



BRADY WARE
& COMPANY

November 10, 2016

National Association of Women Business
Owners Columbus Chapter
118 Graceland Boulevard No. 175
Columbus, OH 43214

National Association of Women Business:

Enclosed is the 2014 Exempt Organization return, as follows...

2014 Form 990-EZ

We recommend that you use certified mail with post marked receipt for proof of timely filing.

BRADY, WARE & SCHOENFELD, INC.

Betty Collins CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING
December 31, 2014

Prepared for	National Association of Women Business Owners Columbus Chapter 118 Graceland Boulevard No. 175 Columbus, OH 43214
Prepared by	Brady, Ware & Schoenfeld, Inc. 4249 Easton Way Suite 100 Columbus, OH 43219
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us as soon as possible.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____, 20____

2014

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS COLUMBUS CHAPTER

Employer identification number

31-1441262

Name and title of officer

**LAURA MACGREGOR COMEK
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b <u>183,860.</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BRADY, WARE & SCHOENFELD, INC.** to enter my PIN **23813**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35292014767
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **BRADY, WARE & SCHOENFELD, INC.** Date ▶ **11/10/16**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

NATIONAL ASSOCIATION OF WOMEN BUSINESS
OWNERS COLUMBUS CHAPTER
118 GRACELAND BOULEVARD, NO. 175
COLUMBUS, OH 43214

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



FORM 990-EZ

Short Form Return of Organization Exempt From Income Tax

2014

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

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

▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Open to Public
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A For the 2014 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS COLUMBUS CHAPTER		D Employer identification number 31-1441262
	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
	118 GRACELAND BOULEVARD		614-636-2926
	Room/suite	175	F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43214		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ WWW.NAWBOCOLUMBUSOHIO.COM			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 183,860.			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	36,117.
	2 Program service revenue including government fees and contracts	2	119,958.
	3 Membership dues and assessments	3	27,780.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) SEE SCHEDULE O	8	5.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	183,860.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	125.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	40,998.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	3,265.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	93,734.
	17 Total expenses. Add lines 10 through 16	17	138,122.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	45,738.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	58,172.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	103,910.

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

Form **990-EZ** (2014)

NATIONAL ASSOCIATION OF WOMEN BUSINESS

Form 990-EZ (2014)

OWNERS COLUMBUS CHAPTER

31-1441262

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	56,304.	103,910.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	3,273.	0.
25 Total assets	59,577.	103,910.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,405.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,172.	103,910.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	74,471.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12,243.
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	51,409.
32 Total program service expenses (add lines 28a through 31a)	32	138,123.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LAURA MACGREGOR COMEK 2ND VP	1.00	0.	0.	0.
DARLA J KING 1ST VP	1.00	0.	0.	0.
CAROLINE WORLEY PAST PRESIDENT	1.00	0.	0.	0.
JEANETTE ARMBRUST PRESIDENT	1.00	0.	0.	0.
KAREN POLING SECRETARY	1.00	0.	0.	0.
LORI KAISER TREASURER	1.00	0.	0.	0.
AMANDA SAGE VP COMMUNICATION	1.00	0.	0.	0.
HELEN COLON VP CORP PARTNERS	1.00	0.	0.	0.
BARB GIRSON VP MEMBERSHIP	1.00	0.	0.	0.
SUE CANTOR VP PROGRAMMING	1.00	0.	0.	0.
SHAUNE SKINNER VP PUBLIC POLICY	1.00	0.	0.	0.

NATIONAL ASSOCIATION OF WOMEN BUSINESS

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OWNERS COLUMBUS CHAPTER

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed		OH
42a	The organization's books are in care of	LORI KAISER Telephone no. 614-636-2926	
	Located at	118 GRACELAND BLVD SUITE 175, COLUMBUS, OH ZIP + 4 43214	
42b	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)? If "Yes," enter the name of the foreign country:	42b	X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

NATIONAL ASSOCIATION OF WOMEN BUSINESS
OWNERS COLUMBUS CHAPTER

Form 990-EZ (2014)

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	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Signature of officer: _____ Date: _____

LAURA MACGREGOR COMEK, PRESIDENT
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BETTY COLLINS CPA	BETTY COLLINS CPA	11/10/16		P00602371
	Firm's name ▶ BRADY, WARE & SCHOENFELD, INC.	Firm's address ▶ 4249 EASTON WAY SUITE 100 COLUMBUS, OH 43219		Firm's EIN ▶ 35-1476702	Phone no. 614-885-7407

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990-EZ (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS COLUMBUS CHAPTER** Employer identification number **31-1441262**

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	5.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING & MARKETING	16,620.
EVENTS AND CONFERENCES	65,891.
OTHER / MISC	1,238.
OUTREACH / YEA	5,124.
CREDIT CARD PROCESSING FEES	2,956.
LIABILITY INSURANCE	405.
SOFTWARE LICENSE / WEBSITE	1,500.
TOTAL TO FORM 990-EZ, LINE 16	93,734.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
A/R	3,273.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED EXPENSES	1,405.	0.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, COLUMBUS, OHIO CHAPTER, IS A CENTRAL OHIO ORGANIZATION REPRESENTING THE INTERESTS OF ALL WOMEN ENTREPRENEURS IN

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

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

432211
08-27-14

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
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Name of the organization

**NATIONAL ASSOCIATION OF WOMEN BUSINESS
OWNERS COLUMBUS CHAPTER**

Employer identification number
31-1441262

ALL INDUSTRIES MEMBERSHIP IS OPEN TO SOLE PROPRIETORS, PARTNERS AND
CORPORATE OWNERS WITH S% OWNERSHIP IN THEIR COMPANY ACTIVE MEMBERS WHO
LIVE IN A CHAPTER AREA AUTOMATICALLY JOIN BOTH CHAPTER AND NATIONAL
ORGANIZATION OF NAWBO NAWBO COLUMBUS ADVANCES WOMEN ENTREPRENEURS
TOWARD ECONOMIC, SOCIAL AND POLITICAL ACHIEVEMENT BY HELPING THEM
DEVELOP AND GROW STRONG, PROFITABLE WOMEN-OWNED BUSINESSES BUILD
STRATEGIC ALLIANCES, COALITIONS AND AFFILIATIONS TRANSFORM PUBLIC
POLICY AND INFLUENCE OPINION MAKERS AFFECT CHANGES IN THE BUSINESS
CULTURE

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

NAWBO COLUMBUS STRIVES TO PROVIDE USEFUL, INSPIRATIONAL
PROGRAMMING AND EVENTS GEARED TOWARDS PROVIDING WOMEN
SMALL BUSINESS OWNERS WITH THE RESOURCES, ADVICE, AND
KNOW-HOW TO BUILD STRONGER BUSINESSES. EVENTS INCLUDED NETWORKING
EVENTS WHICH SERVE TO HELP BUSINESS OWNERS BUILD NEW RELATIONSHIPS AND
FORM STRATEGIC PARTNERSHIPS MONTHLY PROGRAMS WITH INSPIRATIONAL
SPEAKERS AND OTHER BUSINESS AND COMMUNITY FIGURES THE ANNUAL VISIONARY
AWARDS GALA, WHICH RECOGNIZES LOCAL WOMEN BUSINESS OWNERS WHO HAVE
EXCELLED IN THEIR INDUSTRY AND THEIR
COMMUNITIES, AND FEATURES EXCITING KEYNOTES.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

BUILDING OUR NEXT GENERATION OF LEADERS WITH THE YOUNG
ENTREPRENEURS ACADEMY. THIS PROGRAM OFFERS STUDENTS THE
CHANCE TO DEVELOP HANDS-ON ENTREPRENEURIAL EXPERIENCE TO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS COLUMBUS CHAPTER	Employer identification number 31-1441262
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LAUNCH THEIR OWN BUSINESS OR SOCIAL MOVEMENT, CONNECT WITH LOCAL
ENTREPRENEURS, PITCH TO A PANEL OF INVESTORS FOR STARTUP FUNDING, GAIN
CONFIDENCE IN THEIR IDEAS, ABILITIES AND PRESENTATION SKILLS

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
COMMUNICATION, CORP PARTNER, MEMBERSHIP, PUBLIC POLICY, ROUNDTABLE
GRANTS \$ 0. EXPENSES \$ 51,409.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.