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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- B Check if applicable
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

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 ►

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.womeninconsulting.orgJ Tax-Exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 108,452

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	49,989
	3 Membership dues and assessments	3	55,740
	4 Investment income	4	3
	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 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	1,670
Expenses	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)	6c	167
	c Less direct expenses from gaming and fundraising events	6d	1,503
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	0
	b Less cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	1,050
	8 Other revenue (describe in Schedule O)	9	108,285
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
	10 Grants and similar amounts paid (list in Schedule O)	10	
Net Assets	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	38,794
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	67,284
	17 Total expenses. Add lines 10 through 16	17	106,078
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,207
	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	4,047
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	6,254

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	5,297	22	10,322
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	519
25 Total assets	5,297	25	10,841
26 Total liabilities (describe in Schedule O)	1,250	26	4,587
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,047	27	6,254

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

The mission of Women in Consulting (WIC) is to provide and support a collaborative community in which independent consultants can discuss their business needs, network, share information, and learn about starting, running, and promoting an independent consulting practice. WIC uses four major activities to support this mission: 1) monthly meetings, b) a web site, c) an e-mail list, and d) seminars

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

28 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 \$ 2,589) If this amount includes foreign grants, check here

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

29 Web Site & E-Mail Listserve 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 over 500 consultants utilize this member only provided service. In addition, as part of the website, we offer an E-mail list-serve to consultants. The List-serve provides an opportunity for over 500 consultants 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 \$ 8,015) If this amount includes foreign grants, check here

30 Monthly/Quarterly 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 \$ 41,857) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) **32** 52,461

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

- 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
- 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)
- 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- b** If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O
- c** 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

- 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 **37a**
- b** 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 **38b**

- 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

- 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 4958

- 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 **Angela Roberts** Telephone no **(408) 266-9658**

266 Hillsdale Avenue
Located at **San Jose, CA** ZIP + 4 **95136**

- 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 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 **43**

- 44a** Did the organization maintain any donor advised funds? 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

- 45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

- 45b** 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)*

	Yes	No
33		No
34		No
35a		No
35b		No
35c		No
36		No
37b		No
38a		No
38b		
39a		0
39b		0
40b		
40e		No
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		No
45a		No
45b		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

	Yes	No
46		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 47-49b and 52.

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

47 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

	Yes	No
47		

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

	Yes	No
48		

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

	Yes	No
49a		

b 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"

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

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"

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

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 and 4947(a)(1) nonexempt charitable trusts 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	<p>***** Signature of officer Joanne Lehmkuhl Treasurer Type or print name and title</p>	2012-11-06 Date
Paid Preparer's Use Only	<p>Preparer's signature <input type="checkbox"/> Leyla Hanson CPA</p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> Leyla Hanson CPA An Accountancy Corporation 700 S Bernardo Ave Ste 104 Sunnyvale, CA 94087</p>	<p>Date</p> <p>Check if self-employed <input type="checkbox"/></p> <p>Preparer's taxpayer identification number (See instructions)</p> <p>EIN <input type="checkbox"/></p> <p>Phone no <input type="checkbox"/> (408) 732-9205</p>

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

Yes No

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 68-0486946
Name: Women in Consulting

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Kathie Sherman 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		
Deborah Siegle 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		
Melody Appleton 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		
Angel Rampy 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		
Deb McClannahan 266 Hillsdale Avenue San Jose, CA 95136	Secretary & Dir 5 00	0		
Avery Horzewski 266 Hillsdale Avenue San Jose, CA 95136	President 10 00	0		
Jan Richards 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		
Robin Pieracci 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		
Rachel Melia 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		
Jennifer Berkeley Jackson 266 Hillsdale Avenue San Jose, CA 95136	Vice President 10 00	0		
Melissa Stacey 266 Hillsdale Avenue San Jose, CA 95136	CFO /Treasurer 5 00	0		
Sue Hay 266 Hillsdale Avenue San Jose, CA 95136	Director 5 00	0		

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**Name of the organization
Women in Consulting**Employer identification number**
68-0486946

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$1250 Accounts Payable and Accrued Expenses - Ending \$4587
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$519
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	Donations \$12
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Meetings - Mail, Copy, Supply \$182
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	Software \$288
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Member Benefits \$348
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Executive & Speaker Gifts \$630
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Board Meetings \$1000
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Meetings - Teleconferences \$1851
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Meetings - Audio Visual \$2127
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Workshop Expenses \$2589
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Meetings - Leaders Level \$3676
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Public Relations \$4840
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Web Expenses \$7865
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Meetings - Satellite Locations \$16601
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Meetings - Food and Beverages \$17488
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1480
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$6307
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Sponsorship \$1050