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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)

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.

2012 Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

			Fine organization may have to use a copy of this return to sausty state reporting req	un entents.			
A	For the	2012 calenda	r year, or tax year beginning July 1 , 2012, and ending		June 3	0 , 20 13	
В	Check if ap	pplicable	C Name of organization	D Emp	loyer id	dentification number	
	Address o	change	Society of Women Engineers, Rocky Mountain Section	1	8	34-1127067	
닏	Name cha	ange		number			
H	Initial retu		P.O. Box 260692				
H	Terminate Amended		F Gro	Group Exemption			
=		on pending	Lakewood, CO 80226-0692		nber	•	
_		ting Method		H Check		If the organization is not	
	Websit	•	swe-rms.org			tach Schedule B	
			ck only one) — ✓ 501(c)(3)	•		0-EZ, or 990-PF).	
_	Check ▶		organization is not a section 509(a)(3) supporting organization or a section 527 organization				
			D. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) i				
			ses to file a return, be sure to file a complete return	nay bo to	4uou	(occ man donoris). Dat ii	
	_		o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets (Part II.			
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ 0	<u>.</u>	
Ε	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instru	ction	s for Part I)	
_			the organization used Schedule O to respond to any question in this Par				
	1		ns, gifts, grants, and similar amounts received			46052.95	
	2		ervice revenue including government fees and contracts		2	5734.53	
	3	-	p dues and assessments		3	3285.34	
	4	Investment			4	451.91	
6 GUI	5a		unt from sale of assets other than inventory 5a		H	451.51	
	Ь		or other basis and sales expenses		1		
	c		s) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	٠,	
, ⊐3	6	Gaming an		 			
>.	а	Gross inco					
29				0	-		
S.C. N. Revenue	Ь	Gross inco	me from fundraising events (not including \$ 0 of contributi	ons	1		
7	1		alsing events reported on line 1) (attach Schedule G if the				
2			h gross income and contributions exceeds \$15,000) 6b	0			
3	C	Less: direct	expenses from gaming and fundraising events 6c		1		
Ü	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract	1 :		
Ø	1	line 6c) .			6d		
	7a	Gross sales	s of inventory, less returns and allowances	0	<u> </u>		
	Ь		of goods sold	0	i		
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	ď	
	8		nue (describe in Schedule O)	8			
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	55524.73	
	10		similar amounts paid (list in Schedule O)		10	53049.51	
	11	Benefits pa	ld to or for members		11	8798.05	
S	12	Salaries, ot	her compensation, and employee benefits		12	0	
ŝ	13	Professiona	al fees and other payments to independent contractors		13	0	
Expenses	14	Occupancy	, rent, utilities, and maintenance		14	0	
ш	15	Printing, pu	blications, postage, and shipping		15	502.71	
	16	Other expe	nses (describe in Schedule O)		16	80.34	
	17	Total expe	nses Add lines 10 through 16 delicit) for the year (Subtractione 17 from line 9)	. <u>.</u> •	17	62430.61	
Ņ	18	Excess or (deficit) for the year (Subtractione 17 from line 9)		18	-6905.88	
set	19	Net assets	of fund-balances an Deginning of Year (from line 27, column (A)) (must agr	ee with			
Ąŝ		end-of-yea	gigure reported on prior yeat's return)		19	60207.10	
Net Assets	20	Other chan	ges in net assets or fund ballances (explain in Schedule O)		20		
_	21	Net assets	or fund balances at endfof year. Combine lines 18 through 20	▶	21		

Б-	TII Delega Objecto /esa discipations	f D . U)				
Pa	Balance Sheets (see the instructions	•		Dord II		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments		ŀ		001	
23	Land and buildings		· · · · · ·	60907.10		39144.21
24	Other assets (describe in Schedule O)		· · · · · · 	0	23 24	
25	Total assets			60907.10	_	14177.93
26	Total liabilities (describe in Schedule O)			700.00		53322.14 400.00
27	Net assets or fund balances (line 27 of column	n (B) must agree with	h line 21)	60207.10		52922.14
Par	t III Statement of Program Service Accom				<u></u> 1	
	Check if the organization used Schedule				/ _D _	Expenses guired for section
Wha	t is the organization's primary exempt purpose?	Support women eng				(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli					anizations and section
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the	e services provided	d, the number of		7(a)(1) trusts, optional others)
28	GESTEM - Girls Exploring Science, Technology, Eng	ineering and Math. In	troducing 6th and 7t	th grade girls to		
	science, engineering and technology. Involves 1000		_			
	(Grants \$ 15000.00) If this amount	includes foreign gra	ints, check here .	> 🗆	28 a	40154.43
29	Outreach activities - essay contest, Girls Lead the W	ay, Colorado science	fair, Certificates of	merit, scholarship		
	expenses.					
		ıncludes foreign gra			29 a	4895.08
30	Professional development and member events - min	i conference, speaker	events, awards ban	quet, etc		
		••••••••••••••				
	/Crosto C					
21	(Grants \$ 2484.48) If this amount Other program services (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·			30a	8798.05
31		includes foreign gra	nto check have		04-	
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .	<u>····</u>	31a	
Par						
·	Check if the organization used Schedule	• O to respond to ar	none even a not com	Part IV	Struc	clions for Part IV)
	Original and Original action according and		(c) Reportable	(d) Health benefits,	ﻦ	<u>····</u> · <u>⊔</u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employed benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)			other compensation
Mada	lene Fetsch				\top	
970 N	lorth Street, Apartment 101, Boulder CO 80301	President, 10 hours	N/A	N/A	ا۵	N/A
Sony	a Reiser	Vice President, 10				
9701	Moss Rose Circle, Highlands Ranch CO 80129	hours	N/A	N/A	A	N/A
Case	y Waggy]				
<u>1850</u>	Bassett St. Apartment 610 Denver CO 80202	Treasurer, 7 hours	N/A	N//	A	N/A
Miche	elle Narciso]				
<u>1304</u>	Lupine Ct., Longmont CO 80503	Secretary, 7 hours	N/A	N//	A L	N/A
	а Серрі	Section Rep, 5				
	Via Varra Rd., Broomfield CO 80020	hours	N/A	N//	A L	N/A
	Neyer	Section Rep, 5				
<u> 280 E</u>	ast 1st Ave. Apartment 1281, Broomfield CO 80038	hours	N/A	N/A	<u> </u>	N/A
			_		+	
						
				<u> </u>	+-	
		{				
		 			+	
		1				
					+	· · · · · · · · · · · · · · · · · · ·
•		1				
				-	+	
		1				

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	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)			
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)?	34 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		V
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		▼
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
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 tax year covered by this return? .			
b	KW	38a		✓
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	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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 ► Colorado			
42a		720-91	7-579	6
	Located at ► 2033 11th Avenue, Longmont CO ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	805		
D	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: ► N/A	720		V
	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.?	42c		✓
43	If "Yes," enter the name of the foreign country: ► N/A 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			N/A
44-	Did the erganization maintain any depart advised funds during the user? If "Vee " Form 000 must be		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	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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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			
15 ~		44d		-
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
700	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)	45h		

i Omii 33	٥-دد زدر								age ¬
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf o	of or in oppositi	on [Yes	No
<u> </u>		ndidates for public office? If "Yes," o		Part I		<u> </u>	46		✓
Part \		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51		stions 47–49b an	d 52, and	complete the	tables fo	or line	es
	ı	Check if the organization used Sc	hedule O to respond	to any question in	this Part	VI	<u></u>		
47	Did th	ne organization engage in lobbying If "Yes," complete Schedule C, Par	activities or have a s	section 501(h) elec		_		Yes	No ✓
_	Did th	organization a school as described in the organization make any transfers t s," was the related organization a se	o an exempt non-cha ection 527 organization	ritable related orga	nızation?	 	49a 49b		√ √
50	Comp	plete this table for the organization's byees) who each received more than	s five highest compen s \$100 000 of comper	sated employees (d	other than	officers, directo	ors, truste enter "N	es and	д кеу
		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-MIS	(d) Ho contribut benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other com	d amou	
N/A							_		
51	Comp \$100,	number of other employees paid ovolete this table for the organization 000 of compensation from the organization from the organizati	s five highest compensation. If there is no	ensated independe one, enter "None."	nt contrac				than
		nd address of each independent contractor pa		(b) Type of s	ervice	(c)	Compensation	on 	
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶)		
52		ne organization complete Schedule Accempt charitable trusts must attach				47(a)(1) 	► ☑ Yes		٧o
		of penury, I declare that I have examined this d complete. Declaration of preparer (other than					owledge and	belief,	ıt ıs
Sign		Signature of officer				10.28.2	2013		
Here		Type or print name and title	y President	SWE-PMS		Date			
Paid Prend	250-	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	of PTIN		
Prepa Use (Firm's name		-		Firm's EIN ▶			
		Firm's address discuss this return with the property	r phown phowo? Con	netructions		Phone no		ь.	
iviay lil	ie iuo	discuss this return with the prepare	i anown above! aee i	กอแนบแบกร			► ∐ Yes		No.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Employer identification number

2012

Open to Public Inspection

	ety of Women Engi							-		127067		
Pa			arity Status (All orga						nstructi	ons.		
			ation because it is: (Fo									
1			ches, or association of			ed in se d	tion 170	(b)(1)(A)(i).			
2			n 170(b)(1)(A)(ii). (Atta									
3			ospital service organiza									
4			ion operated in conjun	iction wit	n a nospi	tal descri	bed in se	ection 17	0(b)(1)(A)	(iii). Ente	er the	
_	nospitai s nai	ne, city, and sta	the benefit of a colle									
5		on operated for b)(1)(A)(iv). (Com		ege or un	iversity o	wnea or	operated	by a go	vernmen	tal unit o	Jescrib	ed in
6	A federal, sta	te, or local gover	rnment or government	tal unit de	escribed i	n sectior	170(b)(1)(A)(v).				
7	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). (Co	mplete Pa	art II.)						
9			receives: (1) more th				om contr	butions.	members	ship fees	s. and	aross
	receipts from	activities relate	ed to its exempt funct	tions—su	bject to	certain e	xceptions	s, and (2)	no mor	e than 3	31/3%	of its
			ent income and unre after June 30, 1975. S						n 511 ta	x) from	busin	esses
10			d operated exclusively				•	•	/ 4\			
11			nd operated exclusiv							or to ca	arn/ oi	ıt the
	purposes of	one or more pul	blicly supported orgai	nızations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). S	See se	ction
	509(a)(3). Ch	eck the box that	describes the type of	supporti	ng organi	zatıon an	d comple	ete lines 1	1e throu	gh 11h.		
	a 🗌 Type i	b 🗌 Type	ell c 🗌 Type II	II-Functio	nally inte	grated	d 🔲	Type III-N	Non-func	tionally in	ntegrat	ed
е	By checking	this box, I certify	that the organization	is not co	ntrolled o	directly o	r indırectl	y by one	or more	dısqualıf	ied pe	rsons
	other than for	undation manag	ers and other than on	e or more	e publicly	support	ed organ	izations o	described	in secti	on 509	9(a)(1)
	or section 50											
f			a written determınatio						ll, or Typ	oe III su	pportir	ng
	•	check this box										
g	Since August following pers		the organization acce	pted any	gift or co	ontributio	n from a	iny of the	e			
			indirectly controls, eit ody of the supported								Yes	No
		-	on described in (i) abo	_						1.30		
			a person described in							11g(i		
h			ion about the support							11g(i:	<u> </u>	
	Name of supported	(ii) EIN	(iii) Type of organization	, 	organization		ou notify	(vi)	ls the	(vii) Amou	nt of mo	notanı
(7	organization	(, =	(described on lines 1-9	in col (i) li	sted in your	the organ	nization in	organizat	tion in col		upport	iniciai y
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?			
			(See mandenons)	Yes	No	Yes	No	Yes	No	i		
(A)												
		·	<u> </u>									
(B)						:						
(C)					<u> </u>							
(D)								-		 		
					<u> </u>							
(E)												
Total	!											

Part	Support Schedule for Organization	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked to	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to o	ualify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	•
Sect	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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	l					
	to or expended on its behalf					_	
3	The value of services or facilities			1		ľ	
	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			ł		İ	
	supported organization) included on line 1 that exceeds 2% of the amount		ł				
	shown on line 11, column (f)			1			
6	Public support. Subtract line 5 from line 4.		 				
	on B. Total Support		L			<u> </u>	1
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(4) 2000	(2) 2000	(6) 20.0	(0) 2011	(0) 2012	(i) iotai
8	Gross income from interest, dividends,			-			
_	payments received on securities loans,			1			
	rents, royalties and income from similar						
	sources						ł
9	Net income from unrelated business					<u> </u>	1
	activities, whether or not the business					1	
	is regularly carried on		İ				
10	Other income. Do not include gain or						
	loss from the sale of capital assets		1				
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10			L			
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the				•		, ,, ,
<u>C4</u> :	organization, check this box and stop he		<u></u>	· · · · ·	• • • • •	<u> </u>	> 🖸
	on C. Computation of Public Suppor			141 (0)			
14 15	Public support percentage for 2012 (line of Public support percentage from 2011 Sci					14	
16a	331/3% support test—2012. If the organi					15 nove	shook this
	box and stop here. The organization qua					-	
ь	331/3% support test-2011. If the organ						► []
	check this box and stop here. The organ	ızatıon qualıfıe	s as a publicly	supported org	janization .		▶ □
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "forganization	acis-and-cifcl	instances" tes	st. The organiz	auon qualities	as a publicly	
	•						• • □
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization members are the transfer of the tra						
	supported organization				ne organizatio	n qualines as	
18	Private foundation. If the organization di				 a. or 17b. chec	k this box and	►⊔ dsee
	5				,		

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	under the te	sts listed beit	ow, piease co	implete Fait		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(=) = = =	(2) 2000	(0) 2010	(4) 2011	(0) 2012	(i) Total
	received. (Do not include any "unusual grants.")	71223.00	34029.55	33637.88	62052 54	55524 72	359360 70
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	686.00	2216.83	364.54	63853.54 3096.61	55524.73 3743.30	258268.70 10107.28
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	71909.00	36246.38	34002.42	66923.15	59268.03	268375.98
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			5		- 0	
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from					İ	
Socti	Inne 6.)					<u>.</u>	268375.98
	on B. Total Support	(-) 0000	(1) 0000	() 0040	(1) 0044	() and (
9	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10a	Amounts from line 6	71909.00	3624.38	34002.42	66923.15	59268.03	268375.98
IVa	payments received on securities loans, rents, royalties and income from similar sources .						
_	· ·	461.00	647.14	112.72	440.45	451.91	2113.22
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	o	0	0	o	0
С	Add lines 10a and 10b	461.00	647.14	112.72	440.45	451.91	2113.22
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0					
12	Other income. Do not include gain or		0	0	. 0	0	0
	loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	0	0		0	- 0	0
	and 12.)	72370.00	36893.52	34115.14	66482.70	59313.94	270489.2
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a section	1 501(c)(3)
Section	on C. Computation of Public Suppor		•				ᆜ
15	Public support percentage for 2012 (line 8			3. column (fl)		15	99 %
16	Public support percentage from 2011 Sch					16	98 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2012 (I			/ line 13, colun	nn (f))	17	1 %
18	Investment income percentage from 2011					18	2 %
19a	331/3% support tests-2012. If the organi	zation did not	check the box	on line 14, an	id line 15 is m	ore than 331/3%	6, and line
	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . ▶ 🗸
b	331/3% support tests—2011. If the organizatine 18 is not more than 331/3%, check this b	ation did not ch	neck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization did						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
Partiv	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
N/A		
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	······································	

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

2012

Employer identification number

OMB No 1545-0047

Inspection

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

Society of Women Engineers Rocky Mountain Section 84-1127067 PART II Line 24 Other Assets **TOTAL RECIEVABLES: \$14177.93** GESTEM Catering Reimbursement - \$671.99 Girls Lead the Way Acteva Check - \$1638.48 Mini Conference 2012 Acteva Check - \$1461.73 URS Major Mom PD Event Acteva Check - \$437.02 Awards Banquet 2013 Acteva Check - \$489.50 Northrup Grumman PD Event Acteva Check - \$75.60 NG Check for 2012 PD Event - \$161.61 Lockheed Martin Donation (GESTEM 2013) - \$8000.00 SWE-HQ PD Grant Remainder (GESTEM 2013) - \$1000.00 NG Check for 2013 PD Event - \$242.00