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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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012

, and ending 12-31-2012

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.org](http://www.womeninconsulting.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) (insert no)  4947(a)(1) or  527K 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 ► \$ 84,494

## 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	34,045
	3 Membership dues and assessments . . . . .	3	47,652
	4 Investment income . . . . .	4	1
	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		
	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	1,176
Expenses	c Less direct expenses from gaming and fundraising events . . . . .	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	1,176
	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 in Schedule O) . . . . .	8	1,620
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	84,494
Net Assets	10 Grants and similar amounts paid (list in Schedule O) . . . . .	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	36,440
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	1,290
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe in Schedule O) . . . . .	16	54,407
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17	92,137
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-7,643
	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	6,254
	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	-1,389

**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	10,322	22 11,397
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	519	24 779
<b>25 Total assets</b>	<b>10,841</b>	<b>25 12,176</b>
<b>26 Total liabilities</b> (describe in Schedule O)	<b>4,587</b>	<b>26 13,565</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>6,254</b>	<b>27 -1,389</b>

**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?

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 \$ 2,576) 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 )

**28a**

**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 \$ 8,842) If this amount includes foreign grants, check here

**29a**

**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 \$ 35,617) 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**

47,035

**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

	<b>Yes</b>	<b>No</b>
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 <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	35b	No
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	37a	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
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	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
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 ►	40b	
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	40e	No
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 Located at ► PO Box 36255 San Jose, CA ZIP + 4 ► 951586255		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	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 ►	42c	No
43 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 ►	43	
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	No
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	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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		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

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>48</b>		

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>49a</b>		

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>49b</b>		

**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
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.

<b>Sign Here</b>	***** Signature of officer Joanne Lehmkuli Treasurer Type or print name and title	2013-05-14 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Leyla Hanson CPA	Preparer's signature Leyla Hanson CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00375199
	Firm's name ► Leyla Hanson CPA An Accountancy Corporation			Firm's EIN ►	
	Firm's address ► 700 S Bernardo Ave Ste 104 Sunnyvale, CA 94087			Phone no (408) 732-9205	

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

## Additional Data

**Software ID:** 12000229  
**Software Version:** 2012v2.0  
**EIN:** 68-0486946  
**Name:** Women in Consulting

### 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
Kathie Sherman Pres Elect	20 00	0		
Deborah Siegle Director	15 00	0		
Kay Paumier Director	15 00	0		
Angel Rampy Director	10 00	0		
Leilani Yau Director	15 00	0		
Avery Horzewski President	20 00	0		
Sherry Prescott-Willis VP Marketing	15 00	0		
Joanna Nowak VP Finance	15 00	0		
Joanne Lehmkuhl Treasurer	15 00	0		
Jennifer Berkeley Jackson EVP-Operations	15 00	0		
Sandra Clark Director	15 00	0		
MA Brasted 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.

**2012****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 \$4587 Accounts Payable and Accrued Expenses - Ending \$13565
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$519 Accounts Receivable - Ending \$779
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	Speaker/Instructor Fees \$25
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Filing Fees \$40
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	Meeting Planning Committee Exp \$50
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Meetings - Mail, Copy, Supply \$185
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Member Benefits \$200
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Software \$288
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Meetings - Audio Visual \$614
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Board Meetings \$1233
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Workshop Expenses \$2576
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Meetings - Leaders Level \$5006
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Public Relations \$5650
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Meetings - Satellite Locations \$8911
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Web Expenses \$8949
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Meetings - Food and Beverages \$14385
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1147
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$5148
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Sponsorship \$1620