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# 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 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

OMB No 1545-1150

2010

**Open to Public** Inspection

A F	For the 2010 calendar year, or tax year beginning			, 2010, and ending			, 20			
Вс	B Check if applicable C Name of organization					D Emplo	=	ication number		
=	ddress c	-		INEERING SOCIETY				1		255212
$\overline{}$	lame cha	-	Number and stree	t (or P O box, if mail is not	delivered to street add	ress)	Room/suite	E Telepi	hone numb	er
=	Initial return 1007 E CURTIS STREET				307-755-5959					
Amended return City or town, state or country, and ZIP + 4				Group Exemption						
=		n pending	LARAMIE, WY 8	32072-2217				Num	ber 🕨	
G A	ccount	ing Method	✓ Cash	Accrual Other (spec	ify) ▶		Н	Check •	▶ 🗹 if the	e organization is <b>not</b>
1 7	Vebsit	e: ►						required	to attach	Schedule B
J Ta	ax-exen	npt status (che	eck only one) -	501(c)(3) 7 501(c) (	6 ) ◀ (insert no.)	4947(a)(1) or	527	(Form 99	90, 990-EZ	<sup>2</sup> , or 990-PF)
F t	o file a	0-EZ or Form return, be su	n 990 return is no re to file a comple		990-N (e-postcard)	may be requir	ed (see instru	uctions) B		
				rmine gross receipts. If gr		0,000 or more,	or if total asse	ts (Part II,	_	
			•	more, file Form 990 instea					<b>▶</b> \$	
Pa	art I	Check If	the organizati	and Changes in Non used Schedule O	to respond to ar					
	1			s, and sımilar amount					1	9942 61
	2	Program s	ervice revenue	including government	fees and contrac	ts		[	2	36500.92
	3	Membersh	up dues and as	sessments				.	3	16252.63
	4	Investmen	t income						4	492.67
	5a	Gross amo	ount from sale o	of assets other than in	ventory .	. 5a				
	b	Less. cost	or other basis a	and sales expenses .		5b				
	С	Gain or (lo	ss) from sale of	assets other than inv	entory (Subtract I	ine 5b from l	ıne 5a) .		5c	
	6	Gaming ar	ng and fundraising events							
e	а		come from gar	ming (attach Schedu	le G if greater	than 6a	1			
Revenue	b	from funds	raising events r	aising events (not incli eported on line 1) (at e and contributions ex	tach Schedule G	ıf the	f contributio	ons		
	С	Less: direc	ct expenses from	m gaming and fundrai	sing events	6с	_		.	
ソロフ	d			n gaming and fundra		lines 6a and	d 6b and s	ubtract	6d	
7	   <b>-</b>	· ·		lace returns and allow		 			ou	
<b>.</b>	7a		•	less returns and allow	ances	<u>7a</u> 7b	-			
₹	b		of goods sold	sales of inventory (St	btract line 7h fra		]		7c	
2	C					(a)		•	8	
2	8		•		and C	DF	7511		79	63188.83
	9			1, 2, 3, 4, 5c, 6d, 7c,			U CIVE	1)	10	11140.76
D R	10			its paid (list in Schedu	ile ()	G .			1	11140.70
Expenses	11			mbers		MAY	8 7 204		11 <sup>3</sup>	6459 00
Ses	12	-	•	tion, and employee b	,		1 1. 5019	IRS-OS	13	0435 00
S =	13			er payments to indep	endem comractor				14	
Expenses	14	· · · · · · · · · · · · · · · · · · ·	-	and maintenance .		i Juli	JENI I	7	15	2015 12
ш	15			stage, and shipping.					<del></del>	2815.13
	16	•	-	e in Schedule O) .					16 17	35581.04
	17				from line (1)					55995.93
ş	18			year (Subtract line 17 ces at beginning of )			· · · ·		18	7192.90
Net Assets	19			ces at beginning of yed on prior year's retu	•			ce willi	40	22040 54
Ä	000	-	=					• •	19	32918.51
Š	20		•	ets or fund balances (	•	-	•		20	341 30 40452 71
										707627

Form **990-EZ** (2010)

Form	aan.	F7	(201	ını
FULL	220-		120	

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Page	7

Pa	Balance Sheets. (see the instructions					•
	Check if the organization used Schedule	e O to respond to any que				
-00	Cook source and investment		(A) Be	ginning of year	-	B) End of year
22 23	Cash, savings, and investments Land and buildings			41918.51	23	51702 71
24	Other assets (describe in Schedule O)				24	<del></del>
25	Total assets			41918.51	<del></del>	51702 71
26	Total liabilities (describe in Schedule O)			9000 00		11250.00
27	Net assets or fund balances (line 27 of colum	n (B) must agree with line 2	1)	32918.51	27	40452 71
Par	3					Expenses
	Check if the organization used Schedule	<u> </u>		III <u> </u>		ired for section )(3) and 501(c)(4)
Wha	t is the organization's primary exempt purpose? ribe what was achieved in carrying out the organization	promote engineering profes	ssion		organ	izations and section
	ervices provided, the number of persons benefited, and			ner, describe	4947( for ot	a)(1) trusts, optional
28	Annual convention includes workshops and semina				10, 00	
20						
		/ŧ:				•
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here	▶ □	28a	
29	Scholarships and awards to engineering students,					
	Program for High School students					
		t includes foreign grants, ch	eck here	▶ □	29a	
30	Outstanding engineering and surveying project awa	ards program competition				
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here	▶ □	30a	
31	Other program services (describe in Schedule O)		<del></del>		000	
	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here	▶ □	31a	
32	Total program service expenses (add lines 28a	through 31a)		▶	32	
Par		y Employees. List each one e	ven if not compens			·
	Check if the organization used Schedule					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	plans &	
Davi	d M. Cohronfor	devoted to position	enter -0)	deferred comper	nsation	other allowances
	d W. Schropfer Horizon, Casper, WY 82601	President - 1	0.00		0 00	0.00
	nas V Edgar	-	0.00	'.  -	0 00	0.00
	N. 23rd Street, Laramie WY 82072	Vice-President - 1	0.00		0.00	0 00
Jose	ph C. Lord	C				
1007	E. Curtis Street, Laramie, WY 82072-2217	Secretary-Treasurer - 10	6000 00		0.00	0 00
	· •					
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		<del></del>	<del> </del>	<del> </del>		
		<del> </del>	-	<del>                                     </del>		
••						
		<del></del>	-			

Part	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			. $\sqcap$
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a	- <u>-</u>	1	
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b	8a	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		<b>V</b>
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	1		
	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			1
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		
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 ▶ Joseph C. Lord  Located at ▶ 1007 E Curtis Street, Laramie WY  Telephone no. ▶  ZIP + 4 ▶	307-75 82072		
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		<b>V</b>
	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		<u> </u>
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		٠	▶ □
			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		1
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		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		

Form 990-EZ (2	2010)
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							Yes	No
45	Is an	y related organization a controlled ent	tity of the organization within the	e meaning of section	n 512(b)(13)?	45		<b>7</b>
а	Did t	ne organization receive any payment	from or engage in any transaction	on with a controlled	l entity within the			
	mear	ning of section 512(b)(13)? If "Yes,"	Form 990 and Schedule R may	y need to be comp	oleted instead of			
		990-EZ (see instructions)		<i></i>		45a		<b>\</b>
46	Did t	ne organization engage, directly or in-	directly, in political campaign ac	ctivities on behalf o	f or in opposition			
	to ca	andidates for public office? If "Yes," o	omplete Schedule C, Part I			46		1
Part	_	Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Sch	on 4947(a)(1) nonexempt char for lines 50 and 51.	ritable trusts mus	t answer question	II sec	tion 7–49	<u> </u>
							Yes	No
47	Did tl	ne organization engage in lobbying ad	ctivities? If "Yes " complete Sch	edule C. Part II		47	. 00	
48		organization a school as described in			F	48		<del>                                     </del>
49a		ne organization make any transfers to				49a		<del> </del>
b		es," was the related organization a sec				49b		<del> </del>
50	Com	plete this table for the organization's	five highest compensated employer	ovees (other than c	officers directors	ructo	00 20	d key
	empl	oyees) who each received more than	\$100,000 of compensation from	the organization	f there is none en	ter "N	one "	,
-			(b) Title and average	(c) Compensation	(d) Contributions to		Exper	
	(a) Na	me and address of each employee paid more than \$100,000	hours per week	(,, ,	employee benefit plans &	acc	count a	and
		ατώτ <b>φ</b> 100,000	devoted to position	<del>  -</del>	deferred compensation	otner	allowa	ances
				+				
				<del> </del>				
					-			
f	Total	number of other employees paid ove	r \$100.000 ▶		I			
51		plete this table for the organization's		onandant cantucat	_			. 41
91	\$100	,000 of compensation from the organ	nization. If there is none lenter "N	ependent contract Vone "	ors who each rece	eivea	more	; tnan
	*	(a) Name and address of each independent cor			pe of service	(c) Con	nnens:	ation
				(-, , ,		(-,		
		*		-				
			•••					
			<del></del>					<del></del>
			<del></del>					
d	Total	number of other independent contract	ctors each receiving over \$100.0	200	L			
52		ne organization complete Schedule A			7/0\/1\			
52		xempt charitable trusts must attach a				Yes	гп	No
Lindor c		of perjury, I declare that I have examined this re	<del>'</del>				_=_:	
true, co	rrect, an	d complete Declaration of preparer (other than	officer) is based on all information of which	ch preparer has any kno	the best of my knowled wledge	ge and	i bellet	, It IS
		1 - 1 - 1			<del></del> :			
٥.		Market CLA	L	1	5-14-1	2		
Sign		Signature of officer Date						
Here		Joseph C Lord, Secretary-Treasurer						
	- 1		··					
							-	
		Type or print name and title	Preparer's signature	Date		PTIN		
Paid			·	Date	Check   if	PTIN	•	
Prep		Type or print name and title Print/Type preparer's name	·		self-employed	PTIN		
_		Type or print name and title	·		Check   if	PTIN		

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

WYOMING ENGINEERING SOCIETY	82-0255212			
Part I, Line 10: Amount shown includes awards given to University of Wyoming students (\$9,000.00), and funding for the University of				
Wyoming Engineering Summer Program for High School students (\$2,140.76).				
Part I, Line 16: Other expenses include the annual convention, award plaques, and other miscellaneou	is expenses. These			
expenses are typical for the organization				
Part I, Line 20: Amount shown represents net growth in investment funds held by the organization (\$2	,591.30) less the increase in total			
liabilities (\$2,250.00).	•••••			