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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

Engineers

PO Box 430

C Name of organization

Wisconsin Society of Professional

As Filed Data -

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

DLN: 93492136018462

D Employer identification number

39-0768362

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Name change

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)

Short Form

For 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 06-30-2011

Open to Public Inspection

_	erminat			(888) 2	242-995	4
_		City or town, state or country, and ZIP + 4		F Group Exempte	on	
Γ_{A}	plication	Pewaukee, WI 53072 on pending		Number 🟲		
		ting method	-		.6 44 2 .	organization is not
		pt status(check only one) — 501(c)(3)	527	required to at	tach So	chedule B
				(Form 990, 99		
		• · 				
org	anıza	tion chooses to file a return, be sure to file a complete return				·
L Add more		5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, oi Form 990 instead of Form 990-EZ	r ıf total ass	sets (Part II, line 25, co ► \$	lumn (B)) below) are \$500,000 or 33,554
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund E	Balance	S (See the instruct	tions fo	
		Check if the organization used Schedule O to respond to any question in t				<u> ´.</u>
	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts $oldsymbol{\cdot}$			2	4,700
	3	Membership dues and assessments			3	28,575
	4	Investment income			4	33
	5a	Gross amount from sale of assets other than inventory	5a			
Revenue	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	n line 5a)		5c	
	6	Gaming and fundraising events				
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	ь	Gross income from fundraising events (not including $\$$ 0 of contributions fro reported on line 1) (attach Schedule G if the sum of such gross income and $\$15,000$)				
	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 6	6b and su	ıbtract lıne 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b	0	- I	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)	•		8	246
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	33,554
	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	
φ.	13	Professional fees and other payments to independent contractors			13	960
Expenses	14	Occupancy, rent, utilities, and maintenance			14	
EX.	15	Printing, publications, postage, and shipping			15	1,253
	16	Other expenses (describe in Schedule O)			16	12,840
	17	Total expenses. Add lines 10 through 16			17	15,053
<u>–</u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	18,501
o O	19	Net assets or fund balances at beginning of year (from line 27, column (A))	(must agr	ee with		
Net.Assets		end-of-year figure reported on prior year's return)			19	92,376
ž	20	Other changes in net assets or fund balances (explain in Schedule O) $oldsymbol{\cdot}$			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		•	21	110,877
For I	Privac	y Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat No	10642I	Foi	rm 990-EZ (2010)

						r age •
Part II Balance Sheets						₽
Check if the organization used	Schedule O to respond to	any question in t	his Pa	rt II	•	!*
(See the instruc	tions for Part II)		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .				60,014	22	78,565
23 Land and buildings					23	
24 Other assets (describe in Schedule O)			32,512	24	32,412
25 Total assets				92,526	25	110,977
26 Total liabilities (describe in Schedule	0)			150	 	100
27 Net assets or fund balances (line 27 o	· f column (B) must agree wit	th line 21) .		92,376	27	110,877
Check if the organization used What is the organization's primary exempt To promote the ethical, competent, and lic and economic well being of its members, a Engineering, and Mathematics (STEM) Describe what was achieved in carrying ou describe the services provided, the numbe	d Schedule O to respond to purpose? ensed practice of engineeri nd to promote interest and t the organization's exempt	any question in t ng, to enhance th awareness of Sci t purposes In a c	ne prof ence, i	essional, social, Technology, nd concise manner,	(c) org 49 op	Expenses equired for section 501)(3) and 501(c)(4) ganizations and section (47(a)(1) trusts, tional for others)
29 Wisconsin professional engineer director	s amount includes foreign (grants, check her ually All member	re .	e society receive a	28a	
30 Support the MATHCOUNTS program at	the Chapter and State leve s amount includes foreign (30a	
31 Other program services (describe in Sc (Grants \$) If the	hedule O) s amount includes foreign (grants, check her	е.	<u>.</u>	31a	
32 Total program service expenses (add lin				<u>► .</u>	32	l .
Part IV List of Officers, Directors, Tru						
Check if the organization used (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion i,	rt IV	s to lans ((e) Expense & account and
See Additional Data Table						

Pa	rt V 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			
			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		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
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, explain in Schedule O why the organization did not report the income on Form 990-T			
a	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		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	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		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		Νo
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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	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 ►			
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			
	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
	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ <u>James A Buggs</u>	<u>(4 1</u>	4)531	<u>-5875</u>
		<u> 5</u>	307204	30
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		Νo
	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 ?	42c		No
	If "Yes," enter the name of the foreign country			
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			▶ Г
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	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 Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
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	44c		No

	Z (2010)							Page 4
							Yes	No
	y related organization a controlle <i>Form 990 and Schedule R must be</i>			of section 5	12(b)(13)? <i>If</i>	45		No
	ne organization receive any payn					"		110
	ing of section 512(b)(13)? <i>If 'Ye</i>					45a		No
	ne organization engage, directly of dates for public office? If "Yes,"			behalf of or	in opposition to	46		No
Part VI	Section 501(c)(3) organ All section 501(c)(3) organ			-			-	ctions
	47-49b and 52.			•	DIE trusts must	. alisw	er que	-
	Check if the organization used	Schedule O to respond	d to any question in this	Part VI			Yes	. I No
						47		
	ne organization engage in lobbyir					48		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						49a		
49a Did the organization make any transfers to an exempt non-charitable related organization?								
	s," was the related organization	-				49b		
	lete this table for the organization of the communication of the communi							
` '	and address of each employee	(b) Title and average hours per week	(c) Compensation		ontributions to e benefit plans &	-	Expe	
paı	d more than \$100,000	devoted to position			d compensation		erallow	
NONE								
50(f) Tota	al number of other employees pa	ıd over \$100,000 .				<u> </u>		
	lete this table for the organization npensation from the organization			tractors wh	o each received n	nore th	an \$10	0,000
(a) Na	ame and address of each indeper				pe of service		`omnen	
		ident contractor paid m	nore than \$100,000	(b) ⊤y	pe or service	(c) C	ompen	sation
NONE		ident contractor paid in	nore than \$100,000	(b) ⊤y	pe of service	(c) C	оптреп	sation
NONE		ngent contractor paid m	nore than \$100,000	(b) ⊤y	pe of service	(c) C	отпреп	sation
NONE		ngent contractor paid m	ore than \$100,000	(b) Ty	pe or service	(c) C	Jonipen	sation
NONE		ndent contractor paid m	nore than \$100,000	(b) Ty	pe or service	(c) C	Jonipen	sation
NONE		ndent contractor paid m	ore than \$100,000	(b) Ty	pe or service	(c) C	.ompen	sation
NONE		ndent contractor paid m	ore than \$100,000	(b) ⊤y	pe or service	(c) C	. ompen	sation
NONE		ngent contractor paid m	ore than \$100,000	(b) ⊤y	pe or service	(c) C	Опреп	sation
51(d) Tota	al number of other independent c	ontractors each receiv	ing over \$100,000 .					
51(d) Tota 52 Did	al number of other independent c the organization complete Sche st attach a completed Schedule	ontractors each received	ing over \$100,000 .			npt cha		trusts
51(d) Tota 52 Did mus	the organization complete Sche st attach a completed Schedule	ontractors each received dule A? NOTE: All Sect	ing over \$100,000 . ion 501(c)(3) organizati	ons and 49	► 47(a)(1) nonexer	npt cha	aritable Yes	trusts No
51(d) Tota 52 Did mus Under penalt	the organization complete Sche	ontractors each received dule A? NOTE: All Sect A	ing over \$100,000 . ion 501(c)(3) organizati	ons and 49	47(a)(1) nonexer	npt cha	aritable Yes T	trusts No
51(d) Tota 52 Did mus Under penalt	the organization complete Schest attach a completed Schedule	ontractors each received dule A? NOTE: All Sect A	ing over \$100,000 . ion 501(c)(3) organizati	ons and 49	47(a)(1) nonexer	npt cha	aritable Yes T	trusts No
51(d) Tota 52 Did mus Jnder penalt knowledge a	the organization complete Schest attach a completed Schedule	ontractors each received dule A? NOTE: All Sect A	ing over \$100,000 . ion 501(c)(3) organizati	ons and 49 nedules and) is based or	47(a)(1) nonexer	npt cha	aritable Yes T	trusts No
51(d) Tota 52 Did mus Under penalt knowledge a knowledge.	the organization complete Sche st attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and co	ontractors each received dule A? NOTE: All Sect A	ing over \$100,000 . ion 501(c)(3) organizati	ons and 49	47(a)(1) nonexer	npt cha	aritable Yes T	trusts No
51(d) Tota 52 Did mus Under penalt knowledge a knowledge.	the organization complete Sche st attach a completed Schedule ties of perjury, I declare that I have not belief, it is true, correct, and co	ontractors each received dule A? NOTE: All Sect A	ing over \$100,000 . ion 501(c)(3) organizati	ons and 49	47 (a)(1) nonexer	npt cha	aritable Yes T	trusts No
51(d) Tota 52 Did mus Under penalt knowledge a knowledge.	the organization complete Sche st attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete states are also belief. ****** Signature of officer James Buggs Treasurer Type or print name and title Preparer's	ontractors each received dule A? NOTE: All Sect A	ing over \$100,000 .cion 501(c)(3) organization scluding accompanying a	ons and 49 hedules and is based or	47 (a)(1) nonexer statements, and to all information of	npt cha p the be which	aritable Yes Test of my prepare	trusts No r has any
51(d) Tota 52 Did mus Under penalt knowledge a knowledge. Sign Here	the organization complete Sche st attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and co	ontractors each received dule A? NOTE: All Sect A	ing over \$100,000 .cion 501(c)(3) organizations of the companying sclereparer (other than officer)	ons and 49	statements, and to all information of	npt cha p the be which	aritable Yes Test of my prepare	trusts No , r has any
Under penalt knowledge a knowledge. Sign Here	the organization complete Sche st attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and co ****** Signature of officer James Buggs Treasurer Type or print name and title Preparer's	ontractors each receivedule A? NOTE: All Section A	ing over \$100,000 .cion 501(c)(3) organizations of the companying sclereparer (other than officer)	ons and 49 hedules and is based or	47 (a)(1) nonexer statements, and to all information of	npt cha p the be which	aritable Yes Test of my prepare	trusts No , r has any
51(d) Tota 52 Did mus Under penalt knowledge a knowledge. Sign Here	the organization complete Sche st attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and co ****** Signature of officer James Buggs Treasurer Type or print name and title Preparer's signature Joseph A Schilz Firm's name (or yours Joseph A Sc	ontractors each received dule A? NOTE: All Sect A	ing over \$100,000 .cion 501(c)(3) organizations of the companying sclereparer (other than officer)	ons and 49 hedules and is based or	47 (a)(1) nonexer statements, and to all information of 2012-05-15 Date Preparer's taxpay (See instructions	npt cha p the be which	aritable Yes Test of my prepare	trusts No , r has any

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492136018462

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization Wisconsin Society of Professional Engineers

Employer identification number

39-0768362

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$150 Accounts Payable and Accrued Expenses - Ending \$100

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$32512 Accounts Receivable - Ending \$32412

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Penalty \$-1780

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Website \$44

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Meeting Expenses \$264

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Telephone \$723

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Miscellaneous \$793

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Servicing Fees \$991

ldentifier	Identifier Return Reference	
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Storage \$1094

ldentifier	Return Reference	Explanation	
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	MathCounts \$9165	

ldentifier	Return Reference	Explanation	
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$869	

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$68

ldentifier	Return Reference	Explanation	
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$609	

Identifier Return Reference		Explanation	
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Miscellaneous Income \$246	

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 39-0768362

Name: Wisconsin Society of Professional

Engineers

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
Pam Mazur 2740 W Mason St Green Bay, WI 54303	Vice President 0	0		
Michael Lefebvre 505 S Langlade Ct Green Bay, WI 54301	Past President 2 00	0		
John Parisi 260 Sumac Drive Green Bay, WI 54313	National Delega 4 00	0		
Chris Stamborski 9225 W Michigan Street Milwaukee, WI 53226	Past President 4 00	0		
Angela Hanz 4949 Kırschlıng Ct Stevens Point, WI 54481	Secretary 3 00	0		
Edward Rodden II 8094 N 94th Street Milwaukee, WI 53224	Vice President 2 00	0		
Glen Schwalbach 1090 Moonriver Drive De Pere, WI 54115	Vice President 3 00	0		
James Buggs N25 W27018 Lauren Ct Pewaukee, WI 53072	Treasurer 6 00	0		
Keith Nikolay 2034 Stone Silo Circle De Pere, WI 54115	President-Elect 1 00	0		
Frederick Groth 2304 County Hwy AB McFarland, WI 53558	President-Elect 0	0		