

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1120 CONNECTICUT AVE., NW 1000

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

F Name and address of principal officer: **PAMELA PRINCE-EASON**
SAME AS C ABOVE

D Employer identification number
**** - *******

E Telephone number
(202) 872-5515

G Gross receipts \$ **10,325,309.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.WBENC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1997** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL'S (WBENC) PROGRAMS EDUCATE THE GENERAL PUBLIC AND			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 59		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 58		
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) 32		
	6	Total number of volunteers (estimate if necessary) 100		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.		
7b	Net unrelated business taxable income from Form 990-T, line 34 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 407,275.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 8,791,267.	407,275.	299,830.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 46.	8,791,267.	9,789,017.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 228,264.	46.	37.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,426,852.	228,264.	19,879.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,796,959.	9,426,852.	10,108,763.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	1,796,959.	1,812,155.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,919,117.	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	2,919,117.	3,098,036.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 318,176.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g) 4,608,946.	318,176.	5,047,967.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,325,022.	4,608,946.	5,047,967.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 101,830.	9,325,022.	9,958,158.
	20	Total assets (Part X, line 16) 7,797,610.	101,830.	150,605.
	21	Total liabilities (Part X, line 26) 4,063,206.	7,797,610.	8,239,848.
	22	Net assets or fund balances. Subtract line 21 from line 20 3,734,404.	4,063,206.	4,354,839.
			Beginning of Current Year	End of Year
			3,734,404.	3,885,009.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Pamela Prince-Eason* Date: **11-14-17**

PAMELA PRINCE-EASON, PRESIDENT/CEO
type or print name and title

Paid Preparer's name: **HOLLY CAPORALE** Preparer's signature: **HOLLY CAPORALE** Date: **11/07/17** Check if self-employed: PTIN: **P00235685**

Preparer Use Only Firm's name: **COUNCILOR, BUCHANAN & MITCHELL, P.C.** Firm's EIN: **** - *******
Firm's address: **7910 WOODMONT AVE. STE. 500 BETHESDA, MD 20814** Phone no.: **(301) 986-0600**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL'S (WBENC) PROGRAMS EDUCATE THE GENERAL PUBLIC AND CORPORATIONS ON A SUBJECT BENEFICIAL TO THE COMMUNITY, NAMELY THE NEED TO FOSTER DIVERSITY AND ELIMINATE PREJUDICE AND DISCRIMINATION IN THE MARKETPLACE. WBENC'S PROGRAMS NOT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,868,616. including grants of \$ 345,081.) (Revenue \$ 4,300,216.) NATIONAL CONFERENCE & BUSINESS FAIR - WBENC NATIONAL CONFERENCE & BUSINESS FAIR IS AN ANNUAL EVENT SPONSORED BY WBENC TO PROMOTE THE ORGANIZATIONS' MISSION OF BEING THE LEADER IN WOMEN'S BUSINESS DEVELOPMENT. THIS ANNUAL CONFERENCE AND BUSINESS FAIR BRINGS TOGETHER MAJOR CORPORATIONS INTERESTED IN BUILDING WORLD-CLASS SUPPLIER DIVERSITY PROGRAMS, AND THE WOMEN BUSINESS OWNERS WHO ARE SEEKING TO BREAK THROUGH THE BARRIERS, AMIDST THOUGHT LEADERS ON TRENDS IMPACTING CORPORATIONS AND WOMEN-OWNED BUSINESS MUTUAL BUSINESS IN THE FUTURE. WOMEN BUSINESS OWNERS HAVE THE OPPORTUNITY TO GENERATE BUSINESS ON THE SPOT WITH MAJOR CORPORATIONS OR TO INITIATE RELATIONSHIPS THAT WILL GENERATE BUSINESS IN THE FUTURE. THE PROGRAM ALSO INCLUDES NETWORKING OPPORTUNITIES AND EDUCATIONAL PROGRAMS FOR BOTH CORPORATIONS AND

4b (Code:) (Expenses \$ 2,478,122. including grants of \$ 1,416,288.) (Revenue \$ 39,200.) CERTIFICATION - CERTIFICATION IS THE CORNERSTONE OF WBENC'S CORE PLATFORM (CERTIFICATION, OPPORTUNITIES, RESOURCES AND ENGAGEMENT). CERTIFYING WOMEN OWNED BUSINESSES IS THE FOUNDATION OF WBENC'S MISSION, ALONG WITH CONNECTING WBENC-CERTIFIED WOMEN'S BUSINESS ENTERPRISES (WBES) WITH WBENC'S CORPORATE MEMBERS TO FACILITATE REAL TIME BUSINESS OPPORTUNITIES AND SERVING AS A RESOURCE TO OFFER TRAINING THAT HELPS THE CORPORATE MEMBER AND THE WBENC-CERTIFIED WBE GROW THEIR CAPACITY. WBENC'S WORLD-CLASS CERTIFICATION IS ACCEPTED BY MORE THAN 1,000 CORPORATIONS REPRESENTING AMERICA'S MOST PRESTIGIOUS BRANDS, IN ADDITION TO MANY STATES, CITIES AND OTHER ENTITIES. WBENC IS ALSO AN APPROVED THIRD PARTY CERTIFIER FOR THE UNITED STATES SMALL BUSINESS ADMINISTRATION (SBA) WOMEN-OWNED SMALL BUSINESS (WOSB) FEDERAL

4c (Code:) (Expenses \$ 1,084,169. including grants of \$) (Revenue \$ 968,025.) SUMMIT & SALUTE - THE SUMMIT & SALUTE IS AN ANNUAL EVENT SPONSORED BY WBENC TO FURTHER THE ORGANIZATION'S MISSION OF BEING THE LEADER IN WOMEN'S BUSINESS DEVELOPMENT. THE EVENT BRINGS TOGETHER CORPORATE MEMBERS AND WOMEN'S BUSINESS ENTERPRISES FOR EDUCATIONAL PROGRAMMING, NETWORKING OPPORTUNITIES, AND THE SALUTE GALA DINNER, WHICH IS WBENC'S ANNUAL FUNDRAISER. DURING THE TWO-DAY EVENT, WBENC RECOGNIZES AMERICA'S TOP CORPORATIONS FOR WOMEN'S BUSINESS ENTERPRISES AND AWARDS FOURTEEN WOMEN'S BUSINESS ENTERPRISE STARS. THE GOAL OF THE TOP CORPORATIONS PROGRAM IS TO HIGHLIGHT THE CORPORATIONS WHO MAKE A DEDICATED EFFORT TO DEVELOP WOMEN'S BUSINESSES AND TO USE THEM IN THEIR CORPORATE SUPPLY CHAINS. THE GOAL OF THE WOMEN'S BUSINESS ENTERPRISE STARS PROGRAM IS TO HIGHLIGHT WOMEN'S BUSINESS ENTERPRISES WHO ARE EXCELLING IN GROWING

4d Other program services (Describe in Schedule O) (Expenses \$ 1,316,470. including grants of \$ 50,786.) (Revenue \$ 4,481,576.)

4e Total program service expenses 8,747,377.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	22		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a			
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13b			
c	Enter the amount of reserves on hand		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
14b			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 59 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.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 58		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b		
12a 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	X	
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	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY, SC**
- 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 Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
PAMELA PRINCE-EASON - 202-872-5515
1120 CONNECTICUT AVE., NW, #1000, WASHINGTON, DC 20036

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL**

Form 990 (2016)

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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 related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THERESA HARRISON BOARD CHAIR	1.00	X		X			0.	0.	0.	
(2) PAMELA PRINCE-EASON PRESIDENT AND CEO	40.00	X		X			319,421.	0.	71,112.	
(3) JORGE ROMERO COUNSEL TO THE BOARD	1.00	X		X			0.	0.	0.	
(4) AL WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
(5) ALITHIA BRUNTON DIRECTOR	1.00	X					0.	0.	0.	
(6) LYNN BOCCIO DIRECTOR	1.00	X					0.	0.	0.	
(7) BARBARA KUBICKI-HICKS DIRECTOR	1.00	X					0.	0.	0.	
(8) DEBRA JENNINGS-JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(9) PAULA GIBSON DIRECTOR	1.00	X					0.	0.	0.	
(10) LINDA SEXTON DIRECTOR	1.00	X					0.	0.	0.	
(11) RENEE JONES DIRECTOR	1.00	X					0.	0.	0.	
(12) DAVID DROUILLARD DIRECTOR	1.00	X					0.	0.	0.	
(13) MICHAEL ROBINSON DIRECTOR	1.00	X					0.	0.	0.	
(14) BEVERLY JENNINGS DIRECTOR	1.00	X					0.	0.	0.	
(15) WILLIAM KAPPER DIRECTOR	1.00	X					0.	0.	0.	
(16) BARBARA CARBONE DIRECTOR	1.00	X					0.	0.	0.	
(17) JOHN MUNSON DIRECTOR	1.00	X					0.	0.	0.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY CREUZIGER DIRECTOR	1.00	X						0.	0.	0.
(19) DOMINICA GROOM DIRECTOR	1.00	X						0.	0.	0.
(20) FERNANDO HERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
(21) LISA STENGLEIN DIRECTOR	1.00	X						0.	0.	0.
(22) PAMELA PESTA DIRECTOR	1.00	X						0.	0.	0.
(23) MARK ARTIGUES DIRECTOR	1.00	X						0.	0.	0.
(24) LARRY CALDWELL DIRECTOR	1.00	X						0.	0.	0.
(25) MIKE HOFFMAN DIRECTOR	1.00	X						0.	0.	0.
(26) LAURA TAYLOR DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								319,421.	0.	71,112.
c Total from continuation sheets to Part VII, Section A								871,559.	0.	88,033.
d Total (add lines 1b and 1c)								1,190,980.	0.	159,145.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CENTERPLATE, INC. 9800 INTERNATIONAL DRIVE, ORLANDO, FL 32819	CATERING	190,536.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

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**WOMEN'S BUSINESS ENTERPRISE NATIONAL
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BENITA FORTNER DIRECTOR	1.00	X					0.	0.	0.	
(28) KATHLEEN TRIMBLE DIRECTOR	1.00	X					0.	0.	0.	
(29) DEBRA CLARK STEWART TREASURER	1.00	X					0.	0.	0.	
(30) EYVON AUSTIN DIRECTOR	2.00	X					0.	0.	0.	
(31) SYLVESTER JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(32) CLINT GRIMES PAST CHAIR	1.00	X					0.	0.	0.	
(33) RUBY MCCLEARY DIRECTOR	1.00	X					0.	0.	0.	
(34) ESTRELLA CRAMER DIRECTOR	1.00	X					0.	0.	0.	
(35) SANDY NIELSEN DIRECTOR	1.00	X					0.	0.	0.	
(36) JULIE COOKE DIRECTOR	1.00	X					0.	0.	0.	
(37) MICHAEL BYRON DIRECTOR	1.00	X					0.	0.	0.	
(38) NANCY ALLEN DIRECTOR	1.00	X					0.	0.	0.	
(39) GERI SWIFT DIRECTOR	1.00	X					0.	0.	0.	
(40) DEBBIE HURST DIRECTOR	1.00	X					0.	0.	0.	
(41) SUSAN RITTSCHER DIRECTOR	1.00	X					0.	0.	0.	
(42) EMILIA DIMENCO DIRECTOR	1.00	X					0.	0.	0.	
(43) ROZ LEWIS DIRECTOR	1.00	X					0.	0.	0.	
(44) MARSHA FIRESTONE, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(45) MICHELLE RICHARDS DIRECTOR	1.00	X					0.	0.	0.	
(46) PAMELA WILLIAMSON, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) PATRICIA RODRIGUEZ-CHRISTIAN DIRECTOR	1.00	X						0.	0.	0.
(48) HANNAH KAIN DIRECTOR	1.00	X						0.	0.	0.
(49) JULIE COPELAND DIRECTOR	1.00	X						0.	0.	0.
(50) CHERYL SNEAD DIRECTOR	1.00	X						0.	0.	0.
(51) ROYALYN REID DIRECTOR	1.00	X						0.	0.	0.
(52) HALLIE SATZ DIRECTOR	1.00	X						0.	0.	0.
(53) CINDY TOWERS DIRECTOR	1.00	X						0.	0.	0.
(54) PATTI MASSEY DIRECTOR	1.00	X						0.	0.	0.
(55) SANDRA JAMES DIRECTOR	1.00	X						0.	0.	0.
(56) KEELI JERNIGAN DIRECTOR	1.00	X						0.	0.	0.
(57) FARRYN MELTON DIRECTOR	1.00	X						0.	0.	0.
(58) CHERYL STEVENS DIRECTOR	1.00	X						0.	0.	0.
(59) JANICE BRYANT-HOWROYD DIRECTOR	1.00	X						0.	0.	0.
(60) DIANE PINKNEY DIRECTOR	1.00	X						0.	0.	0.
(61) KIM BROWN DIRECTOR	1.00	X						0.	0.	0.
(62) KEVIN CHASE DIRECTOR	1.00	X						0.	0.	0.
(63) NANCY CONNER DIRECTOR	1.00	X						0.	0.	0.
(64) PATRICIA BIRMINGHAM VP, OF MARKETING AND TECHNOLOGY	40.00				X			271,538.	0.	38,647.
(65) CANDACE WATERMAN CHIEF OF STAFF, CERTIFICATION & PROG	40.00				X			182,391.	0.	15,264.
(66) VALERIE BUNNS CONTROLLER	40.00				X			176,500.	0.	15,287.
Total to Part VII, Section A, line 1c										

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) CHERI SIMMONS DIR, CERTIFICATION & PROCUREMENT SER	40.00					X		122,000.	0.	5,795.
(68) ROBIN BILLUPS DIR, BUSINESS DEVELOPMENT	40.00					X		119,130.	0.	13,040.
Total to Part VII, Section A, line 1c								871,559.	88,033.	

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events	137,100.				
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	162,730.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		299,830.			
Program Service Revenue	2 a CONFERENCE REVENUE	Business Code 900099	5,645,192.	5,645,192.		
	b MEMBERSHIP DUES	900099	4,104,625.	4,104,625.		
	c CERTIFICATION FEES	900099	39,200.	39,200.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		9,789,017.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		37.		37.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 137,100. of contributions reported on line 1c). See Part IV, line 18	a 236,425.				
	b Less: direct expenses	b 216,546.				
c Net income or (loss) from fundraising events		19,879.			19,879.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		10,108,763.	9,789,017.	0.	19,916.	

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,761,369.	1,761,369.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	50,786.	50,786.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	390,524.	328,040.	46,863.	15,621.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,049,166.	1,723,255.	244,447.	81,464.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,552.	45,037.	6,387.	2,128.
9 Other employee benefits	366,066.	307,848.	43,666.	14,552.
10 Payroll taxes	238,728.	200,729.	28,501.	9,498.
11 Fees for services (non-employees):				
a Management				
b Legal	78,102.	23,382.	36,480.	18,240.
c Accounting	27,894.	8,351.	13,029.	6,514.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	181,072.	54,209.	84,575.	42,288.
12 Advertising and promotion				
13 Office expenses	200,546.	135,423.	51,495.	13,628.
14 Information technology	252,034.	75,454.	117,720.	58,860.
15 Royalties				
16 Occupancy	311,507.	261,666.	37,381.	12,460.
17 Travel	95,410.	36,261.	34,046.	25,103.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,653,316.	3,599,023.	54,293.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,556.	82,787.	11,827.	3,942.
23 Insurance	11,725.		11,725.	
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.)				
a TELECOMMUNICATION	68,149.	12,637.	41,634.	13,878.
b TEMPORARY HELP	18,470.		18,470.	
c				
d				
e All other expenses	51,186.	41,120.	10,066.	
25 Total functional expenses. Add lines 1 through 24e	9,958,158.	8,747,377.	892,605.	318,176.
26 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 if following SOP 98-2 (ASC 958-720)

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL**

Form 990 (2016)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	5,785,821.	2 5,721,723.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	1,332,271.	4 1,721,303.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	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 instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	274,560.	9 318,154.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 882,299.	
	b	Less: accumulated depreciation	10b 761,350.	10c 120,949.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	244,124.	15 357,719.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,797,610.	16 8,239,848.	
Liabilities	17	Accounts payable and accrued expenses	733,674.	17 529,243.
	18	Grants payable		18
	19	Deferred revenue	2,996,067.	19 3,467,892.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	333,465.	25 357,704.
	26	Total liabilities. Add lines 17 through 25	4,063,206.	26 4,354,839.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	2,451,412.	27 2,660,830.
	28	Temporarily restricted net assets	1,209,892.	28 1,151,079.
	29	Permanently restricted net assets	73,100.	29 73,100.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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
33	Total net assets or fund balances	3,734,404.	33 3,885,009.	
34	Total liabilities and net assets/fund balances	7,797,610.	34 8,239,848.	

Form 990 (2016)

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Part 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)	1	10,108,763.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,958,158.
3	Revenue less expenses. Subtract line 2 from line 1	3	150,605.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,734,404.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,885,009.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
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?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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 the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL**

Employer identification number
-***

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

WOMEN'S BUSINESS ENTERPRISE NATIONAL

Schedule A (Form 990 or 990-EZ) 2016 COUNCIL

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3782603.	3679500.	3728908.	3949650.	4267355.	19408016.
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	3782603.	3679500.	3728908.	3949650.	4267355.	19408016.
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)						
6 Public support. Subtract line 5 from line 4.						19408016.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	3782603.	3679500.	3728908.	3949650.	4267355.	19408016.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		31.	59.	46.	37.	173.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						19408189.
12 Gross receipts from related activities, etc. (see instructions)					12	22,986,180.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2016

WOMEN'S BUSINESS ENTERPRISE NATIONAL

Schedule A (Form 990 or 990-EZ) 2016 COUNCIL

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing 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 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
c 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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
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.		
c 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.		
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 was accomplished (such as by amendment to the organizing document).		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 or 990-EZ).		
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 Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) 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.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

WOMEN'S BUSINESS ENTERPRISE NATIONAL

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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.		
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.		

Section 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 the supported organization(s).		

Section D. All Type III Supporting Organizations

	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 Part VI 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 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 Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

WOMEN'S BUSINESS ENTERPRISE NATIONAL

Schedule A (Form 990 or 990-EZ) 2016 COUNCIL

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior 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	
4	Add lines 1 through 3	4	
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):		
a	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	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

WOMEN'S BUSINESS ENTERPRISE NATIONAL

Schedule A (Form 990 or 990-EZ) 2016 COUNCIL

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

WOMEN'S BUSINESS ENTERPRISE NATIONAL

Schedule A (Form 990 or 990-EZ) 2016 COUNCIL

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information with a large diagonal watermark reading 'PUBLIC FILE'.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

Employer identification number

-***

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL	Employer identification number ** - * * * * *
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL	Employer identification number **_*****
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL	Employer identification number ** - * * * * *
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

Employer identification number **-*****

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2016

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL**

Schedule D (Form 990) 2016

-*** Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	73,100.	73,100.	73,100.	73,100.	73,100.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	73,100.	73,100.	73,100.	73,100.	73,100.

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 100.00 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/>		

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		35,580.	15,397.	20,183.
d Equipment		423,833.	323,392.	100,441.
e Other		422,886.	422,561.	325.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				120,949.

Schedule D (Form 990) 2016

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL**

Schedule D (Form 990) 2016

_*** Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	113,241.
(3) DEFERRED COMPENSATION PAYABLE	244,463.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	357,704.

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

Schedule D (Form 990) 2016

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL**

Schedule D (Form 990) 2016

-*** Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,044,020.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	718,711.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	216,546.
e	Add lines 2a through 2d	2e	935,257.
3	Subtract line 2e from line 1	3	10,108,763.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,108,763.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	10,893,415.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	718,711.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	216,546.
e	Add lines 2a through 2d	2e	935,257.
3	Subtract line 2e from line 1	3	9,958,158.
4	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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,958,158.

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 V, LINE 4:

THE ENDOWMENT EARNINGS ARE TO BE USED FOR SCHOLARSHIPS UNDER THE DOROTHY BROTHERS SCHOLARSHIP FUND.

PART X, LINE 2:

WBENC REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. WBENC DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS. WBENC'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS GENERALLY SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES FOR THREE YEARS AFTER FILING.

WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SALUTE DIRECT EXPENSES - \$216,546

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SALUTE DIRECT EXPENSES - \$216,546

PUBLIC FILE

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL** Employer identification number **** _*******

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

WOMEN'S BUSINESS ENTERPRISE NATIONAL

Schedule G (Form 990 or 990-EZ) 2016 **COUNCIL**

** - * * * * * Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
	SALUTE (event type)	(event type)	NONE (total number)		
1	Gross receipts	373,525.		373,525.	
2	Less: Contributions	137,100.		137,100.	
3	Gross income (line 1 minus line 2)	236,425.		236,425.	
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,163.		1,163.
	7	Food and beverages	131,017.		131,017.
	8	Entertainment	3,800.		3,800.
	9	Other direct expenses	80,566.		80,566.
10	Direct expense summary. Add lines 4 through 9 in column (d)			216,546.	
11	Net income summary. Subtract line 10 from line 3, column (d)			19,879.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue			
Direct Expenses	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL**

Schedule G (Form 990 or 990-EZ) 2016

-*** Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	___ %
b An outside facility	13b	___ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL

Schedule G (Form 990 or 990-EZ)

-*** Page 4

Part IV Supplemental Information (continued)

PUBLIC FILE

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL**

Employer identification number
-***

2016
Open to Public
Inspection

OMB No. 1545-0047

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASTRA WOMEN'S BUSINESS ALLIANCE 4800 MEADOWS ROAD, SUITE 480 LAKE OSWEGO, OR 97035	**-*****	501(C)(3)	74,803.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
CENTER FOR WOMEN & ENTERPRISE 24 SCHOOL STREET, 7TH FLOOR BOSTON, MA 02108	**-*****	501(C)(3)	50,945.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
GREATER WOMEN'S BUSINESS COUNCIL 1355 PEACHTREE STREET, NE, SUITE 6 ATLANTA, GA 30309	**-*****	501(C)(3)	192,595.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
OHIO RIVER VALLEY WOMEN'S BUSINESS COUNCIL - 3458 READING ROAD - CINCINNATI, OH 45229	**-*****	501(C)(3)	113,536.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
WOMEN PRESIDENTS' EDUCATIONAL ORGANIZATION - DC - 1120 CONNECTICUT AVE, NW, SUITE 1000 - WASHINGTON, DC 20036	**-*****	501(C)(3)	77,175.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
WOMEN PRESIDENTS' EDUCATIONAL ORGANIZATION - NEW YORK - 155 E. 55TH STREET, SUITE 4H - NEW YORK, NY 10022	**-*****	501(C)(3)	141,988.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2016)

WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

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Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S BUSINESS COUNCIL - SOUTHWEST - 2201 NORTH COLLINS, SUITE 158 - ARLINGTON, TX 76011	**-*****	501(C)(3)	111,551.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
WOMEN'S BUSINESS DEVELOPMENT CENTER - FLORIDA - 13155 SW 134 STREET, SUITE 205 - MIAMI, FL 33186	**-*****	501(C)(3)	167,626.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
WOMEN'S BUSINESS DEVELOPMENT CENTER - ILLINOIS - 8 SOUTH MICHIGAN, SUITE 400 - CHICAGO, IL 60603	**-*****	501(C)(3)	171,649.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
WOMEN'S BUSINESS ENTERPRISE ALLIANCE - 9800 NORTHWEST FWY, SUITE 120 - HOUSTON, TX 77092	**-*****	501(C)(3)	66,953.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
WOMEN'S BUSINESS ENTERPRISE COUNCIL - GREAT LAKES - 33109 SCHOOLCRAFT - LIVONIA, MI 48150	**-*****	501(C)(3)	110,703.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
WOMEN'S BUSINESS ENTERPRISE COUNCIL - PA/DE/NJ - 1315 WALNUT STREET, SUITE 116 - PHILADELPHIA, PA 19107	**-*****	501(C)(3)	113,793.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
WOMEN'S BUSINESS ENTERPRISE COUNCIL - SOUTH - 2800 VETERANS MEMORIAL BLVD, SUITE 180 - METAIRIE, LA 70002	**-*****	501(C)(3)	175,660.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.
WOMEN'S BUSINESS ENTERPRISE COUNCIL - WEST - 1515 N. GREENFIELD ROAD, SUITE 102 - MESA, AZ 85205	**-*****	501(C)(3)	136,923.	0.			TO COMPENSATE FOR COSTS INCURRED RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS.

Schedule I (Form 990)

WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

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Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EXECUTIVE SCHOLARSHIPS	20	50,786.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 27; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE USE OF THE GRANTS/ASSISTANCE ARE MONITORED BASED UPON THE SERVICE LEVEL AGREEMENT BETWEEN WBENC AND THE RPO'S.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR WOMEN & ENTERPRISE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR COSTS INCURRED

RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS. (RECIPIENT

ORGANIZATION IS A DIRECTOR ON THE BOARD OF DIRECTORS, SEE SCHEDULE L)

WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL

Schedule I (Form 990)

** - ***** Page 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GREATER WOMEN'S BUSINESS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR COSTS INCURRED

RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS. (RECIPIENT ORGANIZATION IS A DIRECTOR ON THE BOARD OF DIRECTORS, SEE SCHEDULE L)

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN PRESIDENTS' EDUCATIONAL ORGANIZATION - NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR COSTS INCURRED

RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS. (RECIPIENT ORGANIZATION IS A DIRECTOR ON THE BOARD OF DIRECTORS, SEE SCHEDULE L)

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S BUSINESS COUNCIL - SOUTHWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR COSTS INCURRED

RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS. (RECIPIENT ORGANIZATION IS A DIRECTOR ON THE BOARD OF DIRECTORS, SEE SCHEDULE L)

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S BUSINESS DEVELOPMENT CENTER - FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR COSTS INCURRED

RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS. (RECIPIENT ORGANIZATION IS A DIRECTOR ON THE BOARD OF DIRECTORS, SEE SCHEDULE L)

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S BUSINESS DEVELOPMENT CENTER - ILLINOIS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR COSTS INCURRED

RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS. (RECIPIENT ORGANIZATION IS A DIRECTOR ON THE BOARD OF DIRECTORS, SEE SCHEDULE L)

WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL

Schedule I (Form 990)

-*** Page 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S BUSINESS ENTERPRISE COUNCIL - GREAT LAKES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR COSTS INCURRED

RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS. (RECIPIENT ORGANIZATION IS A DIRECTOR ON THE BOARD OF DIRECTORS, SEE SCHEDULE L)

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S BUSINESS ENTERPRISE COUNCIL - PA/DE/NJ

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR COSTS INCURRED

RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS. (RECIPIENT ORGANIZATION IS A DIRECTOR ON THE BOARD OF DIRECTORS, SEE SCHEDULE L)

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S BUSINESS ENTERPRISE COUNCIL - WEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COMPENSATE FOR COSTS INCURRED

RELATED TO WORK ON BEHALF OF THE WBENC CERTIFICATION PROCESS. (RECIPIENT ORGANIZATION IS A DIRECTOR ON THE BOARD OF DIRECTORS, SEE SCHEDULE L)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL**

Employer identification number

-***

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		X
b Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		X
b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	X	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2016

WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

-***

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAMELA PRINCE-EASON PRESIDENT AND CEO	292,625.	26,796.	0.	10,745.	60,367.	390,533.	0.
(2) PATRICIA BIRMINGHAM VP, OF MARKETING AND TECHNOLOGY	247,538.	24,000.	0.	10,862.	27,785.	310,185.	0.
(3) CANDACE WATERMAN CHIEF OF STAFF, CERTIFICATION & PROG	167,391.	15,000.	0.	7,296.	7,968.	197,655.	0.
(4) VALERIE BUNNS CONTROLLER	166,500.	10,000.	0.	6,505.	8,782.	191,787.	0.
(i)	0.	0.	0.	0.	0.	0.	0.
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							

WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL

Schedule J (Form 990) 2016

Part III Supplemental Information

** - *****

Page 3

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

PART I, LINE 4B:

PRINCE-EASON PARTICIPATED IN A SUPPLEMENTAL RETIREMENT PLAN. THE ORGANIZATION CONTRIBUTED \$40,000 FOR PRINCE-EASON.

PART I, LINE 7:

IN ADDITION TO PERFORMANCE BONUSES PAID AS SHOWN IN PART II, COLUMN B(II), PERFORMANCE BONUSES WERE PAID TO SIMMONS (\$2,000) AND BILLUPS (\$5,000), BOTH HCE'S.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

▶ **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.**

Open To Public Inspection

Name of the organization **WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL** Employer identification number
-**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

WOMEN'S BUSINESS ENTERPRISE NATIONAL

Schedule L (Form 990 or 990-EZ) 2016 **COUNCIL**

** - * * * * * Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GREATER WOMEN'S BUSINESS COUNCIL	EXECUTIVE DIRECTOR	192,595.	GRANTS		X
WOMEN PRESIDENTS' EDUCATIONAL ORGANIZATION - NEW YORK	EXECUTIVE DIRECTOR	141,988.	GRANTS		X
WOMEN'S BUSINESS COUNCIL - SOUTHWEST	EXECUTIVE DIRECTOR	111,551.	GRANTS		X
WOMEN'S BUSINESS DEVELOPMENT CENTER	EXECUTIVE DIRECTOR	167,626.	GRANTS		X
WOMEN'S BUSINESS DEVELOPMENT CENTER	EXECUTIVE DIRECTOR	171,649.	GRANTS		X
WOMEN'S BUSINESS ENTERPRISE NATIONAL	EXECUTIVE DIRECTOR	113,793.	GRANTS		X
CENTER FOR WOMEN & ENTERPRISE DEVELOPMENT	EXECUTIVE DIRECTOR	50,945.	GRANTS		X
WOMEN'S BUSINESS ENTERPRISE NATIONAL	EXECUTIVE DIRECTOR	110,703.	GRANTS		X
WOMEN'S BUSINESS ENTERPRISE NATIONAL	EXECUTIVE DIRECTOR	136,923.	GRANTS		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GREATER WOMEN'S BUSINESS COUNCIL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR ON THE WBENC BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 192,595.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

WOMEN PRESIDENTS' EDUCATIONAL ORGANIZATION - NEW YORK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR ON THE WBENC BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 141,988.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: WOMEN'S BUSINESS COUNCIL - SOUTHWEST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR ON THE WBENC BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 111,551.

Schedule L (Form 990 or 990-EZ) 2016

WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL

Schedule L (Form 990 or 990-EZ)

** - ***** Page 2

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

WOMEN'S BUSINESS DEVELOPMENT CENTER - FLORIDA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR ON THE WBENC BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 167,626.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

WOMEN'S BUSINESS DEVELOPMENT CENTER - ILLINOIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR ON THE WBENC BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 171,649.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

WOMEN'S BUSINESS ENTERPRISE COUNCIL - PA/DE/NJ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR ON THE WBENC BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 113,793.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CENTER FOR WOMEN & ENTERPRISE

WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL

Schedule L (Form 990 or 990-EZ)

-*** Page 2

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR ON THE WBENC BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 50,945.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

WOMEN'S BUSINESS ENTERPRISE COUNCIL - GREAT LAKES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR ON THE WBENC BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 110,703.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: WOMEN'S BUSINESS ENTERPRISE COUNCIL - WEST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE DIRECTOR ON THE WBENC BOARD OF DIRECTORS

(C) AMOUNT OF TRANSACTION \$ 136,923.

(D) DESCRIPTION OF TRANSACTION: GRANTS

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ 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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

WOMEN'S BUSINESS ENTERPRISE NATIONAL
COUNCIL

Employer identification number
-***

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CORPORATIONS ON A SUBJECT BENEFICIAL TO THE COMMUNITY, NAMELY THE NEED
TO FOSTER DIVERSITY AND ELIMINATE PREJUDICE AND DISCRIMINATION IN THE
MARKETPLACE. WBENC'S PROGRAMS NOT ONLY INSTRUCT AND TRAIN INDIVIDUALS
DIRECTLY TO DEVELOP THEIR INDIVIDUAL CAPABILITIES, BUT ALSO INDIRECTLY
BY WORKING WITH LOCAL ECONOMIC DEVELOPMENT ORGANIZATIONS AND
CORPORATIONS IN ORDER TO ESTABLISH CAPACITY BUILDING PROGRAMS IN THEIR
RESPECTIVE COMMUNITIES ON PROCUREMENT AND MARKETING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ONLY INSTRUCT AND TRAIN INDIVIDUALS DIRECTLY TO DEVELOP THEIR
INDIVIDUAL CAPABILITIES, BUT ALSO INDIRECTLY BY WORKING WITH LOCAL
ECONOMIC DEVELOPMENT ORGANIZATION AND CORPORATIONS IN ORDER TO
ESTABLISH CAPACITY BUILDING PROGRAMS IN THEIR RESPECTIVE COMMUNITIES ON
PROCUREMENT AND MARKETING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WOMEN-OWNED BUSINESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTRACTING PROGRAM. WBENC CERTIFICATION VALIDATES THAT THE BUSINESS IS
51 PERCENT OWNED, CONTROLLED, OPERATED, AND MANAGED BY A WOMAN OR
WOMEN.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THEIR BUSINESSES AND SETTING THE STANDARDS FOR THEIR INDUSTRIES.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization **WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL**

Employer identification number
-***

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL'S (WBENC) OTHER

PROGRAM SERVICES INCLUDE: MEMBERSHIP SERVICES, BUSINESS STARS, TUCK,

TOP CORPORATIONS, STUDENT ENTREPRENEUR PROGRAMS.

EXPENSES \$ 1,316,470. INCLUDING GRANTS OF \$ 50,786. REVENUE \$ 4,481,576

FORM 990, PART VI, SECTION A, LINE 2:

BECAUSE THEY ARE CORPORATIONS, ORGANIZATIONS THAT ARE ON THE BOARD OF

DIRECTORS SOMETIMES ENTER INTO BUSINESS TRANSACTIONS WITH OTHER

ORGANIZATIONS THAT ARE ALSO ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

DURING 2016, THE BYLAWS WERE CHANGED TO INCREASE THE MAXIMUM NUMBER OF

DIRECTORS FROM 58 TO 100 AND TO INCREASE THE ALLOWED NUMBER OF "EXPERT" OR

"APPOINTED DIRECTORS" FROM THREE (3) TO FIVE (5).

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION WAS ESTABLISHED AS A NOT-FOR-PROFIT CORPORATION WITH

CORPORATE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

TWO-THIRDS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBER

CORPORATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE PRESIDENT/CEO AND THE AUDIT COMMITTEE, ON

BEHALF OF THE BOARD OF DIRECTORS, BEFORE FILING.

Name of the organization **WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL**

Employer identification number
-***

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES DIRECTORS TO DISCLOSE ANY SITUATION THAT MAY RAISE A POTENTIAL CONFLICT OF INTEREST. IN ADDITION BOARD MEMBERS SIGN AN AFFIRMATION EACH YEAR. THE EMPLOYEE HANDBOOK DISCUSSES EMPLOYEES' RESPONSIBILITIES REGARDING POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE TOP MANAGEMENT OFFICIAL IS DETERMINED BASED ON MARKET RATES AND APPROVED BY THE BOARD OF DIRECTORS. A SUBCOMMITTEE OF THE BOARD OF DIRECTORS, THE COMPENSATION COMMITTEE, CONDUCTS A PERIODIC SALARY SURVEY THROUGH AN INDEPENDENT CONTRACTOR TO DETERMINE MARKET COMPARABILITY FOR THE SALARIES OF OTHER KEY EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15B: THE BOARD AUTHORIZES THE PRESIDENT, IN CONSULTATION WITH THE BOARD, TO ESTABLISH JOB EVALUATION AND COMPENSATION POLICIES FOR ALL OTHER EXECUTIVE EMPLOYEES, WHICH POLICIES SHALL COMPLY WITH APPLICABLE STATE AND FEDERAL LAW. IN ESTABLISHING TOTAL COMPENSATION TO BE PAID TO EXECUTIVE EMPLOYEES, THE PRESIDENT SHALL (I) OBTAIN AND RELY ON APPROPRIATE COMPARABILITY DATA AND OTHERWISE TAKE INTO ACCOUNT RELEVANT FACTORS; AND (II) DOCUMENT THE BASIS FOR THE DETERMINATION OF REASONABLE COMPENSATION, INCLUDING PERFORMANCE EVALUATIONS AND MARKET DATA RELIED UPON. NOTWITHSTANDING THE FOREGOING, IF THE PRESIDENT HAS A CONFLICT OF INTEREST (AS THAT TERM IS DEFINED UNDER THE CONFLICT OF INTEREST POLICY) WITH RESPECT TO ANY EXECUTIVE EMPLOYEE, THE BOARD SHALL DETERMINE THE COMPENSATION PAID TO SUCH EXECUTIVE EMPLOYEE PURSUANT TO THE CONFLICT OF INTEREST POLICY.

Name of the organization **WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL**

Employer identification number
-***

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

