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Form 990-EZ

## 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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01-01-2009

, and ending 12-31-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization Women in Consulting	D Employer identification number 68-0486946
Number and street (or P O box, if mail is not delivered to street address) 266 Hillsdale Avenue	E Telephone number (408) 266-9658
City or town, state or country, and ZIP + 4 San Jose, CA 95136	F Group Exemption Number ►

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► www.womeninconsulting.org

J Tax-Exempt status (check only one)  501(c)(6) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 124,898

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	67,228
3 Membership dues and assessments	3	57,053
4 Investment income	4	617
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	0
b Less direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	124,898
10 Grants and similar amounts paid (attach schedule)	10	
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	35,501
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ►)	16	91,436
17 Total expenses. Add lines 10 through 16	17	126,937
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,039
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	10,180
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	8,141

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11,721	22
23 Land and buildings		23
24 Other assets (describe ►)	150	24
25 Total assets	11,871	25
26 Total liabilities (describe ►)	1,691	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,180	27
		8,141



<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.)			<b>Yes</b>	<b>No</b>
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>33</b>	No
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<b>34</b>	No
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		<b>35a</b>	No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<b>35b</b>	
<b>36</b>	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		<b>36</b>	No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	<b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<b>37b</b>	No
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<b>38a</b>	No
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>		
<b>39</b>	<b>Section 501(c)(7) organizations.</b> Enter		<b>39a</b>	0
<b>a</b>	Initiation fees and capital contributions included on line 9		<b>39b</b>	0
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities			
<b>40a</b>	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		<b>40b</b>	
<b>b</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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			
<b>c</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
<b>d</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ►			
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>40e</b>	No
<b>41</b>	List the states with which a copy of this return is filed ►			
<b>42a</b>	The organization's books are in care of ► <u>Angela Roberts</u> Telephone no ► <u>(408) 266-9658</u> 266 Hillsdale Avenue Located at ► <u>San Jose, CA</u> ZIP + 4 ► <u>95136</u>		<b>42b</b>	No
<b>b</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 ►		<b>42c</b>	No
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
<b>c</b>	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 ►			
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	<b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>44</b>	No
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>45</b>	No

**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 46-49b and complete the tables for lines 50 and 51.

		<b>Yes</b>	<b>No</b>
<b>46</b>	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	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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."		

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

**50(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."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer <u>Melissa Stacey Treasurer</u> Type or print name and title	2010-05-11 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature <u>Leyla Hanson CPA</u>	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Leyla Hanson CPA An Accountancy Corporation</u> <u>700 S Bernardo Ave Ste 104</u> <u>Sunnyvale, CA 94087</u>			EIN <input checked="" type="checkbox"/>

Phone no  (408) 732-9205

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 68-0486946  
**Name:** Women in Consulting

### Form 990EZ, Part III - Statement of Program Service Accomplishments

<b>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 title.</b>		<b>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b>
<b>28</b> Seminars Seminars will occasionally be offered to cover topics in greater depth than can be covered in the monthly meetings Seminars are open to anyone (Grants \$ 4,480)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>28a</b>
<b>29</b> E-Mail List The E-mail list provides over 500 subscribers to the list with an opportunity to ask questions to the group at large about real-time consulting issues, solicit recommendations on resources needed, or post consulting assignments that need to be filled (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>29a</b>
<b>30</b> Web Site The web site includes a searchable membership database with descriptions of each member's consulting practice In addition, topics relevant to consultants such as sample documents (e.g., contracts, invoices), a library of past meeting notes, book reviews, recommended resources for consultants, & notices of upcoming meetings are available as a valuable resource to members Currently 238 consultants utilize this member only provided service (Grants \$ 8,943)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>30a</b>
Monthly Meetings Meetings are held in the evening Each meeting incorporates approximately 1 hour of informal networking time, followed by a program (also approximately 1 hour in length) Topics for the program revolve around skill-building or knowledge acquisition relevant to being an independent consultant Examples include marketing services provided and evaluation of different organizational structures Meetings are open to anyone who is interested in attending to learn more about independent consulting (Grants \$ 54,631)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
Deborah Hoard 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		
Deb McClannahan 266 Hillsdale Avenue San Jose, CA 95136	Secretary 15 00	0		
Avery Horzewski 266 Hillsdale Avenue San Jose, CA 95136	Director 15 00	0		
Jan Richards 266 Hillsdale Avenue San Jose, CA 95136	Director 15 00	0		
Deborah Plumley 266 Hillsdale Avenue San Jose, CA 95136	Director 15 00	0		
Sherry Prescott-Willis 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		
Jennifer Berkeley 266 Hillsdale Avenue San Jose, CA 95136	Vice President 15 00	0		
Melissa Stacey 266 Hillsdale Avenue San Jose, CA 95136	Treasurer 15 00	0		
Linda Popky 266 Hillsdale Avenue San Jose, CA 95136	President 15 00	0		

## TY 2009 Other Assets Schedule

**Name:** Women in Consulting

**EIN:** 68-0486946

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges		850
Accounts Receivable	150	

## TY 2009 Other Expenses Schedule

**Name:** Women in Consulting

**EIN:** 68-0486946

**Software ID:** 09000047

**Software Version:** 2009v1.3

<b>Description</b>	<b>Amount</b>
Workshop Expenses	4,480
Web Expenses	8,943
Software	288
Public Relations	6,490
Office Expenses	10,354
Member Benefits	500
Meetings - Teleconferences	1,402
Meetings - Satellite Locations	22,472
Meetings - Mail, Copy, Supply	189
Meetings - Leaders Level	3,939
Meetings - Food and Beverages	22,431
Meetings - Facility Rental	304
Meetings - Audio Visual	1,342
Holiday Party /Dec. Meeting	2,552
Executive Gifts	2,096
Donations	150
Board Meetings	1,234
Advertising and Promotion	20

## TY 2009 Other Liabilities Schedule

**Name:** Women in Consulting**EIN:** 68-0486946**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	1,691	