Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

A For the 2010 calendar year, or tax year beginning 2010, and ending

B Check if applicable

C

Women In Bio, Inc.
P.O. Box 34043
Bethesda, MD 20827

D Employer identification number
03-0458239

E Telephone number
202-624-7276

F Group Exemption Number

G Accounting Method
Cash
Accrual
Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:
www.womeninbio.org

J Tax-exempt status (fill one)
501(c)(3)
501(c)( )
4947(a)(1) or
527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (b) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less cost or other basis and sales expenses

5c Gain (or loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Gaming and fundraising events

6a Gross income from gaming (attach Schedule G if greater than $15,000)

6b 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)

6c Less direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (Subtract line 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6a, 7a, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

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)

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

BAA For Paperwork Reduction Act Notice, see the separate instructions.
Part III Statement of Program Service Accomplishments (see the instrs 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 what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program service:

28 To encourage, support, educate, and provide networking opportunities for women in biotechnology and bioscience industries (Grants $ )

If this amount includes foreign grants, check here

28a $145,747.

29

30

31 Other program services (describe in Schedule O) (Grants $ )

If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 $145,747.

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

<table>
<thead>
<tr>
<th>Number and address</th>
<th>Title and average hours per week devoted to position</th>
<th>Compensation if not paid, enter O</th>
<th>Contributions to employee benefit plans and deferred compensation</th>
<th>Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamie Strachota, P.O. Box 34043, Bethesda, MD 20827</td>
<td>Secretary</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Jamie Lacey-Moreira, P.O. Box 34043, Bethesda, MD 20827</td>
<td>Director</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Kristan Lansbery, 555 12th St. NW, Washington, DC 20004</td>
<td>Director</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Juli Ann Callis, 900 23rd St. NW, Washington, DC 20003</td>
<td>Director</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Karen Krumick, P.O. Box 34043, Bethesda, MD 20827</td>
<td>Treasurer</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Phyllis Dillinger, 910 Clopper Rd., Ste. 120, Gaithersburg, MD 20878</td>
<td>President Elect</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Christine Warrington, 4364 S. Alston Avenue, Durham, NC 27713</td>
<td>Director</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Susan E. Hendrickson, 1600 Tysons Blvd., Ste. 900, McLean, VA 22102</td>
<td>Director</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Debra Bowes, 9208 Jones Mill Road, Chevy Chase, MD 20815</td>
<td>President</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Lynn Langer, 9601 Medical Center Drive, Rockville, MD 20850</td>
<td>President-Emeri</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

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

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37b Did the organization file Form 1120-POL for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955, and 4956. Exempt organizations filing Form 990-EZ shall enter '0'.

b Section 501(c)(3) and 501(c)(4) 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

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

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

41 List the states with which a copy of this return is filed

42a The organization's books are in care of

Management

Located at P.O. Box 34043, Bethesda, MD

Telephone no 202-624-7276

b 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

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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

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

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

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

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
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
   a. 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 instr.)
   b. 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 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.

**Part VI:** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section
501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49a, 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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If 'Yes,' was the related organization a section 527 organization?

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'.

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans and deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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</tbody>
</table>

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'.

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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</tbody>
</table>

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A.

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
Phyllis Dillinger
President Elect

Paid Preparer Use Only
Print/Type preparer's name
Thomas R. Klein, CPA
Preparer's signature
Preparer's EIN
T.R. Klein & Company
2809 BOSTON ST
Baltimore, MD 21224
Phone no (410) 675-2727

May the IRS discuss this return with the preparer shown above? See instructions

TEA0812L 02/18/11
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. See separate instructions.

Name of the organization

Women In Bio, Inc.

Employer identification number

03-0458239

[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 (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)
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)(iv). 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)(v).
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).
8 [ ] A community trust described in section 170(b)(1)(A)(vii). (Complete Part II)
9 [x] 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 taxes) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
10 [ ] An organization organized and operated exclusively for public safety. See section 509(a)(4).
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
   a [ ] Type I
   b [ ] Type II
   c [ ] Type III — Functionally integrated
   d [ ] Type III — Other
12 [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
13 [ ] If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
14 [ ] Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
   (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
   (ii) A family member of a person described in (i) above?
   (iii) A 35% controlled entity of a person described in (i) or (ii) above?
15 [ ] Provide the following information about the supported organization(s)

<table>
<thead>
<tr>
<th>(a) Name of supported organization</th>
<th>(b) EIN</th>
<th>(c) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(d) (vi) Does the organization in column (i) listed in your governing document?</th>
<th>(e) (vii) Did you notify the organization in column (i) of your support?</th>
<th>(f) (vi) Is the organization in column (i) organized in the US?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>(B)</td>
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<td>(C)</td>
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<td>(D)</td>
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<td>(E)</td>
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</tr>
<tr>
<td>Total</td>
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</tr>
</tbody>
</table>

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

Schedule A (Form 990 or 990-EZ) 2010

TEE04001 12/23/10
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include ‘unusual grants’)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to it or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). | 14 |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 |

16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  

16b 33-1/3% support test – 2009. 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 – 2010. 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 IV how the organization meets the ‘facts-and-circumstances’ test. The organization qualifies as a publicly supported organization  

17b 10%-facts-and-circumstances test – 2009. 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 IV 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.  

BAA
### Schedule A (Form 990 or 990-EZ) 2010

**Women In Bio, Inc.**

**03-0458239 Page 3**

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Gifts, grants, contributions and membership fees received</strong> (Do not include any 'unusual grants')</td>
<td>89,456</td>
<td>69,000</td>
<td>137,145</td>
<td>93,085</td>
<td>115,125</td>
<td>503,811</td>
</tr>
<tr>
<td><strong>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</strong></td>
<td>25,626</td>
<td>37,690</td>
<td>44,550</td>
<td>41,736</td>
<td>45,960</td>
<td>195,562</td>
</tr>
<tr>
<td><strong>3 Gross receipts from activities that are not an unrelated trade or business under section 513</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>5 The value of services or facilities furnished by a governmental unit to the organization without charge</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>6 Total. Add lines 1 through 5</strong></td>
<td>115,082</td>
<td>106,690</td>
<td>181,695</td>
<td>134,821</td>
<td>161,085</td>
<td>699,373</td>
</tr>
<tr>
<td><strong>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</strong></td>
<td>0</td>
<td>32,000</td>
<td>58,500</td>
<td>39,900</td>
<td>51,750</td>
<td>182,150</td>
</tr>
<tr>
<td><strong>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</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>c Add lines 7a and 7b</strong></td>
<td>0</td>
<td>32,000</td>
<td>58,500</td>
<td>39,900</td>
<td>51,750</td>
<td>182,150</td>
</tr>
<tr>
<td><strong>8 Public support (Subtract line 7c from line 6)</strong></td>
<td>517,223</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9 Amounts from line 6</strong></td>
<td>115,082</td>
<td>106,690</td>
<td>181,695</td>
<td>134,821</td>
<td>161,085</td>
<td>699,373</td>
</tr>
<tr>
<td><strong>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>c Add lines 10a and 10b</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV</strong></td>
<td>100</td>
<td>503</td>
<td>3,752</td>
<td>4,355</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13 Total support. (Add lines 9, 10, 11, and 12)</strong></td>
<td>115,082</td>
<td>106,790</td>
<td>182,198</td>
<td>138,573</td>
<td>161,085</td>
<td>703,728</td>
</tr>
<tr>
<td><strong>14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</strong></td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))</strong></td>
<td>0.735%</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16 Public support percentage from Schedule A, Part III, line 15</strong></td>
<td>0.779%</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

| (a) 2010 (line 10c, column (f) divided by line 13, column (f)) | 0.0% |
| (b) 2009 Schedule A, Part III, line 17 | 0.0% |
| **19a 33-1/3% support tests -- 2010. 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** | □ |
| **19b 33-1/3% support tests -- 2009. 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** | □ |
Schedule A (Form 990 or 990-EZ) 2010  Women In Bio, Inc.  03-0458239  Page 4

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.

(See instructions.)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other income</td>
<td></td>
<td>3,752</td>
<td>503</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>$0</td>
<td>$3,752</td>
<td>$503</td>
<td>$100</td>
<td>$0</td>
</tr>
</tbody>
</table>
Form 990-EZ, Part III - Organization's Primary Exempt Purpose

- Dedication to the success of women executives and entrepreneurs in biotechnology and bioscience industries.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No
Form 990-EZ, Part I, Line 16
Other Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and Promotion</td>
<td>2,525</td>
</tr>
<tr>
<td>Bank service charges</td>
<td>3,699</td>
</tr>
<tr>
<td>Consulting</td>
<td>24,606</td>
</tr>
<tr>
<td>Dues and Subscriptions</td>
<td>2,580</td>
</tr>
<tr>
<td>Insurance</td>
<td>523</td>
</tr>
<tr>
<td>Marketing</td>
<td>1,440</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>634</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>7,471</td>
</tr>
<tr>
<td>Program expense</td>
<td>65,519</td>
</tr>
<tr>
<td>Telephone</td>
<td>1,089</td>
</tr>
<tr>
<td>Travel</td>
<td>6,948</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117,034</strong></td>
</tr>
</tbody>
</table>

Form 990-EZ, Part II, Line 24
Other Assets

<table>
<thead>
<tr>
<th>Item</th>
<th>Beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepaid Expenses and Deferred Charges</td>
<td>$8,250</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,250</strong></td>
<td><strong>6,000</strong></td>
</tr>
</tbody>
</table>
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box □
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T, or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file and click on e-file for Charities & Nonprofits.

Automatically 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only □

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

Name of exempt organization
Women In Bio, Inc.
03-0458239

Employer identification number

Number, street, and room or suite number: If a P.O. box, see instructions
P.O. Box 34043

City, town or post office, state, and ZIP code: For a foreign address, see instructions
Bethesda, MD 20827

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For

Form 990
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (section 401(a) or 408(a) trust)
Form 990-T (trust other than above)

Return Code
01
02
03
04
05
06

Application Is For
Form 990-T (corporation)
Form 1041-A
Form 4720
Form 5227
Form 6069
Form 8870

Return Code
07
08
09
10
11
12

The books are in the care of Management

Telephone No □ 202-624-7726 □ FAX No □

- If the organization does not have an office or place of business in the United States, check this box □
- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ________ If this is for the whole group, check this box □ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until __8/15__, 20 ____, to file the exempt organization return for the organization named above.

The extension is for the organization’s return for

◿ [X] calendar year 20 ____, or
◿ tax year beginning ____________, 20 ____, and ending ____________, 20 ____

2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return
◿ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a $ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b $ 0

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c $ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8423-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.
Form 8868 (Rev 1-2011)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.  
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

<table>
<thead>
<tr>
<th>Name of exempt organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women In Bio, Inc.</td>
<td>03-0458239</td>
</tr>
</tbody>
</table>

Enter the Return code for the return that this application is for (file a separate application for each return)

<table>
<thead>
<tr>
<th>Application is For</th>
<th>Return Code</th>
<th>Application is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td>Form 990-EL</td>
<td>02</td>
</tr>
<tr>
<td>Form 990-EL</td>
<td>02</td>
<td>Form 990-EZ</td>
<td>03</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>03</td>
<td>Form 990-PF</td>
<td>04</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 990-T (sec 401(a) or 408(a) trust)</td>
<td>05</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of: Management  
  Telephone No: 202-624-7276  
  FAX No:  
- If the organization does not have an office or place of business in the United States, check this box.  
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2011, 2011  
5 For calendar year 2010, or other tax year beginning and ending 2011  
6 If the tax year entered in line 5 is for less than 12 months, check reason: initial return  
7 Change in accounting period  
8 State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature]  
Date: 11/15/10  
FIR20502L  
Form 8868 (Rev 1-2011)