · · · · · · · · · · ·							
	Complete if the organization answered	"Yes" on Form	n 990, Part IV,	line 2	7		<del></del> .						
	(a) Name of interested person		ship between intere		(c) A	mount of assistance	(d) Type of assistance		(e)	Purpose	e of assi	stance	
(4)		person	and the organization	n	ļ								
(1)	9	<del></del>			<del> </del>		<del></del>	+					
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(3) (4)	<del></del>	-			1	<del></del>		+					
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Schedule L (I	Business Transactions Involving In Complete if the organization answered "Yes" or			R 36-3488628	Page 2
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?
(1) Eliza	beth M. Gonzalez, Citi Bank	Board Member	186,184	Financial accounts	х
	fer Mariani, Bank of America	Board Member	186,226	Financial accounts	Х
(3)					
(4)		<u> </u>		L	
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(9)		<del></del>			+-+
(10) Part V	Supplemental Information		<u>.                                    </u>	<u> </u>	
rant v	Supplemental Information Provide additional information for responses to	augetions on Schodula I. (se	o instructions)		
	Provide additional information for responses to	questions on schedule L (se	e instructions)	<del></del>	
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### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

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

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WOMEN'S BUSINESS DEVELOPMENT CENTER

Employer identification number 36-3488628

Pa	rt   Types of Property								
-		(a)	(b)	(c) Noncash contribution		(d)			
		Check if	Number of contributions or	amounts reported on		Method of determining	ng		
		applicable	items contributed	Form 990, Part VIII, line 1g		noncash contribution am	nounts		
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						<u> </u>		
11	Securities Partnership, LLC,								
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation	ļ							
	contribution — Historic								
	structures							_	
14	Qualified conservation								
	contribution — Other								
15	Real estate — Residential								
16	Real estate — Commercial								
17	Real estate — Other	X	1	17,400	donor	<u>estimate</u>			
18	Collectibles		<del>-</del>		<u>.</u>				
19	Food inventory								
20	Drugs and medical supplies			<u> </u>					
21	Taxidermy								
22	Historical artifacts					<del></del>			
23	Scientific specimens								
24	Archeological artifacts			00 004					
25	Other ▶ (Travel, voucher)		3	22,884		estimate			
26	Other > (Meetings )	X	4	14,596		estimate			
27	Other > (Printing )	X	2 4	18,391		estimate			
28	Other ► (Supplies )		<del></del>	3,329	donor	estimate		_	
29	Number of Forms 8283 received by the	-							
	which the organization completed For	m 8283, F	art IV, Donee Acknowled	igement	29		_	[ <del>V</del> ]	NI-
20-	During the year, did the organization	roconio bir	contribution and property	reported in Bort Lines 4 44	rough			Yes	No
30a	28, that it must hold for at least three				-				
	to be used for exempt purposes for the	-		inibution, and which is not i	equiled		30a		X
b	If "Yes," describe the arrangement in		olding period.				30a		-
31	Does the organization have a gift acc		olicy that requires the rev	new of any non-standard					
31	contributions?	еріапос р	oney that requires the rev	icw of any non-standard			31	•	X
32a	Does the organization hire or use thin	d parties o	r related organizations to	solicit, process, or self-none	cash		-31	<u> </u>	
J_4	contributions?	- pa 0		Table process, or sen floric			32a		x
b	If "Yes," describe in Part II						720		<del>-</del>
33	If the organization did not report an a	mount in c	olumn (c) for a type of pro	operty for which column (a)	s checked				
	describe in Part II		(5, 15: 2 1,750 07 51	,,	,				
For Pa	perwork Reduction Act Notice, see the instruct	ions for Form	1 990.	<del></del>		Sci	hedule M (F	orm 990	1) (2014)

Schedule M (Form 990) (2014)

WOMEN'S BUSINESS DEVELOPMENT CENTER 36-3488628

Page 2

Part II

**Supplemental 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

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 2014

2014
Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

s.gov/form990. Inspection
Employer Identification number

Name of the organization

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.

Schedule O (Form 990 or 990-EZ) (2014)

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

	Progra	m Service	Mgt &	General	Func	draising
Other Fees						
	\$	446,069	\$	23,846	\$	18,376