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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)

OMB No 1545-1150

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 Department of the Treasury at the end of the year may use this form. Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public** Inspection

Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) b Gb c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Scross sales of inventory, less returns and allowances d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 7a) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 9c) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 9c) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 9c) d Scross exposit or (loss) from sales of inventory (Subtract line 7b from line 9c) d Scross exposit or (loss) from sales or fund balances at beginning of year (from line 9c) d Scross exposit or fund balances at beginning of year (from line 9c) d Scross exposit o	Α	For the	2012 calendar year, or tax year beginning	June 1 ,	2012, and ending	May	31 , 20	13	
Number and street (or P.O. box, if mail is not delivered to street address)   Room/full   B Telephore number   S07-35-3886   S07-35-3886   City or town, state or country, and ZIP + 4   F Group Exemption   Number   S07-35-3886   T Grown S07-35-388	В	Check if ap	plicable C Name of organization			D Employer	identification numb	er	
Termoster of the management   Cheyerine, WY 82003		Address o	women's Civic League of Cheyenne				83-6003057		
PO Box 4962   307-835-8386	닏	Name cha	Number and street (or P O box, if mail is not						
Grown town, state or country, and ZIP + 4	님		IP O Roy 4062			1 :	307-635-8386		
Accounting Method:	H		City or town state or country and ZIP + 4						
Website:	Ħ					Number	<b>&gt;</b>		
Website:   required to attach Schedule B   Tax-exempts status (check only one)   Soffici(S)   Soffici(A)   (a)   (insert no)   4947(a)(f) or   527   (Form 990, 990-E7, 990-PF).	G			cifv) ▶	Н	Check ▶ ✓	of the organization	n is <b>not</b>	
Tar-exempt status (check only one)				,,, -	<del></del>  "				
K Check   I the organization is not a section 590(e)(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-posticard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 56, 6c, and 75, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II). Illine 25, column (6) below) are \$500,000 or more, file Form 990 organization or required flowers are \$500,000 or more, file Form 990 organization or file form 990-EZ  Part II 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.  I Contributions, gifts, grants, and similar amounts received.  1 1 133  Program service revenue including government fees and contracts  2 104886  3 Membership dues and assessments.  3 2286  Investment income  4 227  5a Gross amount from sale of assets other than inventory.  5b Less: cost or other basis and sales expenses.  5b Less: cost or other basis and sales expenses.  5b Less: cost or other basis and sales expenses.  5b Less: direct expenses from gaming (attach Schedule G if free sum of such gross income and contributions exceeds \$15,000).  6a Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances.  7a Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  1429  15 Corsos profit or (loss) from sales of inventory (Subtract line 7b from line 6a).  16 Other revenue (describe in Schedule O).  17 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  17 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  17 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  18 Excess or (deficitor) for the year fall (first in Schedule O).  19 Total revenue. Add li			·	4 ) ◀ (insert no.) ☐ 4947(a	a)(1) or 527	•			
not more than \$50,000. A Form \$90-EZ or Form \$90 returns in ort required though Form \$90-N (e-postcard) may be required (see instructions). But if the organization chooses for life a return, be sure to file a complete return.  L Add lines 55, 6c, and 75, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (6) below) are \$500,000 or more, line Form \$90 instead of Form \$90-EZ  Part II  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received.  1 1 131  2 Program service revenue including government fees and contracts.  2 104888  3 Membership diues and assessments.  3 8284  Investment income  5 Gross amount from sale of assets other than inventory  5 Less: cost or other basis and sales expenses.  5 Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a).  5 Gross income from garning (attach Schedule G if greater than \$15,000)  6 Gross income from garning events (and invention) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  6 Less: direct expenses from garning and fundraising events  6 Net income or (loss) from garning and fundraising events  6 Net income or (loss) from garning and fundraising events  6 Net income or (loss) from sales of inventory (Subtract line 7b forming 7a).  7 Gross sales of inventory, less returns and allowances.  7 A					<del></del>				
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-EZ  Part II  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  Contributions, gifts, grants, and similar amounts received.  1					_	-	•	-	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts an \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ    Part II					70 71 (0 pooloa.a)	ay bo roquiror	2 (000 111011 00110110)		
Part		•	•		more, or if total asse	ts (Part II.			
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Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received.  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory  5 Less: cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  5 Gross income from gaming (attach Schedule G if greater than  \$15,000)  6 Gaming and fundraising events  a 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)  c Less: direct expenses from gaming and fundraising events  d Net income or (loss) from gaming and fundraising events  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b forming 7a)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b forming 7a)  7b Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  11 Grants and similar amounts paid (list in Schedule O)  8 Other revenue (describe in Schedule O)  10 Grants and similar amounts paid (list in Schedule O)  11 Grants and similar amounts paid (list in Schedule O)  12 Salanes, other compensation, and employee benefits  13 Professional fees and other payments to independent dealtrat@isp DEN UT  15 Grants and similar amounts paid (list in Schedule O)  16 Aug 2 6 2013  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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 (from line 27, column (A)) (must agree with end-of-year figure reported on prior year (from line 27, column (A)) (must agree with end-of-year figure					alances (see the	netruction		114/55	
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	e e	20	Other changes in net assets or fund balances (	explain in Schedule O) .		20			
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)



-Pa	rt II,	Balance Sheets (see the instructions to	•				
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	<u> </u>	
22	Cae	h, savings, and investments		}		22	· · · · · · · · · · · · · · · · · · ·
23		d and buildings	• • • • • •		58960	23	53829
24		er assets (describe in Schedule O)			·	24	
25	Tota	al assets		[		25	53829
26		al liabilities (describe in Schedule O)		[		26	
27		assets or fund balances (line 27 of column			58960	27	53829
Par	t III	Statement of Program Service Accom	•		•		Expenses
Wha	t is the	Check if the organization used Schedule organization's primary exempt purpose?			Part III		quired for section (c)(3) and 501(c)(4)
		e organization's program service accomplis			rogram conucco	org	anizations and section
as m	neasure	ed by expenses. In a clear and concise m	anner, describe the	e services provided	t, the number of		7(a)(1) trusts, optional others)
		nefited, and other relevant information for ea			,		onicia j
28		ie County Library					
	Fundir	ng for summer reading program (books and aw	ards).				
	/Cront	s \$ 2000) If this amount		mto obsolebono		00-	
29	(Grant			<del> </del>		288	20000
23		vment fund for new green house.					
	Lilaoti	ment rand for new green nouse.					
	(Grant	s\$ 10000) If this amount	includes foreign gra	nts, check here .	▶ 🗆	298	10000
30	Atlas 1	Theatre (Historic Downtown Theatre)					
	Install	carpet, new tables and chairs.					
	(Cront		inaludas faraira ara	nto check have		20.	
31	(Grant	s \$ 6475) If this amount program services (describe in Schedule O)		rits, check here		30a	6475
٠.	(Grant	· . <del>-</del>				318	36910
32		program service expenses (add lines 28a t				32	
Par	t IV	List of Officers, Directors, Trustees, and Key				struc	tions for Part IV)
		Check if the organization used Schedule	O to respond to ar			<u> </u>	<u> </u>
		(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee (e)	Estimated amount of
		(a) Name and mile	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	<ul> <li>benefit plans, and deferred compensation</li> </ul>		other compensation
Nanc	y Kaufi	man		,,,,,,,		+	
	dent		8	C	,	٥	0
Mary	Lee Di	kon					<del></del>
Vice	Preside	nt	4	0		0	0
Shri I	Recklin	g					
	/ice Pre		3	0		0	0
neau Secre	ner Jen	sen	4	d		0	0
	Brunn	er	4			<del>"</del>	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
_	instructions for Part Vy Check if the organization used Schedule O to respond to any question in this	ran	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	162	140
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			·
35a	change on Schedule O (see instructions)	34		_ ✓
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
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	ļ	
С	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	05.		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		<b>✓</b>
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   [37a]  Out the expenditure of the Form 4400 POL for the expenditure.	-	!	,
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		✓
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	┨		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		ļ l	
a 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 ►			
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		1
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 ▶ Linda Brunner Telephone no. ▶	307-63	5-8386	3
	Located at ► 1109 Pole Mountain Rd. Cheyenne, WY 82009 ZIP + 4 ►	820		
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)?	42b	Yes	No ✓
	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 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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	<b>▶</b> □
			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		<b>-</b> ✓
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		<u> </u> ✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<del>*</del>
	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
	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		✓

orm 99	90-EZ (2012)							age 4
<b>46</b>	Did the organization engage, directly or into candidates for public office? If "Yes," of					46	Yes	No ✓
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51 Check if the organization used Sc	s must answer que			the tabl		or line	- <b>-</b> :s
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par			n in effect during t		47	Yes	No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organization five highest comper	n)? If "Yes," complete saritable related organizon?	Schedule E	ectors, tr	48 49a 49b ustee		d ke
	(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 employ benefit plans, and defen compensation			d amou pensati	
			:					
f 51	Total number of other employees paid over Complete this table for the organization \$100,000 of compensation from the organization.	s five highest comp	ensated independent	contractors who ea	ach recei	ved	more	thai
(a)	Name and address of each independent contractor pa	nd more than \$100,000	(b) Type of serv	се	(c) Compe	nsatio	ท	
							-	
	Total number of other independent contra	_		<b>—————————————————————————————————————</b>				
52	Did the organization complete Schedule A	17 Note: All section 5	M1(c)(3) organizations	and 4047/a\/1\				

		d this return, including accompanying sched er than officer) is based on all information of		to the best of my knowledge and belief, it is nowledge		
Sign Here	Signature of officer  Linda Brunner, Treasurer  Type or print name and title	unner		Date 8-21-13		
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed PTIN		
Use Only				Firm's EIN ▶		
	Firm's address ▶			Phone no		
May the IRS	discuss this return with the pre	parer shown above? See instruction	ons	▶ 🗌 Yes 🔲 No		
·-			•			

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Women's Civic League of Cheyenne	83-6003057
Part 1 Other Revenue Line 8 = \$1424	
50/50 Ticktes \$1232	
Nut Sales \$ 192	
Part 3 Grants Line 31A = \$36910	
Community Projects \$8188	
Education \$8575	
Senior Services \$4218	······
Special Needs \$5850	
Substance Abuse \$3425	
Women's Issures \$3748	
Youth Services \$2750	
Special Needs \$156	
Part 1 Other Expenses Line 16 = \$46501	
Christmas House Expenses \$36510  Dues and Yearbook \$6022	
Insurance and Bonds \$730	
Communications \$757	
Speakers and Lunches \$847	
Membership \$384	
Historian/Cards \$147	
GFWC State \$535	
Postage \$168	
Unicef & Operation Smile \$401	