



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization: Women in Consulting  

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
266 Hillsdale Avenue

City or town, state or province, country, and ZIP or foreign postal code  
San Jose, CA 95136

**D** Employer identification number: 68-0486946  
**E** Telephone number: (408) 266-9658  
**F** Group Exemption Number: ☐

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify):  
**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 ☐ 527

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)  
**K** Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other  
**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 85,722

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 <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	32,392
	3	Membership dues and assessments	49,713
	4	Investment income	
	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 1,607
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 1,607
	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 2,010
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 85,722
	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
Net Assets	13	Professional fees and other payments to independent contractors	13 30,574
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule O)	16 49,506
	17	Total expenses. Add lines 10 through 16	17 80,080
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,642
	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 -1,389
	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 4,253

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 . . . . .	11,397	22	8,309
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .	779	24	779
25 Total assets . . . . .	12,176	25	9,088
26 Total liabilities (describe in Schedule O) . . . . .	13,565	26	4,835
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	-1,389	27	4,253

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 startingm 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 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 \$ 31,645) If this amount includes foreign grants, check here

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 \$ 1,089) If this amount includes foreign grants, check here

30 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 \$ 557) 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)

Expenses

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

28a

29a

30a

31a

32

33,291

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				

Form 990-EZ (2013)

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	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 Form 1120-POL 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		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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	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		
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 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	42c	No
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	
		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	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

		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	(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 business address of each independent contractor	(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? <b>NOTE:</b> 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
----	--	---	--

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	*****	2014-07-31			
	Signature of officer	Date			
Paid Preparer Use Only	Joanne Lehmkuhl Treasurer				
	Type or print name and title				
	Print/Type preparer's name Leyla Hanson CPA	Preparer's signature	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 . . . . .	▶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

Additional Data

Software ID: 13000170  
Software Version: 2013v3.1  
EIN: 68-0486946  
Name: Women in Consulting

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 President	40 00	0		
Avery Horzewski Past President	1 00	0		
Jennifer Berkeley Jackson EVP-Operations	40 00	0		
Joanne Lehmkuhl Finance Directo	10 00	0		
Jeannie Shea Director	5 00	0		
Kay Paumier Director	10 00	0		
Danielle Terrazas Director	20 00	0		
Sue Hay Director	10 00	0		
Avery Horzewski VP Programs	40 00	0		
Sandra Clark Director	30 00	0		
Wendy Wood Director	15 00	0		
Anne Janzer Director	15 00	0		
Deb Siegle Director	40 00	0		
Deb Siegle VP Membership	20 00	0		
Beverly Bird VP Communicat	20 00	0		

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
Joanna Nowak VP Finance	10 00	0		

2013

Open to Public Inspection

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.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
www.irs.gov/form990.

Name of the organization Women in Consulting	Employer identification number 68-0486946
---	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Sponsorship \$2010
Other Expenses 1002	Office Expenses \$7484
Other Expenses 1012	Insurance \$1172
Other Expenses 1	Meetings - Food and Beverages \$16445
Other Expenses 2	Web Expenses \$9122
Other Expenses 3	Meetings - Satellite Locations \$5890
Other Expenses 4	Meetings - Leaders Level \$5282
Other Expenses 5	AV Rental \$1087
Other Expenses 6	Meetings - Webinar \$839
Other Expenses 7	Workshop Expenses \$557
Other Expenses 8	Board Meetings \$400
Other Expenses 9	Filing Fees \$300
Other Expenses 10	Software \$288
Other Expenses 11	Meetings - Survey Hosting \$275
Other Expenses 12	Meetings - Mail, Copy, Supply \$206
Other Expenses 13	Event Posting Fees \$100
Other Expenses 14	Speaker/Instructor Fees \$39
Other Expenses 15	Membership Refunds \$20
Other Assets 1005	Accounts Receivable - Beginning \$779 Accounts Receivable - Ending \$779
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$13565 Accounts Payable and Accrued Expenses - Ending \$4835