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SCANNED DEC 0 9 2010

Department of the Treasury Internal Revenue Service

A. For the 2000 colondar year, or tax year haginning

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

OMB No. 1545-1150

Open to Public Inspection

| ^ ' | OI UIE | 2009 Calcilua | ıı year, | 9 | | July | 1 , | 2003, ai | a enaing | | ille 30 | | , = 0 | |
|-----------------------|--------------------------|--|---------------------|---|--------------------|---------------------|-----------------------------|------------|---|----------------------------|----------------------------|---------|---------------|--|
| B Check if applicable | | | Please | C Name of | organization | | | | | D Emplo | - | | on number | |
| Address change | | | use IRS label or | The Society of Women Engineers-Detroit | | | | | 38-3240745 | | | | | |
| Name change | | | print or | Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep | | | | | E Teleph | none nu | mber | | | |
| = | nıtıal retu Ferminate | | type See | P.O. Box 2 | 978 | | | | | | 8103571622 | | | |
| = | Amended | | Specific | City or town | , state or country | , and ZIP + 4 | | | | F Grou | Group Exemption | | | |
| = | | n pending | Instruc- tions | Southfield | . 48037 | | | | | | umber ▶ | | | |
| = | | | oraonis | 4 | | everent charite | blo truoto munt e | ttoob | G Accou | | | | sh Accrual | |
| | • Seci | ion 501(c)(s) | | | | 1 990 or 990-EZ | ible trusts must a | illacii | | (specify) | | U Ca | SII L Accidar | |
| | | | | inpieted dei | iodalo A (i oili | 7 330 07 330 EE | /· | | + | | | | | |
| | | | _ | | | | | | 4 | | if the organization is not | | | |
| | | | | | | | | | | tach Schedule B (Form 990, | | | | |
| J T | ax-exe | mpt status (d | check o | nty one) — L | ✓ 501(c) (3 | (insert no.) | 4947(a)(1) or | <u> </u> | 990-E | Z, or 990 |)-PF). | | | |
| K | Check 🕨 | ► 🔲 if the | e organi: | zation is not | a section 509(a | i)(3) supporting o | irganization and its | s gross r | eceipts are n | ormally r | not mo | re than | \$25,000 A | |
| F | orm 99 | 90-EZ or Form | 990 re | turn is not re | equired, but if t | he organization | chooses to file a | return, be | e sure to file | a comple | ete ret | ım. | | |
| LA | dd lines | 5b, 6b, and 7 | b, to line | 9 to determ | ine gross receip | ts, if \$500,000 or | more, file Form 99 | 0 instead | of Form 990- | -EZ ▶ | \$ | | - | |
| Р | art I | Revenu | e, Exp | enses, a | nd Changes | in Net Asse | ts or Fund Ba | alances | s (See the | instruc | tions | for Pa | art I.) | |
| | 1 | Contributio | ns. aift | ts. grants. a | and similar an | nounts receive | d | | | | 1 | | 14907.17 | |
| | 2 | | - | - | | nment fees and | | | | | 2 | | | |
| | 3 | - | | | | | | | | · | 3 | | 3462.1 | |
| | 4 | Investment | • | | somenes | | | | | | 4 | | 262.46 | |
| | _ | | | | | | | . | | | - | | | |
| | 5a | | | | | nan inventory | | 5a | | 0 | | | | |
| | _ | b Less cost of other basis/and sales expenses | | | | | | | | | | _ | | |
| ۵ | С | | | | | | | | | | 5c | | 0 | |
| Ž | 6 | Special events | s and act | tivities (compli | ete applicable pa | rts of Schedule G) | If any amount is fro | m gamınç | g, check here i | ▶□ | | | | |
| Revenue | а | Grossireve | nuè!(hò | ốt including | 7\$0 1 | of | contributions | | | | | | | |
| æ | | reported or | n line 1 |) | | | | 6a | | 667.00 | | | | |
| | ь | Less: direc | t expe | ses other | than fundrais | ing expenses | | 6b | | 0 | | | | |
| | c | Net income | | os mon es | ecial-events a | and activities (| Subtract line 6b | from lin | e 6a) | | 6c | | 667.00 | |
| | 7a | | | | | allowances . | | 7a | · | 210.47 | | | | |
| | ь | Less: cost | | - | | | | 7b | | 11.00 | | | | |
| | c | | • | | les of invento | ry (Subtract lir | ne 7b from line 7 | | | | 7c | | 199.47 | |
| | 8 | | | | | | ent Conf and Aw | | | ` ` | 8 | | 4558.10 | |
| | 9 | | • | | | | | | | —,′ ⊦ | 9 | | 24056.30 | |
| | 10 | | | | | | · · · · · | | | • | 10 | | 2500.00 | |
| | 11 | | | | | | | | | | 11 | | 0 | |
| 10 | | - | | | | | | | | | | | 0 | |
| Expenses | 12 | | | • | | • | | | | ٠ . ١ | 12 | | | |
| e | 13 | | | | • | * | ontractors | | | • • • | 13 | | 0 | |
| 훘 | 14 | | | | | | | | | } | 14 | | 0 | |
| ш | 15 | | | | ge, and shipp | | | | | | 15 | | 910.07 | |
| | 16 | | | | | p Programs an | | | | | 16 | | 26026.32 | |
| | 17 | | | | | | <u></u> | | | | 17 | | 29436.39 | |
| Š | 18 | | | | | | 9) | | | | 18 | | -5380.09 | |
| Net Assets | 19 | | | | | | n line 27, colum | | | | | | | |
| As | | end-of-yea | r figure | e reported o | on prior year's | s return) | | | | [| 19 | | 209,743.54 | |
| et | 20 | Other chan | iges in | net assets | or fund balar | ces (attach ex | planation) | | | [| 20 | | -3131.05 | |
| Z | 21 | Net assets | or fund | d balances | at end of vea | r. Combine lin | es 18 through 2 | 0. | | . ▶ [| 21 | | 206,612.49 | |
| Р | art II | | | | | | B) are \$1,250,00 | | | | nstea | d of Fo | rm 990-EZ. | |
| | | | | | instructions | | • | | | inning of | | | End of year | |
| 22 | Ca | sh savings | and in | vestments | | • | | | | 206,76 | 4.51 | 22 | 207,487.37 | |
| 23 | | nd and build | | | | | | | | | - | 23 | 0 | |
| 24 | | | _ | | | | , SWE National G | | `, | ASA | 16.00 | | 770.53 | |
| | | , | | | | | | | ' | 211,31 | | | 208,257.90 | |
| 25 26 | | | | | | | | | · | | 6.67 | | 1645.41 | |
| | | Total liabilities (describe Relmbursements to Members for Program/Event Exp.) Net assets or fund balances (line 27 of column /B) must agree with line 21) | | | | | | | 10.01 | 20 | 1043.41 | | | |

| | 990-EZ (2009) | D | -1:-1: | ations for Davi II | · · · | | | Page 2 |
|---------------|---|-------------------|--|--|---------------------------------|----------|---------|---|
| | | | plishments (See the instr | uctions for Part II | 1.) | | (Real | Expenses ured for section |
| | t is the organization's primary exer onbe what was achieved in carry | | anization's exempt purpos | ses. In a clear ar | nd con | cise | 501(c | (3) and 501(c)(4) |
| man | ner, describe the services provide n program title. | | | | | | 4947 | nizations and section (a)(1) trusts, optional hers) |
| 28 | Outreach Programs - Scholarhips f | or High School st | tudents pursuing an engineer | ing degree , | | | | |
| | (2 scholarships offered in total), an | d Girls Engineeri | ng Exploration Day for middl | e school aged stud | ents. | | | |
| | (Grants \$ |) If this amount | includes foreign grants, ch | eck here | . ▶ | <u></u> | 28a | 6803.55 |
| 29 | Professional Development Confere | nce and other pro | ofessional development even | ts - such as | | | | |
| | speakers, technical presentations, | and networking o | pportunities | ••••• | | | | |
| | | | | | | | | 0070 44 |
| 20 | (Grants \$ Student and Membership Services | | includes foreign grants, ch | | , • | <u> </u> | 29a | 8072.14 |
| 30 | members) | - including a ban | quer to celebrate all members | | | | | |
| | (Grants \$ |) If this amount | includes foreign grants, ch | eck here | . • | | 30a | 5668.47 |
| 31 | Other program services (attach so | | | | | | | |
| | | | includes foreign grants, ch | | | | 31a | 0 |
| $\overline{}$ | Total program service expense | | | | | <u> </u> | 32 | 20544.16 |
| Par | t IV List of Officers, Directors, 1 | Trustees, and Ke | y Employees. List each one e | | | | | |
| | (a) Name and address | | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Cor employee deferred | benefri | plans & | (e) Expense account and other allowances |
| | Purvis 2 Chesterfield Dr. Swartz Creek, MI 4 | 8473 | President - 10hrs | 0 | | | 0 | o |
| Jess | sica Mattis | | Secretary - 6hrs | | | | | |
| 3655 | Edgemont, Troy, MI 48084 | | Secretary - onrs | | | | 0 | 0 |
| | y Thayer | | Treasurer - 8 hrs | | | | | |
| 3845 | 5 Cass Elizabeth Apt.301 Waterford, I | MI 48328 | | 0 | | | 0 | 0 |
| | | | - | | | | | |
| | | | | | | | | |
| | | | -l | I | ı | | | 1 |

| Part | Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|------|--|-------|-------|----------|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | ✓ |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | ✓ |
| 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, attach a statement explaining why the organization did not report the income on Form 990-T. | | | |
| а | 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? | 35a | | ✓ |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 period covered by this return? | 38a | | √ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| а | 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 ▶ | | | |
| 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 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 | 40b | | \ |
| С | 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 | | | |
| е | 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 | | √ |
| 41 | List the states with which a copy of this return is filed. ▶ | | | |
| 42a | The organization's books are in care of ▶ Stacy Lynn Thayer Telephone no. ▶ | 81035 | 71622 | |
| | Located at ► 3845 Cass Elizabeth Apt.301 Waterford, MI ZIP + 4 ► | 48 | 328 | |
| 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 | | Yes | No |
| | account)? | 42b | | <u>√</u> |
| | 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. | | | |
| С | 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: ▶ | 42c | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . 1 | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44 | | ✓ |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | √ |

| | | | | | | | -3 | | | |
|--------------|---|---|--------------------------------------|---|------------------|---------------|--------------|--|--|--|
| Part V | Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a | l section 4947(a)(1) non 947(a)(1) nonexempt cha and 51. | exempt charital ritable trusts mu | ble trusts only. A st answer question | II sec Ins 46 | :tion 3–49 | b | | | |
| | Did the organization engage in direct or indirect | | | | | Yes | No | | | |
| | candidates for public office? If "Yes," complete | • | | | 46 | <u> </u> | / | | | |
| | Did the organization engage in lobbying activiti | • | | | 47 | ├ | / | | | |
| | Is the organization a school as described in sect | | • | | 48 | | / | | | |
| | Did the organization make any transfers to an e | | | | 49a 49b | | \ <u>\</u> | | | |
| | If "Yes," was the related organization a section 527 organization? | | | | | | | | | |
| | employees) who each received more than \$100 | | | | | | | | | |
| | | (b) Title and average | (c) Compensation | (d) Contributions to | (e) | Exper | | | | |
| | (a) Name and address of each employee paid more than \$100,000 | hours per week devoted to position | | employee benefit plans & deferred compensation | | count a | | | | |
| | | GOVERNO TO POSICION | | | 00.00 | 4.011 | | | | |
| | | •• | | | | | | | | |
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| | | | | | <u> </u> | | | | | |
| | | | | | | | | | | |
| | Total number of other employees paid over \$10 | | | | | | | | | |
| _ | (a) Name and address of each independent contractor | or paid more than \$100,000 | (b) T ₃ | rpe of service | (c) Co | mpens | ation | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| d · | Total number of other independent contractors | each receiving over \$100,0 | 000▶ | | | | | | | |
| | | | | | | | | | | |
| | Under penalties of perjury, I declare that I have examing and belief, it is true, correct, and complete Declaration | | | | | | | | | |
| Sign Here | Stacy Chay | per | | 10 | | | | | | |
| | Stacy Thayer - Weasurer of the Society | / of Women Engineers- Detroi | t | Date | | | | | | |
| | Type or print name and title | | | | | _ | | | | |
| Paid | Preparer's | Date | Check if self- | Preparer's identifying nur | nber (Se | e instruc | (anout: | | | |
| Prepare | r's signature | | employed ▶ | J | | | | | | |
| Use Onl | | | E | N | | | | | | |
| | address, and ZIP + 4 | | | none no | 1 | | | | | |
| May the | e IRS discuss this return with the preparer show | vn above? See instructions | | <u> </u> | <u>Yes</u> | | No | | | |
| | | | | Fo | rm 99 | リーヒン | (2009) | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) poperempt charitable trust

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number The Society of Women Engineers-Detroit 38 3240745 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type i **b** Type II c Type III-Functionally integrated d Type III-Other e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (II) EIN (iii) Type of organization (IV) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section. governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Yes

Total

| | Support Schedule for Org (Complete only if you chec | anizations l ked the box | Described in on line 5, 7, | Sections 17 or 8 of Part I | '0(b)(1)(A)(iv) .) | and 170(b)(⁻ | l)(A)(vi) |
|---------|---|-------------------------------------|---------------------------------------|---------------------------------------|--|----------------------------|----------------|
| Sec | tion A. Public Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | , | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | - | | | | |
| | tion B. Total Support | | | | | | |
| | lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | ; ::- | | | | | |
| 11 | Total support. Add lines 7 through 10 . | | | | | | |
| 12 | Gross receipts from related activities, etc | . (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | | | | n, or fifth tax y | | on 501(c)(3) |
| Sec | tion C. Computation of Public Su | pport Perce | ntage | | | | |
| 14 | Public support percentage for 2009 (line | 6, column (f) d | ivided by line 1 | I, column (f)) | | 14 | % |
| 15 | Public support percentage from 2008 ScI | nedule A, Part | II, line 14 | | | 15 | %_ |
| 16a | 331/3 % support test-2009. If the organi | zation did not | check the box of | on line 13, and | line 14 is 33% 9 | % or more, che | ck this box |
| | and stop here. The organization qualifies | as a publicly | supported orgai | nization | | | ▶ □ |
| b | 331/3 % support test - 2008. If the organiz | zation did not i | check a box on | line 13 or 16a, | and line 15 is | 33½ % or more | |
| | box and stop here. The organization qua | lifies as a publ | icly supported | organization , | | | ▶ □ |
| 17a | 10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum reganization meets the "facts-and-circum | acts-and-circui | mstances" test, | check this box | and stop here. | Explain in Part | IV how the |
| b 18 | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate organization did private foundation. If the organization did | acts-and-circun inces" test. The | nstances" test, o organization qua | heck this box a difies as a public | and stop here cly supported or | Explain in Part ganization | IV how the ▶ □ |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

| Sec | tion A. Public Support | | | | | | |
|----------|--|-----------------------|------------------------|----------------------|----------------------|----------------------|---------------------------|
| | nlendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 53351.50 | 22304.15 | 24800.47 | 19999.00 | 18369.27 | 138824.40 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 9103.70 | 3825.00 | 5879.69 | 274.32 | 199.47 | 19282.18 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | . 0 | 0 | 0 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Total. Add lines 1 through 5 | 62455.20 | 26129.15 | 30680.16 | 20273.32 | 18568.74 | 158106.60 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | 0 | 0 | 0 | 0 | 0 | 0 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year . | 9103.70 | 3825.00 | 5879.69 | 274.32 | 199.47 | 19282.18 |
| | Add lines 7a and 7b | 9103.70 | 3825.00 | 5879.69 | 274.32 | 199.47 | 19282.18 |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 138824.40 |
| | tion B. Total Support | (=) 2005 | (h) 2006 | (-) 0007 | (4) 0000 | (=) 0000 | (O Total |
| | | (a) 2005 62455.20 | (b) 2006 26129.15 | (c) 2007 30680.16 | (d) 2008 20273.32 | (e) 2009 18268.74 | (f) Total 158106.6 |
| 9 10a | Amounts from line 6 | 4188.93 | -212.41 | 3640.17 | 979.23 | 262.46 | 8858.38 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | o | o | 0 | 0 | 0 |
| _ | Add lines 10a and 10b | 4188.93 | -212.41 | 3640.17 | 979.23 | 262.46 | 8858.38 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 4946.00 | 3044.05 | 200.00 | 4558.10 | 12748.15 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 66644.13 | 30862.74 | 37364.8 | 21452.55 | 23089.30 | 166965.00 |
| 14 | First five years. If the Form 990 is for organization, check this box and stop | here | <u></u> | d, third, fourth | n, or fifth tax y | ear as a sectio | n 501(c)(3) ▶ □ |
| Sec | tion C. Computation of Public Su | pport Percer | ntage | | | | |
| 15 16 | Public support percentage for 2009 (lin Public support percentage from 2008 S | | | e 13, column (| (f)) | 15 | 83.15 <u>%</u> 81.32 % |
| Sec | tion D. Computation of Investmer | | | | | | |
| 17 | Investment income percentage for 200 | • | ., | • | olumn (f)) . | 17 | 5.31 % |
| 18 | Investment income percentage from 20 | | | | | 18 | 5.80 % |
| 19a | 17 is not more than 331/3 %, check this b | ox and stop he | ere. The organiz | zation qualifies | as a publicly s | supported orga | nization 🕨 🗹 |
| b | 33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this | s box and stop | here. The orgar | nization qualifie | s as a publicly | supported orga | nization 🕨 🗹 |
| 20 | Private foundation If the organization | did not check | a hox on line 1 | 4 19a or 10h | check this ho | y and see inst | nuctions 🕨 🗍 |

| Part IV | Form 990 or 990-EZ) 2009 Page 4 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; |
|---|--|
| T all C TV | Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. |
| 2006- Pro | fessional development Conference and Awards Banquet - 4946.00 |
| 2007- Pro | ressional development Conference and Awards Banquet - 3044.05 |
| 2008- SWI | E National Region Awards - 200.00 |
| 2009- Pro | fessional development Conference and Awards Banquet - 4558.10 |
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Attachment for:

The Society of Women Engineers – Detroit 38-3240745

990-EZ

Line 20: Other changes in net assets or fund balances. There was an error that occurred in FY2009 (2008 Taxes) had an error in net assets of \$1817.70 according to the section finance report. There was an error of 103.80 FY09 on Scholarship receivables. Assumption of \$1209.55 in accounting errors.