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▶ 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*

, and ending 12-31-2012

F Group Exemption
Number 

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

Form **990-EZ** (2012)

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	204,401	22	262,300
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	7,739	24	23
25 Total assets	212,140	25	262,323
26 Total liabilities (describe in Schedule O)	12,885	26	22,430
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	199,255	27	239,893

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?
WOMEN'S INDUSTRY NETWORK (WIN) IS A NOT-FOR-PROFIT ASSOCIATION DEDICATED TO ENCOURAGING, DEVELOPING, AND CULTIVATING OPPORTUNITIES TO ATTRACT WOMEN TO COLLISION REPAIR WHILE RECOGNIZING EXCELLENCE, PROMOTING LEADERSHIP, AND FOSTERING A NETWORK AMONG THE WOMEN WHO ARE SHAPING THE INDUSTRY

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

THE ORGANIZATION HOSTED A CONFERENCE IN ATLANTA, GEORGIA WITH 172 ATTENDEES. THIS EVENT INCLUDED A BOARD OF DIRECTORS MEETING, ELECTION OF THE 2013 - 2014 OFFICERS, EDUCATIONAL SESSIONS, INCLUDING PROFESSIONAL DEVELOPMENT, INDUSTRY RELATED TECHNICAL AND INDUSTRY RELATED OVERVIEW SESSIONS, AND KEYNOTE ADDRESSES. THE EVENT ALSO INCLUDES NETWORKING ELEMENTS AND OPPORTUNITIES TO PARTICIPATE IN A SCHOLARSHIP WALK WHERE AN ENTRY FEE WAS USED AS A DONATION FOR FUTURE SCHOLARSHIPS. THE EVENT ALSO PROVIDES RECIPIENTS OF SCHOLARSHIPS (STUDENTS, INSTRUCTORS, AND EMPLOYEES) TO ATTEND, LEARN, AND NETWORK.
(Grants \$) If this amount includes foreign grants, check here

28a

0

29

THE ORGANIZATION REGULARLY MAINTAINS A WEBSITE AS A SOURCE OF INFORMATION AND AWARENESS OF THE ORGANIZATION AND PRODUCES AND DISTRIBUTES A NEWSLETTER AS A SOURCE OF INFORMATION, MOTIVATION, CALL TO ACTION AND AWARENESS OF THE ORGANIZATION.
(Grants \$) If this amount includes foreign grants, check here

29a

0

30

(Grants \$) If this amount includes foreign grants, check here

30a

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

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
See Additional Data Table				

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 Schedule 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	33	No
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)	34	No
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)?	35a	No
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	35b	
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	35c	No
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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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?	38a	No
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	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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	40b	
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	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/>		
42a	The organization's books are in care of <input type="checkbox"/> TERESA BOLTON Telephone no <input type="checkbox"/> (703) 669-6610 Located at <input type="checkbox"/> 101 BLUE SEAL DR SE STE 101 LEESBURG, VA ZIP + 4 <input type="checkbox"/> 20175		
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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
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	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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)	45b	

		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		No

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 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 "				
(a) Name and title of each employee paid more than \$100,000	(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

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

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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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	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	2013-05-02 Date			
	TERESA BOLTON TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature SUSAN GREGGO	Date	Check <input type="checkbox"/> if self-employed	PTIN P00595460
	Firm's name ▶ WARADY & DAVIS LLP			Firm's EIN ▶ 36-2170602	
	Firm's address ▶ 1717 DEERFIELD RD SUITE 300S DEERFIELD, IL 60015			Phone no (847) 267-9600	

May the IRS discuss this return with the preparer shown above? See instructions	▶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
WOMEN'S INDUSTRY NETWORK**Employer identification number**

20-5927456

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 851
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 375
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME 9 INDIVIDUALS AMOUNT GIVEN 8,528
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PLAQUES, CERTIFICATES AND AWARDS AMOUNT 3,375 DESCRIPTION CONFERENCE AMOUNT 106,142 DESCRIPTION CONTRIBUTIONS AMOUNT 589 DESCRIPTION BANK FEES AND CREDIT CARD CHARGES AMOUNT 3,558 DESCRIPTION INSURANCE AMOUNT 2,025 DESCRIPTION MARKETING AND PROMOTIONS AMOUNT 1,935 DESCRIPTION STATIONARY/SUPPLIES AMOUNT 255 DESCRIPTION TRADE SHOWS AMOUNT 7,805 DESCRIPTION TRAVEL AMOUNT 2,075 DESCRIPTION WEBSITE AMOUNT 2,716 DESCRIPTION MISCELLANEOUS AMOUNT 450 DESCRIPTION STRATEGIC PLANNING MEETING AMOUNT 2,863 TOTAL TO FORM 990-EZ, LINE 16 133,788
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 7,739 END OF YEAR AMOUNT 23
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DEFERRED REVENUES BEG OF YEAR AMOUNT 9,425 END OF YEAR AMOUNT 20,150 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 3,460 END OF YEAR AMOUNT 2,280

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: WOMEN'S INDUSTRY NETWORK

EIN: 20-5927456

Declaration: 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.

Additional Data

Software ID:
Software Version:
EIN: 20-5927456
Name: WOMEN'S INDUSTRY NETWORK

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

(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
VICTORIA JANKOWSKI CHAIR	1 10	0	0	0
MARGARET KNELL VICE CHAIR	1 10	0	0	0
JENNIFER JUSTICE-HALEY DIRECTOR	0 80	0	0	0
DENISE CASPERSEN ADMINISTRATIVE VICE CHAIR	1 10	0	0	0
NANCY NG DIRECTOR	0 80	0	0	0
TERESA BOLTON TREASURER	1 10	0	0	0
TINA CLARK DIRECTOR	0 80	0	0	0
AMY NUTTAL DIRECTOR	0 80	0	0	0
SHELLIE ANDREWS DIRECTOR	0 80	0	0	0
KRISTEN FELDER DIRECTOR	0 80	0	0	0
KATIE HENWOOD DIRECTOR	0 80	0	0	0
RUTH WENIGER DIRECTOR	0 80	0	0	0