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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

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

C Name of organization
WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
184 BEDFORD STREET

City or town, state or province, country, and ZIP or foreign postal code
STAMFORD, CT 06901

D Employer identification number
06-1493737

E Telephone number
(203) 353-1750

G Gross receipts $ 6,945,334

F Name and address of principal officer:
FRAN PASTORE
184 BEDFORD STREET
STAMFORD, CT 06901

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.CTWBDC.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998

M State of legal domicile: CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
WBDC HELPS WOMEN ACHIEVE ECONOMIC SELF-RELIANCE BY EDUCATING AND COUNSELING THEM TO START AND GROW BUSINESSES, RESULTING IN JOB CREATION AND COMMUNITY VITALITY.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	36
6	Total number of volunteers (estimate if necessary)	6	78
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,277,735	6,306,737
	9	Program service revenue (Part VIII, line 2g)	19,542	16,879
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	802	1,557
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-39,012	401,600
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,259,067	6,726,773
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,075,594	2,976,854
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,170,531	2,455,758
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶318,106		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	887,104	1,274,475
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,133,229	6,707,087
	19	Revenue less expenses. Subtract line 18 from line 12	1,125,838	19,686
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,884,077	3,422,440
	21	Total liabilities (Part X, line 26)	1,782,488	1,301,165
	22	Net assets or fund balances. Subtract line 21 from line 20	2,101,589	2,121,275

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.

Sign Here

****** 2023-06-27
Signature of officer Date

FRAN PASTORE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01390521
Firm's name ▶ WHITTLESEY PC			Firm's EIN ▶ 06-0903326	
Firm's address ▶ 280 TRUMBULL ST 24TH FL HARTFORD, CT 06103			Phone no. (860) 522-3111	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y Form **990** (2022)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

THE MISSION OF THE WOMEN'S BUSINESS DEVELOPMENT COUNCIL (WBDC) IS TO ASSIST, SUPPORT AND CHAMPION THE ECONOMIC SUCCESS OF WOMEN THROUGH ENTREPRENEURIAL AND FINANCIAL EDUCATION AND THEREBY STRENGTHEN OUR COMMUNITIES THROUGH THE CREATION AND RETENTION OF SUSTAINABLE BUSINESSES, NEW JOBS, AND THE PROMOTION OF FINANCIAL SELF-SUFFICIENCY.

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** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

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 $ 5,824,241 including grants of $ 2,976,854) (Revenue $ 22,349)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 5,824,241

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

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	34			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No
b	If "Yes," has it filed a Form 990-T for this year?*If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		
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)? . .	**4a**		No
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No
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? . . .	**6a**		No
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?	**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No
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?	**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**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? . . . . . **Note.** 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?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments?*If "No," provide an explanation in Schedule O* . .	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.	**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.	**17**		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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**	20		
	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**	20		
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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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**		No

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**		No
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**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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▶ CT

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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:
▶TRACY GIBBONS 184 BEDFORD STREET STAMFORD, CT 06901 (203) 353-1750

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

☐ 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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶	816,566	0	37,078

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 ▶ 4

			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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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
LONGPOINT GROUP 10 SCOTT LANE MILLWOOD, NY 10546	FUNDRAISING AND EVENTS	146,685
MARCI GURTON, 310 STAGE ROAD UNIT 1 MONROE, NY 10950	CONSULTING AND GRANT WRITING	123,725
MIRANDA CREATIVE 18 ELM AVENUE NORWICH, CT 06360	ADVERTISING	123,050

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 ▶ 3

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	48,130			
	d Related organizations	1d				
	e Government grants (contributions)	1e	5,296,522			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	962,085			
	g Noncash contributions included in lines 1a - 1f:$	1g				
	h **Total.** Add lines 1a-1f . . . . . ▶		6,306,737			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE FEES	611430	16,879	16,879		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f. . . . . ▶	16,879				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,557			1,557
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) . . . . . ▶					
	8a Gross income from fundraising events (not including $ 48,130 of contributions reported on line 1c). See Part IV, line 18	8a 614,691				
	b Less: direct expenses . . .	8b 218,561				
	c Net income or (loss) from fundraising events . . ▶		396,130			396,130
	9a Gross income from gaming activities. See Part IV, line 19 . . .	9a				
	b Less: direct expenses . . .	9b				
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . .	10a				
	b Less: cost of goods sold . .	10b				
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	611430	5,470	5,470		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		5,470			
	12 **Total revenue.** See instructions . . . . . ▶		6,726,773	22,349	0	397,687

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	2,976,854	2,976,854		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	816,566	628,756	138,816	48,994
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,317,915	1,014,794	224,046	79,075
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	164,893	126,966	28,033	9,894
10 Payroll taxes	156,384	120,416	26,585	9,383
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,450	18,870	4,403	8,177
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 Schedule O)	659,435	467,661	67,121	124,653
12 Advertising and promotion	21,507	18,710	1,291	1,506
13 Office expenses	238,455	167,972	55,763	14,720
14 Information technology				
15 Royalties				
16 Occupancy	188,195	163,731	11,290	13,174
17 Travel	27,452	23,885	1,646	1,921
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,709	37,149	2,570	2,990
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,099	15,753	1,080	1,266
23 Insurance	15,587	13,560	935	1,092
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 DUES AND SUBSCRIPTIONS	18,085	15,663	1,161	1,261
b PROGRAM CONSULTANTS	10,251	10,251		
c PROGRAM SUPPLIES	3,250	3,250		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	6,707,087	5,824,241	564,740	318,106
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).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		849,577	1	625,381
	2	Savings and temporary cash investments		2,529,724	2	1,535,746
	3	Pledges and grants receivable, net		433,294	3	953,241
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		48,736	9	21,361
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 145,815			
	b	Less: accumulated depreciation	10b 79,888	2,426	10c	65,927
	11	Investments—publicly traded securities		10,000	11	0
	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		10,320	15	220,784
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,884,077	16	3,422,440
Liabilities	17	Accounts payable and accrued expenses		76,563	17	448,170
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		1,705,925	25	852,995
	26	**Total liabilities.** Add lines 17 through 25		1,782,488	26	1,301,165
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,226,121	27	1,318,858
	28	Net assets with donor restrictions		875,468	28	802,417
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,101,589	32	2,121,275
	33	Total liabilities and net assets/fund balances		3,884,077	33	3,422,440

Part XI Reconcilliation 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	6,726,773
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,707,087
3	Revenue less expenses. Subtract line 2 from line 1	3	19,686
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,101,589
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 32, column (B))	10	2,121,275

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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-1493737

Name: WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC

Form 990 (2022)

Form 990, Part III, Line 4a:

THE MISSION OF THE WOMEN'S BUSINESS DEVELOPMENT COUNCIL (WBDC) IS TO STRENGTHEN AND SUPPORT ECONOMIC SUCCESS FOR WOMEN THROUGH ENTREPRENEURIAL SERVICES THAT LAUNCH AND GROW BUSINESSES ACROSS CONNECTICUT. WBDC SERVES CLIENTS FROM CONNECTICUT'S 169 CITIES AND TOWNS FROM ITS THREE REGIONAL OFFICES ACROSS THE STATE: NEW HAVEN, STAMFORD AND NEW LONDON. SINCE 1997 WBDC HAS BEEN PROVIDING THE TRAINING NECESSARY TO GUIDE ASPIRING, EMERGING, AND ESTABLISHED ENTREPRENEURS ALONG THEIR GROWTH JOURNEY. SERVICES OFFERED INCLUDE THE FOLLOWING:EDUCATIONAL OPPORTUNITIES: 1:1 BUSINESS ADVISING, CLASSES (IN-PERSON AND VIRTUAL), ON-DEMAND LEARNING, MENTORING.IN ADDITION TO TRAINING, WBDC BELIEVES IN CONNECTING OUR CLIENTS, DONORS, AND OTHER STAKEHOLDERS, FOSTERING BUSINESS GROWTH THROUGH COLLABORATION AND TEAM SUPPORT.COMMUNITY ENGAGEMENTS: WBDC CONNECT MEMBERSHIP, COURAGEOUS CONVERSATIONS PODCAST, ANNUAL GALA & FUNDRAISING EVENTS, VIRTUAL MARKETPLACE, PUBLIC SPEAKING & MEDIA OPPORTUNITIES.FINANCIAL RESOURCES: WBDC HELPS ITS CLIENTS IDENTIFY SOURCES OF CAPITAL WHICH ALIGN WITH THEIR UNIQUE BUSINESS NEEDS AND PROVIDES GUIDANCE THROUGH THE APPLICATION AND COMPLIANCE PROCESS. RESOURCES INCLUDE WBDC'S OPPORTUNITY FUND GRANTS, BANK AND NON-BANK LOANS, PRIVATE INVESTMENTS, FEDERAL AND STATE COVID-19 RELIEF, OTHER NON-TRADITIONAL LOANS AND GRANTS.BUSINESS SUPPORT PROGRAM FOR CT CHILD CARE PROVIDERS: WBDC OFFERS A COMPREHENSIVE SUITE OF BUSINESS DEVELOPMENT SERVICES SUPPORTING CT CHILD CARE PROVIDERS, HOME AND CENTER-BASED, TO HELP THEM LAUNCH, SUSTAIN, AND GROW THEIR BUSINESSES. THE CHILD CARE BUSINESS DEVELOPMENT PROGRAM CATERS EXCLUSIVELY TO THE BUSINESS NEEDS OF THE CHILDCARE INDUSTRY: CUSTOMIZED ENTREPRENEURIAL TRAINING & TECHNICAL ASSISTANCE, PERSONAL FINANCIAL TRAINING & COACHING, MENTORING, FISCAL AND TECHNOLOGY INCENTIVES, ADVOCACY, TRAIN THE TRAINER.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ANN MATTHEWS DIRECTOR	1.00	X						0	0	0
KATIA LACY DIRECTOR	1.00	X						0	0	0
LINDSAY KOPP DIRECTOR	1.00	X						0	0	0
MARTHA FINKEL DIRECTOR	1.00	X						0	0	0
AMANDA CASTELLANO DIRECTOR	1.00	X						0	0	0
REBECCA WILSON DIRECTOR	1.00	X						0	0	0
DENISE KAUFMAN DIRECTOR	1.00	X						0	0	0
JANET DEFRINO DIRECTOR	1.00	X						0	0	0
MOIRA COLLINS DIRECTOR	1.00	X						0	0	0
FLAVIA NASLAUSKY DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
CHANTAL COFFY DIRECTOR	1.00	X						0	0	0
ELANA MILIANTA DIRECTOR	1.00	X						0	0	0
GREG BEHRMAN DIRECTOR	1.00	X						0	0	0
PATTI MELICK DIRECTOR	1.00	X						0	0	0
SANDRA ARKELL VICE CHAIR	1.00	X		X				0	0	0
SHOSHANA LUBIN DIRECTOR	1.00	X						0	0	0
GAIL LEHMAN DIRECTOR	1.00	X						0	0	0
VANESSA ABRAHAMS-JOHN DIRECTOR	1.00	X						0	0	0
SHARON KANE DIRECTOR	1.00	X						0	0	0
ELIZABETH T HIRSCH CHAIR	1.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
TASHA JACKSON CFO	1.00			X				28,762	0	0
TRACY GIBBONS CFO/CONTROLLER	40.00			X				80,971	0	0
FRAN PASTORE PRESIDENT AND CEO	40.00			X				268,739	0	22,705
DOROTHY BRATCHELL COO	40.00			X				160,131	0	5,546
BRENDA THICKETT VP OF PROGRAMS	40.00				X			177,557	0	5,285
LOUISE LISBOA-MENEZES OPERATIONS MANAGER	1.00					X		100,406	0	3,542

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC

Employer identification number
06-1493737

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).)

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 **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 on 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,552,322	1,689,292	4,074,434	5,277,735	6,873,298	19,467,081
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	1,552,322	1,689,292	4,074,434	5,277,735	6,873,298	19,467,081
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.						19,467,081

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	1,552,322	1,689,292	4,074,434	5,277,735	6,873,298	19,467,081
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	918	1,143	743	802	1,557	5,163
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						19,472,244

12 Gross receipts from related activities, etc. (see instructions) **12** 75,902

13 **First 5 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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 99.970 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 99.970 %

16a **33 1/3% support test—2022.** 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 . . . . . ▶ ☑

b **33 1/3% support test—2021.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2022.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2021.** 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2021 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18

19a **33 1/3% support tests-2022.** 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—2021.** 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 . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on 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.***	9c		
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 line 10b below.*	10a		
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).*	10b		

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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

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).*	**1**		

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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, 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.*	**3**		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

			Yes	No
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?*If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
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.*	**3b**		

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):	1		
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 0.015 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 0.035	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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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).

Facts And Circumstances Test

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC

Employer identification number
06-1493737

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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 in 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					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term 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	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		81,600	15,867	65,733
d Equipment		64,215	64,021	194
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				65,927

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. *(Column (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)		
(10)		
Total. *(Column (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)SECURITY DEPOSITS	14,070
(2)OPERATING LEASE - RIGHT OF USE ASSET	206,714
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	220,784

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	
REFUNDABLE ADVANCE	644,688
LEASE LIABILITY	208,307
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	852,995

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 ☐

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	6,806,849
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	80,076		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	80,076
3	Subtract line **2e** from line **1**			3	6,726,773
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	6,726,773

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	6,787,163
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	80,076		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	80,076
3	Subtract line **2e** from line **1**			3	6,707,087
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	6,707,087

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.

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC

Employer identification number
06-1493737

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

2a 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**			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

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.

		(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	662,821			662,821
	2 Less: Contributions	48,130			48,130
	3 Gross income (line 1 minus line 2)	614,691			614,691
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	75,181			75,181
	8 Entertainment				
	9 Other direct expenses	143,380			143,380
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				218,561
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				396,130

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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: _____

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 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.

Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC

Employer identification number
06-1493737

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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 239

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	DESCRIPTION OF GRANTS: EQUITY GRANTS (EMG): CASH GRANT AWARD TO WOMEN OR MINORITY-OWNED BUSINESS OPERATING WITH SALES FOR AT LEAST 2 YEARS FOR A CLEARLY DEFINED PROJECT THAT WILL HAVE A MEASURABLE IMPACT ON THE BUSINESS. TECHNOLOGY GRANTS: CT CHILDCARE PROVIDER AWARDEES RECEIVE A COMPUTER (LAPTOP OR DESKTOP) OR AN IPAD, PRINTER, MICROSOFT OFFICE AND KEY BUSINESS SOFTWARE, INSTALLATION & SETUP OF THE DEVICES, AS WELL AS 5 HOURS OF POST-DEPLOYMENT HELP-DESK SUPPORT. CHILDCARE GRANTS: CT CHILDCARE PROVIDER ASSISTANCE GRANT TO SUPPORT BUSINESS SUSTAINABILITY AND GROWTH. PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INCLUDE: USE OF GRANTS MANAGEMENT SOFTWARE TO TRACK AND SCREEN FOR REQUIRED ELIGIBILITY CRITERIA ALLOWING FOR MULTIPLE ROUNDS OR LEVELS OF REVIEW; GRANT REVIEWER FEEDBACK FORMS AND QUALITATIVE SCORING; MONITORING OF REQUIREMENTS AS WELL AS EVALUATING PROGRAM IMPACT. IMPACT SURVEYS DESIGNED TO BE SENT QUARTERLY TO GRANTEES TO TRACK PROJECT PROGRESS, BUSINESS MILESTONES ACHIEVED AND ECONOMIC IMPACT; CLIENT ENGAGEMENT SYSTEM TO MAINTAIN ONGOING COMMUNICATION WITH GRANTEES

Additional Data

Software ID:
Software Version:
EIN: 06-1493737
Name: WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALCHEMY LIFE ENTERPRISES INC 220 N COLONY ROAD UNIT F WALLINGFORD, CT 06492	85-1943033		9,533	0			EQUITY GRANTS
BAUER HOMEMAKER & COMPANION SERVICES LLC 4 RESEARCH DRIVE SUITE 402 SHELTON, CT 06484	88-1305547		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BLACK ROCK BODY WORKS LLC 2889 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	20-3749032		9,116	0			EQUITY GRANTS
CATHERINE BREEN 199 RIVERSIDE AVENUE BRISTOL, CT 06010	83-1154681		6,570	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTERPIECE BEHAVIORAL HEALTH SERVICES 60 CHURCH STREET SUITE 4L WALLINGFORD, CT 06492	82-2973718		10,000	0			EQUITY GRANTS
CORTNEY'S LLC 67 RANDECKER LANE BERLIN, CT 06037	88-2214188		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CROSS CULTURE KOMBUCHA LLC 60 SHELTER ROCK RD DANBURY, CT 06810	81-4882126		9,000	0			EQUITY GRANTS
FAMILY EYECARE OF ORANGE PC 501 BOSTON POST ROAD SUITE 13 ORANGE, CT 06477	47-2391802		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FEATHER AND BLOOM LLC 122 MOUNTAIN ROAD SUFFIELD, CT 06078	84-2062246		10,000	0			EQUITY GRANTS
HIGH OFF LIFE LLC 560 FOREST ROAD UNIT D HAVEN, CT 06516	46-4218344		5,832	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INNOVATIVE CONSULTING & SOLUTIONS LLC 30 HAZEL TERRACE HAVEN, CT 06525	46-4163465		8,000	0			EQUITY GRANTS
JENTEELNATURE LLC 43 W PROSPECT STREET 2ND FLOOR HAVEN, CT 06515	82-1583572		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KRISTINE TONSKI 9 TOWER LANE APT 511 HAVEN, CT 06519	26-4615527		5,527	0			EQUITY GRANTS
LA ZINGERA LLC 8 PT BARNUM SQUARE BETHEL, CT 06801	71-0892947		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEAPS & BONES LLC 100 GRAY ROAD SOUTH WINDSOR, CT 06074	26-3276056		10,000	0			EQUITY GRANTS
LHF BAKING LLC 84 BROAD STREET MILFORD, CT 06460	26-2135139		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEDIABUSTER BOOKS LLC 142 WINTHROP ROAD RIVER, CT 06417	90-0531272		9,500	0			EQUITY GRANTS
NANCY L BARRETT 327 9TH DISTRICT ROAD SOMERS, CT 06071	04-8566372		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTHEAST TAX & BUILDING SOLUTIONS LLC 8 MARILYN ROAD WATERFORD, CT 06385	86-1591661		10,000	0			EQUITY GRANTS
RACHEL LESLIE LMFT LLC 71 ELIZABETH AVENUE STAMFORD, CT 06907	84-3357620		8,885	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RENEE'S CLEANING 101 DIBBLE STREET TORRNINGTON, CT 06790	04-8566406		10,000	0			EQUITY GRANTS
ROBIN MANNA 446 PERKINS AVENUE UNIT D WATERBURY, CT 06704	04-3704500		8,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ROCKING MY SEWJO LLC 11 LANZ LANE ELLINGTON, CT 06029	47-4422312		10,000	0			EQUITY GRANTS
SEASIDE SHADOWS HAUNTED HISTORY TOURS LLC 151 LAMBTOWN ROAD LEDYARD, CT 06339	81-5483808		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SHELLENA PITTERSON 172 SUMMIT STREET NORWICH, CT 06350	81-2449755		8,500	0			EQUITY GRANTS
SUSTAINABLE PLANET LLC 112 DEAN ROAD LYME, CT 06333	84-4099388		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SWEETKIM LLC 968 FARMINGTON AVENUE HARTFORD, CT 06107	47-6085061		10,000	0			EQUITY GRANTS
TIBBY'S TRANSPORTATION 23 ACTON STREET HARTFORD, CT 06120	82-4041221		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VCL CONSULTING GROUP INC 1534 SEAVIEW AVENUE SUITE 1 BRIDGEPORT, CT 06607	46-2436935		10,000	0			EQUITY GRANTS
VEENA RAGHUVIR 945 HOPMEADOW STREET 5 SIMSBURY, CT 06070	82-1635458		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AIM BIOMEDICAL LLC 2990 REDDING ROAD FAIRFIELD, CT 06824	04-4703922		10,000	0			EQUITY GRANTS
ALLURE DENTAL GROUP 4699 MAIN STREET SUITE 101 BRIDGEPORT, CT 06606	06-1570469		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ARISTOKATZ 437 WINNEPOGE DRIVE FAIRFIELD, CT 06825	45-3068211		10,000	0			EQUITY GRANTS
ARTILIGHTEN LLC 27 SIEMON COMPANY DRIVE WATERTOWN, CT 06795	83-2404747		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BALANCE MASSAGE THERAPY 72 SUNSET ROAD NEWINGTON, CT 06111	21-9928495		8,500	0			EQUITY GRANTS
BREAKFAST BELLE LLC 460 SMITH STREET SUITE H MIDDLETOWN, CT 06457	47-4663100		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CARRIE L SAWTELL 20 BARN HILL ROAD BLOOMFIELD, CT 06002	27-4372346		8,972	0			EQUITY GRANTS
EARLY'S EDIBLES LLC 200 SUNNIEHOLME DRIVE FAIRFIELD, CT 06824	57-0499903		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ELEVATE HEALING ARTS LLC 75 BERLINE ROAD SUITE 101 CROMWELL, CT 06416	83-1772035		10,000	0			EQUITY GRANTS
ELLIE BEANS LLC 29 BEARDSLEY PARKWAY TRUMBULL, CT 06611	83-4493349		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EMBRACING YOUR DIFFERENCE LLC 79 LEIGH DRIVE HAVEN, CT 06512	46-1399838		10,000	0			EQUITY GRANTS
ERIN CARMODY 175 SOUTH END ROAD B9 HAVEN, CT 06512	83-4438876		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GAIL R KULAS 105 TURNPIKE ROAD SOMERS, CT 06071	81-5207576		6,250	0			EQUITY GRANTS
HAPPENING IN THE HILLS 71 WEST SHORE ROAD PRESTON, CT 06777	46-2658549		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUCKLEBERRY HILL GROUP LLC 18 FORGE DRIVE AVON, CT 06001	81-4939147		6,000	0			EQUITY GRANTS
KATHLEEN K FURMAN 670 WALNUT HILL ROAD THOMASTON, CT 06787	20-2243208		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAURIE MONGILLO LAURIE MONGILLO PO BOX 1267 SOMERS, CT 06071	45-5067445		10,000	0			EQUITY GRANTS
LITCHFIELD CENTER DENTAL PC 3 WEST STREET PO BOX 60 LITCHFIELD, CT 06759	82-2728344		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MANSFIELD DRIVE-IN THEATRE INC 228 STAFFORD ROAD MANSFIELD, CT 06250	06-1325095		10,000	0			EQUITY GRANTS
MAVEN MARKETING LLC DBA HAYVN 21 WESTMERE AVENUE NORWALK, CT 06853	06-1512847		6,230	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MEIKLEM KILN WORKS LLC 530 STONINGTON ROAD SUITE 103 STONINGTON, CT 06378	45-2292804		10,000	0			EQUITY GRANTS
MELISSA ODDO 415 KILLINGWORTH ROAD UNIT 6 HIGGANUM, CT 06441	04-7789552		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OCULUSDOCS LLC 115 LAKEWOOD ROAD GLASTONBURY, CT 06073	37-1947952		10,000	0			EQUITY GRANTS
THE ROXY GRACE COMPANY LLC 30 RENEES WAY MADISON, CT 06443	47-2286382		10,000	0			EQUITY GRANTS

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TINA MARIE PHOTOGRAPHY 41 ELM STREET SEYMOUR, CT 06483	04-1540795		6,500	0			EQUITY GRANTS
VOICE OF RORR LLC 5 MARKET PLACE MILFORD, CT 06460	84-4348015		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WEST SHORE SEAFOOD LLC 449 BANTAM LAKE ROAD MORRIS, CT 06763	20-8034880		9,035	0			EQUITY GRANTS
MICHELLE PELLIN 32 BUTTONHOOK LANE PORTLAND, CT 06480	61-1902478		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DANIELLA BROOKS 35 PINE MOUNTAIN ROAD RIDGEFIELD, CT 06877	84-2405726		10,000	0			EQUITY GRANTS
BRIANNA REGINE VISIONARY CONSULTING 1000 LAFAYETTE BLVD SUITE 1100 BRIDGEPORT, CT 06604	89-3069941		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOMINICAN BEAUTY BAR LLC 248 ALBANY AVENUE HARTFORD, CT 06120	83-1339617		10,000	0			EQUITY GRANTS
FRONT PAGE TALENT LLC 41 HENDERSON DRIVE HARTFORD, CT 06108	81-2022342		10,000	0			EQUITY GRANTS

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INVESTORS MANAGEMENT ASSOC INC 24 WINDHAM STREET WILLIMANTIC, CT 06226	06-1338723		10,000	0			EQUITY GRANTS
THE DRAFT CHOICE LLC 318 STATE STREET LONDON, CT 06320	84-3891745		9,200	0			EQUITY GRANTS

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STRING THEORY SCHOOL OF MUSIC 96 HAWTHORNE DRIVE LONDON, CT 06320	37-1714475		10,000	0			EQUITY GRANTS
KIDDIE CARE LEARNING CENTER 47 BUTLER RD HAVEN, CT 06473	87-2221022		25,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BEGINNING DREAMS DAYCARE LLC 87 BROWN ST HAVEN, CT 06516	47-3098507		12,000	0			CHILD CARE GRANTS
BRIGHT BEGINNINGS OF FAIRFIELD LLC 67 WARDE TERRACE FAIRFIELD, CT 06825	06-1455326		25,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CREATIVE HEARTS LEARNING ACADEMY 50 WINTONBURY AVE BLOOMFIELD, CT 06002	82-3329527		25,000	0			CHILD CARE GRANTS
CREATIVE KIDS DAYCARE 87 PERKINS ST TORRINGTON, CT 06790	06-1471426		19,000	0			CHILD CARE GRANTS

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EDGEWOOD ACADEMY LLC 18 EDGEWOOD AVENUE STAMFORD, CT 06907	61-1562302		25,000	0			CHILD CARE GRANTS
FIRST CONGREGATIONAL CHURCH CHILD DEVELOP 10 WINTONBURY AVE BLOOMFIELD, CT 06002	06-0727636		25,000	0			CHILD CARE GRANTS

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FLOWER TOTS DAYCARE 90 AMITY STREET MERIDEN, CT 06450	32-0263345		7,500	0			CHILD CARE GRANTS
FRIENDS CENTER FOR CHILDREN 227 EAST GRAND AVE HAVEN, CT 06513	57-1203361		25,000	0			CHILD CARE GRANTS

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KIDS KOLLEGE DAYCARE CORP 2 WOODCREST DRIVE WATERBURY, CT 06708	81-1148374		13,800	0			CHILD CARE GRANTS
LITTLE WISE FAMILY HOME DAYCARE LLC 97 BROOKSIDE CIRCLE WETHERSFIELD, CT 06109	87-3873015		12,800	0			CHILD CARE GRANTS

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MARILYN'S FARMHOUSE DAYCARE 996 FLANDERS ROAD SOUTHINGTON, CT 06489	04-5688270		20,000	0			CHILD CARE GRANTS
RISE & SHINE DAY CARE LLC 107 HARVARD STREET HARTFORD, CT 06106	86-1872307		25,000	0			CHILD CARE GRANTS

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THE KID'S CONNECTION II INC 140 PLEASANT AVENUE HAVEN, CT 06512	04-3718905		25,000	0			CHILD CARE GRANTS
TURCHETTA DAYCARE 8 ADAMO AVE OAKDALE, CT 06370	26-1919250		6,000	0			CHILD CARE GRANTS

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CARITAS DE ANGEL FAMILY DAYCARE 60 MELOY RD HAVEN, CT 06516	85-2915659		13,500	0			CHILD CARE GRANTS
CHILDREN'S VILLAGE SCHOOL 545 BOUND LINE ROAD WOLCOTT, CT 06716	06-1220418		25,000	0			CHILD CARE GRANTS

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COUNTRY KIDS CHILDCARE & EARLY LEARNING 37 KENNEDY DR PUTNAM, CT 06260	13-4353060		25,000	0			CHILD CARE GRANTS
CREATIVE ARTS STUDIO INC 124 SOUTH POMPERAUG AVE WOODBURY, CT 06798	06-1300896		20,000	0			CHILD CARE GRANTS

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GLENBROOK LEARNING CENTER LLC 143 MULBERRY STREET STAMFORD, CT 06907	82-2527713		25,000	0			CHILD CARE GRANTS
HAPPY HANDS PREP LLC 421 WOLCOTT RD WOLCOTT, CT 06716	81-5320903		8,500	0			CHILD CARE GRANTS

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HAPPY KIDS HOME DAY CARE 41 VALENTINO DRIVE WATERBURY, CT 06704	20-2595553		13,500	0			CHILD CARE GRANTS
HAPPY LITTLE FACES LLC 169 FLATBUSH AVENUE HARTFORD, CT 06106	82-0839607		25,000	0			CHILD CARE GRANTS

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KIDS WONDERLAND & CWT RESOLUTION TEEN CTR 109 BOSTON POST RD 14 ORANGE, CT 06477	84-4427254		23,500	0			CHILD CARE GRANTS
PLAY SMART LLC 4 LEDGEBROOK COURT WESTON, CT 06883	15-8062985		20,000	0			CHILD CARE GRANTS

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PLAY TO LEARN CHILDCARE LLC 240 HILLANDALE AVE STAMFORD, CT 06906	82-3345249		25,000	0			CHILD CARE GRANTS
SOMETHING SPECIAL DAYCARE 460 DIXWELL AVE HAVEN, CT 06511	04-3388913		13,500	0			CHILD CARE GRANTS

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THE GLOBAL CHILD LLC 769 STONINGTON RD STONINGTON, CT 06378	45-1735077		25,000	0			CHILD CARE GRANTS
WATCH ME GROW DAYCARE 134 WEBBS HILL ROAD STAMFORD, CT 06903	08-9682731		25,000	0			CHILD CARE GRANTS

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BABY BELUGA FAMILY DAYCARE INC 43 BETTSWOOD ROAD NORWALK, CT 06851	83-0744820		25,000	0			CHILD CARE GRANTS
HAPPY TIME CHILD CARE 214 ROGERS ROAD NORWICH, CT 06360	11-2800499		5,500	0			CHILD CARE GRANTS

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RISE & SHINE DAY CARE LLC 107 HARVARD STREET HARTFORD, CT 06106	86-1872307		24,488	0			CHILD CARE GRANTS
ACADEMY OF EARLY LEARNING LLC 205 ACADEMY ROAD CHESHIRE, CT 06410	87-3643021		20,000	0			CHILD CARE GRANTS

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ANGELA'S FAMILY DAYCARE 193 SUMMERFIELD AVENUE BRIDGEPORT, CT 06610	66-2424818		6,000	0			CHILD CARE GRANTS
AUNTIE'S BABIES CT LLC 73 ROOSEVELT AVENUE FLOOR 1 STAMFORD, CT 06902	88-1375028		12,500	0			CHILD CARE GRANTS

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BEGINNER STEPS DAYCARE LLC 54 HIRSCH ROAD STAMFORD, CT 06905	27-2082101		24,687	0			CHILD CARE GRANTS
BRIGHT BEGINNINGS OF FAIRFIELD LLC 67 WARDE TERRACE FAIRFIELD, CT 06825	06-1455326		7,500	0			CHILD CARE GRANTS

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COLCHESTER ALT SCHOOL-AGED TOTAL LEARN 396 HALLS HILL ROAD COLCHESTER, CT 06415	06-1325728		35,630	0			CHILD CARE GRANTS
COTTONTAILS DAYCARE LLC 143 MINIVALE ROAD STAMFORD, CT 06907	26-1445399		30,000	0			CHILD CARE GRANTS

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CREATIVE HEARTS LEARNING ACADEMY 50 WINTONBURY AVE BLOOMFIELD, CT 06002	82-3329527		15,000	0			CHILD CARE GRANTS
CREATIVE KIDS DAYCARE 87 PERKINS ST TORRINGTON, CT 06790	06-1471426		6,500	0			CHILD CARE GRANTS

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DIDYA L RODRIGUEZ POO 98 COURTLAND HILL STREET APT 1 STAMFORD, CT 06906	97-8952335		6,000	0			CHILD CARE GRANTS
ITALIAN CENTER OF STAMFORD 1620 NEWFIELD AVENUE STAMFORD, CT 06905	06-0646684		25,000	0			CHILD CARE GRANTS

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J'S KIDS CASTLE DAYCARE LLC 115 PROSPECT STREET FLOOR 2 WATERBURY, CT 06702	87-2125911		6,000	0			CHILD CARE GRANTS
KIDS TIME AND KARE 15 BEECH ROAD ENFIELD, CT 06082	30-0475393		32,000	0			CHILD CARE GRANTS

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LEIDA'S FAMILY CHILDCARE 86 REYNOLDS DRIVE MERIDEN, CT 06450	08-1825068		7,000	0			CHILD CARE GRANTS
LILY'S FRIEND CHILDCARE 6 FINN LANE PLAINFIELD, CT 06374	04-9866614		16,500	0			CHILD CARE GRANTS

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LITTLE HOUSE IN THE COUNTRY CHILD CARE 2 NUTMEG DRIVE ELLINGTON, CT 06029	20-3018050		20,102	0			CHILD CARE GRANTS
LITTLE MINDS SHINE HOME DAYCARE LLC 83 HUNTINGTON ROAD 2FL HAVEN, CT 06512	88-1250879		6,000	0			CHILD CARE GRANTS

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MARGARITA D BATISTA TORRES 33 PARK AVENUE FLOOR 2 DANBURY, CT 06810	97-7909825		6,000	0			CHILD CARE GRANTS
MISS MERRY MACS EDUCATIONAL DAYCARE 479 MERROW ROAD TOLLAND, CT 06084	47-3007731		27,380	0			CHILD CARE GRANTS

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MY LITTLE WORLD 59 WASHINGTON AVENUE MERIDEN, CT 06451	27-1256494		7,000	0			CHILD CARE GRANTS
PEACEFUL MONTESSORI 173 THOMPSON STREET HAVEN, CT 06511	86-3693958		6,000	0			CHILD CARE GRANTS

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SANCHEZ FAMILY DAY CARE 20 WELLAND AVENUE WATERBURY, CT 06708	87-4632254		10,000	0			CHILD CARE GRANTS
SMARTLY FUN LLC 483 PUMPKIN HILL ROAD SHELTON, CT 06484	71-8152437		30,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TAMMY MASLAUSKAS DAYCARE 192 DIX AVENUE NEWINGTON, CT 06111	47-2224561		32,500	0			CHILD CARE GRANTS
THE CARROT PATCH LLC 92 IRONWORKS ROAD CLINTON, CT 06413	20-2330133		22,040	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE CHILDREN'S COMMUNITY DEVELOPMENT CTR 90 HILLSPOINT ROAD WESTPORT, CT 06880	06-1030028		16,500	0			CHILD CARE GRANTS
THE HAPPY FLAMINGO FAMILY DAYCARE LLC 103 DEVONWOOD DRIVE WATERBURY, CT 06708	87-2690822		7,500	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE LITTLE LOG SCHOOL HOUSE 242 BITGOOD ROAD CITY, CT 06351	83-2007481		30,000	0			CHILD CARE GRANTS
ACADEMY OF ART AND LEARNING CHILDCARE CTR 170 HARTFORD TURNPIKE VERNON, CT 06066	20-5606858		25,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DIVINO NINO DAYCARE CORP 198 BISHOP STREET WATERBURY, CT 06704	85-1345339		30,000	0			CHILD CARE GRANTS
JACQUELINE RODRIGUEZ DAY CARE LLC 58 CHERRY STREET WATERBURY, CT 06702	26-1878663		30,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KIDDIE KORNER DAYCARE LLC 1343 QUINNIPIAC AVENUE HAVEN, CT 06513	06-1436717		20,000	0			CHILD CARE GRANTS
LITTLE LAMBS FAMILY CHILD CARE 2A BENNETT PL DANBURY, CT 06810	83-4080461		30,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LIZBETH LOPEZ FAMILY CHILD CARE HOME 407 CENTER STREET APT 3 MERIDEN, CT 06450	58-1992580		10,000	0			CHILD CARE GRANTS
MICHELLE N RIVERA RODRIGUEZ 98 COURTLAND HILL STREET STAMFORD, CT 06906	97-8945943		6,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NAY'S LITTLE RASCALS PRE-SCHOOL 182 KNOWLTON STREET STRATFORD, CT 06615	81-3268438		30,000	0			CHILD CARE GRANTS
JESSICA MARIBEL JARA 16 HOME PLACE DANBURY, CT 06810	61-2030998		6,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEWTOWN TOTS DAYCARE 37 WATERVIEW DRIVE HOOK, CT 06482	84-2882111		30,000	0			CHILD CARE GRANTS
PRESTON FAMILY DAYCARE LLC 154 PRESTON AVENUE MERIDEN, CT 06450	88-1603736		6,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
QUERUBINES HOME DAYCARE 160 HUBBARD ROAD HARTFORD, CT 06114	13-0702301		30,000	0			CHILD CARE GRANTS
SEE US GROW CHILDCARE & LEARNING CENTER 249 WEST MAIN STREET BRANFORD, CT 06405	27-0305531		25,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ELIZABETH PENA 612 HUNTINGTON ROAD STRATFORD, CT 06614	12-6802839		6,000	0			CHILD CARE GRANTS
BABY BELUGA FAMILY DAYCARE INC 43 BETTSWOOD ROAD NORWALK, CT 06851	83-0744820		47,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BEE'S FAMILY HOME CARE LLC 20 NORTH STREET APT 7-2 STAMFORD, CT 06902	87-3742510		6,000	0			CHILD CARE GRANTS
CALIFORNIA STARTS LEARNING CENTERS 61 CALIFORNIA ST STRATFORD, CT 06615	81-0774878		17,500	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EDUCATION CENTER INC 1170 BLUE HILLS AVENUE BLOOMFIELD, CT 06002	83-3526406		15,000	0			CHILD CARE GRANTS
HAPPY HEARTS 17 WOLCOTTE HILL ROAD WETHERSFIELD, CT 06109	06-4271558		17,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HAPPY HOUSE DAY CARE LLC 121 HARBISON AVENUE HARTFORD, CT 06106	87-1497803		27,000	0			CHILD CARE GRANTS
HAPPY LITTLE FACES LLC 169 FLATBUSH AVENUE HARTFORD, CT 06106	82-0839607		19,500	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JUMERCA FAMILY DAYCARE 90 FAIRFAX STREET WATERBURY, CT 06704	81-2071819		6,500	0			CHILD CARE GRANTS
KIDDY CARE PLAYSCHOOL 68 HARTSWOOD ROAD STAMFORD, CT 06905	04-9705449		6,500	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KIDS KOLLEGE DAYCARE CORP 2 WOODCREST DRIVE WATERBURY, CT 06708	81-1148374		8,000	0			CHILD CARE GRANTS
KIDS PARADISE DAYCARE LLC 18 HALLOCK STREET WATERBURY, CT 06706	85-0972194		15,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LALY LOVE CHILDREN DAYCARE LLC 1126 BLUE HILLS AVENUE BLOOMFIELD, CT 06002	05-9583584		8,000	0			CHILD CARE GRANTS
MI SEGUNDO HOGAR FAMILY DAY CARE 5 FRANKLIN PLACE HARTFORD, CT 06114	04-6088745		6,500	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NOAH DAYCARE 62 EVERITT STREET WATERBURY, CT 06704	05-4942817		6,000	0			CHILD CARE GRANTS
REINA DAYCARE 145 SOUTHMAYD ROAD WATERBURY, CT 06705	96-7912976		6,500	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE ANGELS' DAYCARE 1 LLC 73 BASSICK AVENUE BRIDGEPORT, CT 06605	04-0047707		10,000	0			CHILD CARE GRANTS
TRACY TURCHETTA 8 ADAMO AVENUE OAKDALE, CT 06370	26-1919250		7,500	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TRUSTED CARE LLC 215 YORK STREET HAVEN, CT 06516	61-1703998		30,000	0			CHILD CARE GRANTS
WATCH ME GROW DAYCARE 134 WEBBS HILL ROAD STAMFORD, CT 06903	08-9682731		18,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YESI'S DAYCARE 106 PROSPECT STREET APT 2 NORWICH, CT 06360	04-9020867		6,000	0			CHILD CARE GRANTS
THREE LITTLE BEARS DAY CARE LLC 2010 EAST MARIN STREET BRIDGEPORT, CT 06610	87-3658648		20,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ANGELA PENA 27 MAITLAND ROAD STAMFORD, CT 06906	86-2760428		30,000	0			CHILD CARE GRANTS
BACILIO AUQUI ARANGO 22 BODWELL ST HARTFORD, CT 06105	88-2811103		6,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BELLANDE DOMERCANT 25 OAK HILL STREET STAMFORD, CT 06902	88-1748521		6,000	0			CHILD CARE GRANTS
CREATIVE ME 446A BLAKE STREET HAVEN, CT 06515	47-1566425		30,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ERNESTINE MCGEE 146 DOVER STREET HAVEN, CT 06513	06-7560334		30,000	0			CHILD CARE GRANTS
HEATHER A NELSON 38 HAIG AVENUE BRISTOL, CT 06010	88-1046536		25,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOVING START DAYCARE LLC 328 GIBSON HILL ROAD STERLING, CT 06377	85-2334450		15,000	0			CHILD CARE GRANTS
LUCERITO'S FAMILY DAYCARE 26 MALTBY PLACE HAVEN, CT 06513	32-0686057		6,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MELODY ROSS 23 SPRUCE DRIVE NAUGATUCK, CT 06770	88-1700756		6,000	0			CHILD CARE GRANTS
RAQUEL SABOGAL 226 SAYBROOKE STREET HARTFORD, CT 06106	04-2981841		25,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHAQUILA RUBY BRUNO 122 CENTER STREET STAMFORD, CT 06906	07-2787623		6,000	0			CHILD CARE GRANTS
SHELTA WILSON 22 RAMSDELL STREET HAVEN, CT 06515	34-7703376		29,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SMART KIDS DAY CARE CENTER LLC 1 OSCAR STREET STAMFORD, CT 06906	72-4803189		30,000	0			CHILD CARE GRANTS
SORAYA CUBILLOS 192 SILVER SANDS ROAD HAVEN, CT 06512	04-7024062		15,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TWINKLE STAR ENTERPRISES LLC 15 WHITMORE LANE STAMFORD, CT 06902	46-1757179		18,000	0			CHILD CARE GRANTS
XIOMY AUQUI DE LA CRUZ 287 COLLINS STREET HARTFORD, CT 06105	88-2795537		6,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BELKIS M RODRIGUEZ 8 1/2 FOURTH STREET DANBURY, CT 06810	84-3137109		16,500	0			CHILD CARE GRANTS
SUZANNE CYR 11 CLOVERDALE ROAD SOUTHINGTON, CT 06489	06-1461634		15,113	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KRISTEN ROMAN 112 PARKER AVENUE HAVEN, CT 06516	04-3802516		6,000	0			CHILD CARE GRANTS
RAINBOW KIDS CONNECTION 50 WOOD ST HAVEN, CT 06516	95-2981918		30,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CLINTON CHILD CARE SERVICES INC 160 EAST MAIN ST CLINTON, CT 06413	06-0987535		10,344	0			CHILD CARE GRANTS
FAMILY DAYCARE MUNDO DE JUGETE 199 NORFOLK STREET HAVEN, CT 06516	47-1067147		30,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BRIGIDA MENDIETA DBACARITAS FELICES 8 DRUMMERS LANE BETHEL, CT 06801	38-4132103		24,225	0			CHILD CARE GRANTS
JENNIFER SUAREZ 129 BIRCH ST MANCHESTER, CT 06040	59-7076990		25,000	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MS MIA'S TLC GROUP DAYCARE 20 COMPTON ST HAVEN, CT 06511	22-2484517		25,000	0			CHILD CARE GRANTS
BEGINNER STEPS DAYCARE LLC 54 HIRSCH ROAD STAMFORD, CT 06905	27-2082101		6,200	0			CHILD CARE GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ARNANDO VEGA 13 GOLDEN ST LONDON, CT 06320	04-5707243		10,000	0			EQUITY GRANTS
ASTOR PLACE INC 49 MOTT AVENUE LONDON, CT 06320	46-1348710		10,000	0			EQUITY GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WASHINGTON STREET COFFEE HOUSE LLC 13 WASHINGTON ST LONDON, CT 06320	46-0674472		10,000	0			EQUITY GRANTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC

Employer identification number
06-1493737

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
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.			
	☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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 FRAN PASTORE PRESIDENT AND CEO	(i)	268,739	0	0	8,740	13,965	291,444	0
	(ii)	0	0	0	0	0	0	0
2 BRENDA THICKETT VP OF PROGRAMS	(i)	177,557	0	0	5,285	0	182,842	0
	(ii)	0	0	0	0	0	0	0
3 DOROTHY BRATCHELL COO	(i)	160,131	0	0	4,956	590	165,677	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990)

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC

Employer identification number
06-1493737

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A PDF COPY OF THE FORM 990 WILL BE SENT VIA EMAIL TO THE DIRECTORS WHO ARE FINANCE COMMITTEE MEMBERS BEFORE THE 990 IS FILED. ALL OTHER DIRECTORS ARE INFORMED THAT THE 990 IS READY FOR REVIEW AT THEIR CONVENIENCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	WBDC REQUIRES THE TRUSTEES, DIRECTORS, OFFICERS AND KEY EMPLOYEES TO COMPLETE AND SIGN A C ONFLICT OF INTEREST POLICY UPON JOINING THE ORGANIZATION AND ANY TIME THERE IS AN AMENDMEN T OR CHANGE OF CIRCUMSTANCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A CAREFUL REVIEW OF SALARIES IS CONDUCTED THROUGHOUT THE AREA AS WELL AS A REGIONAL AND NA TIONAL REVIEW. THIS REVIEW IS BASED ON OTHER NON-PROFITS, PUBLIC AGENCIES, AND OTHER BUSIN ESS ENTITIES THAT MAY BE COMPARABLE. THE EXECUTIVE DIRECTOR AND CHIEF OPERATION OFFICER AR E RESPONSIBLE FOR ANNUALLY REVIEWING THE COMPENSATION. A COMPENSATION RECOMMENDATION IS TH EN MADE TO THE CHAIRMAN OF THE BOARD OF DIRECTORS AND FINANCE COMMITTEE. THE DECISION IS U LTIMATELY BASED ON THE NEEDS OF THE ORGANIZATION AND THE AVAILABILITY OF FUNDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	WBDC WILL MAKE THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AS WELL AS THEIR FIN ANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE UPON REQUEST IN A DDITION TO IT BEING POSTED ON GUIDESTAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.