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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 private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20 |                          |   |  |             |             |                                |                               |            |  |  |
|---|--------------------------|---|--|-------------|-------------|--------------------------------|-------------------------------|------------|--|--|
| <b>3</b> c  | heck if app              | applicable C Name of organization D   |  |             | D Empl      | Employer identification number |                               |            |  |  |
| ]   | Address ch               | s change WYOMING ENGINEERING SOCIETY  |  |             | 83-0255212  |                                |                               |            |  |  |
| ַן  | Name char                | nge   | Number and street (or P O box, if mail is not delivered to street address) | Roc         | m/suite     | E Telep                        | E Telephone number            |            |  |  |
| =   | nitial retun             |   | 1007 E CURTIS STREET   |             |             | 1                              | 307-755-5959                  |            |  |  |
| ╗   | Terminatec               |   | City or town, state or province, country, and ZIP or foreign postal code   |             |             | F Gro                          | F Group Exemption             |            |  |  |
| =   | Amended r<br>Application |   | LARAMIE, WY 82072-2217   |             |             | Nun                            | nber 🕨                        | _          |  |  |
|   |                          | ing Method  | Cash   |             | Н           | Check                          | ▶  If the organization is not |            |  |  |
|   | Vebsite:                 | -   | WYOMINGENGINEERINGSOCIETY ORG  |             | _           |                                | ed to attach Schedule B       |            |  |  |
| J T   | ax-exem                  | npt status (che   | eck only one) — ☐ 501(c)(3)  | 1) or [     | 3527        | (Form 9                        | orm 990, 990-EZ, or 990-PF)   |            |  |  |
|   |                          | organization  |  | er          |             |                                |                               |            |  |  |
|   |                          |   | 7b, to line 9 to determine gross receipts If gross receipts are \$200,000  | or more     | e, or if to | tal assets                     |                               |            |  |  |
| (Par  | t II, colu               | umn (B) belov   | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ             |             |             |                                | <b>▶</b> \$                   |            |  |  |
| Ρ   | art I                    | Revenu  | e, Expenses, and Changes in Net Assets or Fund Bala                        | nces        | (see the    | e instru                       | ctions f                      | or Part I) |  |  |
|   |                          |   | the organization used Schedule O to respond to any question                |             |             |                                |                               |            |  |  |
| -   | 1                        |   | ons, gifts, grants, and similar amounts received                           |             |             |                                | 1                             | 4419.00    |  |  |
|   | 2                        |   | ervice revenue including government fees and contracts                     |             |             |                                | 2                             | 39690.24   |  |  |
|   | 3                        | -   | ip dues and assessments  |             |             |                                | 3                             | 13859.30   |  |  |
|   | 4                        | Investmen   | •  |             |             |                                | 4                             | 522.55     |  |  |
|   | 5a                       | Gross amo   | ount from sale of assets other than inventory 5                            | 5a          |             |                                |                               |            |  |  |
|   | ь                        | Less: cost  | or other basis and sales expenses  | 5b          |             |                                | 1                             |            |  |  |
|   | С                        |   |  |             |             |                                |                               |            |  |  |
|   | 6                        | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) |  |             |             |                                |                               |            |  |  |
|   | а                        | O II DE Chally Citata at Cata data Cata annotan atam                                    |  |             |             |                                |                               |            |  |  |
| ne  |                          | \$15,000)   |  | 6a          |             |                                |                               |            |  |  |
| ē   | Ь                        | Gross inec  | me fundraising events (not including \$                                    | of co       | ntributio   | ns                             | 1 .                           |            |  |  |
| Revenue   |                          |   | aising events reported on line 1) (attach Schedule G if the                | <del></del> |             |                                |                               |            |  |  |
| _   | ļ                        | sum of suc  | ch gross income and contributions exceeds \$15,000) 6                      | 6b          |             |                                |                               |            |  |  |
|   | С                        | Less: direc   | et expenses from gaming and fundraising events                             | 6c          |             |                                | 1                             |            |  |  |
|   | d                        |   | e or (loss) from gaming and fundraising events (add lines 6a               | and 6t      | and s       | ubtract                        | 1                             |            |  |  |
|   |                          | line 6c)  |  |             |             |                                | 6d                            |            |  |  |
|   | 7a                       | Gross sale  | es of inventory, less returns and allowances                               | 7a          |             |                                | *                             |            |  |  |
|   | b                        |   |  | 7b          |             |                                | 7 *                           |            |  |  |
|   | С                        | Gross prof  | fit or (loss) from sales of inventory (Subtract line 7b from line 7a)      | )           |             |                                | 7c                            |            |  |  |
|   | 8                        | -   | nue (describe in Schedule O)   |             |             |                                | 8                             |            |  |  |
|   | 9                        | Total reve  | enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                              |             |             | . ▶                            | 9                             | 58491.09   |  |  |
|   | 10                       | Grants and  | d similar amounts paid (list in Schedule O)                                |             |             |                                | 10                            | 11250.00   |  |  |
|   | 11                       | Benefits p  | aid to or for members  |             |             |                                | 11                            |            |  |  |
| Expenses  | 12                       | Salaries, o   | ther compensation, and employee benefits                                   |             |             |                                | 12                            |            |  |  |
|   | 13                       | Profession  | nal fees and other payments to independent contractors                     |             |             |                                | 13                            | 18000.00   |  |  |
|   | 14                       | Occupano  | y, rent, utilities, and maintenance  |             |             |                                | 14                            | · -        |  |  |
|   | 15                       | Printing, p   | ublications, postage, and shipping   | -           |             |                                | 15                            | 3074.15    |  |  |
|   | 16                       |   | enses (describe in Schedule O)   |             |             |                                | 16                            | 30982.99   |  |  |
|   | 17                       |   |  |             |             |                                | 17                            | 63307.14   |  |  |
|   | 18                       | Excess or   | enses. Add lines 10 through 16   |             |             |                                | 18                            | (4816 05)  |  |  |
| ĕ   | 19                       |   | s or fund balances at beginning of year (from line 27, column              |             |             |                                |                               |            |  |  |
| Net Assets  |                          | end-of-yea  | ar figure reported on prior year's return)                                 |             |             |                                | 19                            | 31173 62   |  |  |
|   | 20                       | Other cha   | nges in net assets or fund balances (explain in Schedule O) .              |             |             |                                | 20                            | 5836.17    |  |  |
|   | 21                       |   | s or fund balances at end of year Combine lines 18 through 20              |             |             |                                | 21                            | 32193.74   |  |  |

| Pa       | Balance Sheets (see the instructions   |                                    |                             |   |          | -   |
|----------|--|------------------------------------|-----------------------------|---|----------|---|
|          | Check if the organization used Schedule  | O to respond to a                  | ny question in this         |   | <u></u>  | <u> </u>                                      |
| 00       | Cook sovings and investment  |                                    | _                           | (A) Beginning of year                         |          | (B) End of year                               |
| 22<br>23 | Cash, savings, and investments   |                                    | [                           | 42423.62                                      |          | 43443.74                                      |
| 23<br>24 | Land and buildings   |                                    |                             |   | 23<br>24 | <del></del>                                   |
| 25       | Total assets   |                                    |                             | 42423.62                                      |          | 42442.74                                      |
| 26       | Total liabilities (describe in Schedule O)   |                                    |                             | 11250.00                                      |          | 43443 74<br>11250.00                          |
| 27       | Net assets or fund balances (line 27 of column   |                                    | <u> </u>                    | 36934.47                                      |          | 32193.74                                      |
| Par      | t III Statement of Program Service Accom   |                                    |                             | Part III)                                     |          |   |
|          | Check if the organization used Schedule  |                                    |                             |   | (Ren     | Expenses<br>uired for section                 |
| Wha      | t is the organization's primary exempt purpose?  |                                    |                             |   | 501(     | c)(3) and 501(c)(4)                           |
| Desc     | cribe the organization's program service accompli  | shments for each o                 | f its three largest p       | rogram services,                              |          | nizations and section (a)(1) trusts, optional |
| as n     | neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea | nanner, describe the               | e services provided         | i, the number of                              |          | thers.)                                       |
| 28       | Annual convention includes workshops and seminar   |                                    |                             |   |          |   |
|          |  |                                    |                             |   |          |   |
|          | (Grants \$ ) If this amount  | includes foreign gra               | ants, check here .          | ▶ □   | 28a      |   |
| 29       | Scholarships and awards to engineering students, a   |                                    |                             |   |          |   |
|          | Program for High School students   |                                    |                             |   |          |   |
|          |  |                                    |                             |   |          |   |
|          |  | includes foreign gra               |                             | <u> ▶ □</u>                                   | 29a      |   |
| 30       | Outstanding engineering and surveying project awar   | ds program competi                 | tion                        |   |          |   |
|          |  |                                    | •                           |   |          |   |
|          | (Grants \$ ) If this amount  | includes foreign gra               | ente chack hara             |   | 30a      |   |
| 31       |  | Sua                                | <del></del>                 |   |          |   |
| •        |  | includes foreign gra               |                             |   | 31a      |   |
| 32       | Total program service expenses (add lines 28a  | through 31a)                       |                             |   | 32       |   |
|          | t IV List of Officers, Directors, Trustees, and Key  |                                    |                             |   | struc    | tions for Part IV)                            |
|          | Check if the organization used Schedule  | O to respond to a                  | ny question in this         | Part IV                                       |          | <u> </u>                                      |
|          |  | (b) Average                        | (c) Reportable compensation | (d) Health benefits, contributions to employe | (a)      | Estimated amount of                           |
|          | (a) Name and title   | hours per week devoted to position | (Forms W-2/1099-MISC        | benefit plans, and                            | 0        | ther compensation                             |
|          |  |                                    | (if not paid, enter -0-)    | deferred compensation                         |          |   |
|          | Fuller   | President - 1                      |                             |   |          |   |
|          | Big Horn Avenue, Sheridan, WY 82801  |                                    | 0.00                        | 0.00  | 0        | 0.00  |
|          | Gates Thomes Avenue Suite 620, Cheyenne, WY 82001  | Vice-President - 1                 | 0 00                        |   |          |   |
|          | d Engels   | -                                  | 0 00                        | 0.0   | _        | 0.00  |
|          | Sugarland Drive, Suite 205, Sheridan, WY 82801   | Secretary-<br>Treasurer - 1        | 0.00                        | 0.0   | n        | 0 00  |
|          | ph C. Lord, Lord Consulting, LLC   | - Executive                        |                             |   |          | 000   |
|          | E. Curtis Street, Laramie, WY 82072-2217   | Director - 10                      | 0.00                        | 0.00  | 0        | 18000.00                                      |
|          |  |                                    |                             |   |          |   |
|          |  |                                    |                             |   |          |   |
|          |  | -                                  |                             |   |          |   |
|          | ·  |                                    |                             |   | _        |   |
|          |  | _                                  |                             |   |          |   |
|          |  |                                    |                             |   |          | <del></del>                                   |
|          |  | -                                  |                             |   |          |   |
|          | · · · · · · · · · · · · · · · · · · ·  |                                    | ,                           |   | +        | <del></del>                                   |
|          |  | -                                  |                             |   |          |   |
|          |  |                                    |                             |   | +        |   |
|          |  |                                    | <u> </u>                    |   |          |   |
|          |  |                                    |                             |   |          |   |
|          |  |                                    |                             |   |          |   |
|          |  | -                                  |                             |   |          |   |
|          |  | i .                                | 1                           | 1   |          |   |

| Part                     | ·  |            |          |           |  |  |  |
|--------------------------|--|------------|----------|-----------|--|--|--|
| •                        | instructions for Part V) Check if the organization used Schedule O to respond to any question in this  | Part       | v<br>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         | 165      | <b>√</b>  |  |  |  |
| 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<br>35a  |          | <b>√</b>  |  |  |  |
| c                        | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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                              | 35b<br>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<br>b<br>38a          | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ ☐ 37a ☐ Did the organization file Form 1120-POL for this year?  | 37b<br>38a |          | <b>-</b>  |  |  |  |
| b<br>39<br>a<br>b<br>40a | If "Yes," complete Schedule L, Part II and enter the total amount involved   | , ,        |          | ***       |  |  |  |
| b                        | section 4911 ► ; section 4912 ► ; section 4955 ►  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  |            |          | ** (4)    |  |  |  |
| 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 ▶ Telephone no. ▶  |            |          |           |  |  |  |
|                          | Located at ► ZIP + 4 ►   |            |          |           |  |  |  |
| D                        | 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)? If "Yes," enter the name of the foreign country:  | 42b        | Yes      | No<br>✓   |  |  |  |
|                          | 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>\Delta 43</b>   |            | Yes      | ► □<br>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        |          | 7         |  |  |  |
| c<br>d                   | Did the organization receive any payments for indoor tanning services during the year?   | 44c<br>44d |          | 1         |  |  |  |
| 45a<br>45b               | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a<br>45b |          | <b>√</b>  |  |  |  |
|                          | · · · · · · · · · · · · · · · · · · ·  | 1 700      | 1        |           |  |  |  |

|         |  |   |  |  |                             |  |                        | Yes                 | No          |  |
|---------|--|---|--|--|-----------------------------|--|------------------------|---------------------|-------------|--|
| 46      |  | ne organization engage, directly or in          |  |  | n behalf of                 | or in opposit  | tion                   |                     | . 1         |  |
|         |  | ndidates for public office? If "Yes," c         |  | Part I   |                             | <u> </u>   | . 46                   | 5                   | <b>1</b>    |  |
| Part    |  | Section 501(c)(3) organizations                 |  |  |                             |  |                        |                     |             |  |
|         |  | All section 501(c)(3) organization              | s must answer que                                    | stions 47–49b and                                      | 152, and o                  | complete th  | e tables               | for lin             | es          |  |
|         |  | 50 and 51.                                      |  |  |                             |  |                        |                     | _           |  |
|         |  | Check if the organization used Sch              | nedule O to respond                                  | to any question in                                     | this Part V                 | <u> 1</u>  | <u> </u>               |                     | <u>, 🗆</u>  |  |
|         |  |   |  |  |                             |  | _                      | Yes                 | No          |  |
| 47      | Did th   | ne organization engage in lobbying              |  |  |                             |  |                        |                     |             |  |
|         | -  | /ear? If "Yes," complete Schedule C, Part II    |  |  |                             |  |                        |                     |             |  |
| 48      | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |   |  |  |                             |  |                        |                     |             |  |
| 49a     |  | ne organization make any transfers to           |  |  | 49                          |  |                        |                     |             |  |
| b       | If "Ye   | s," was the related organization a se           | ction 527 organization                               | on?  |                             |  | . 49                   |                     | <u> </u>    |  |
| 50      | Comp   | plete this table for the organization's         | five highest compen                                  | sated employees (of                                    | ther than o                 | fficers, direct  | ors, trus              | tees ar             | nd key<br>" |  |
| -       | empi   | oyees) who each received more than              | \$100,000 of comper                                  | isation from the orga                                  |                             |  | e, enter               | None.               | ··          |  |
|         | (a)  | Name and title of each employee                 | (b) Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | contributio<br>benefit plar | Ith benefits,<br>ns to employee<br>is, and deferred<br>bensation | (e) Estima<br>other co | ated amo<br>ompensa |             |  |
|         |  | ***   |  |  |                             |  |                        |                     | _           |  |
|         |  |   |  |  |                             |  |                        |                     |             |  |
|         |  |   |  |  |                             |  | _                      |                     |             |  |
|         |  |   |  |  |                             |  |                        |                     |             |  |
|         |  |   |  |  |                             |  |                        |                     |             |  |
|         |  |   |  |  |                             |  |                        |                     |             |  |
|         |  |   |  |  |                             |  |                        |                     |             |  |
|         |  |   |  |  |                             | i  |                        |                     |             |  |
|         |  |   |  |  |                             |  |                        |                     |             |  |
|         |  |   |  |  |                             |  |                        |                     |             |  |
| f       |  | number of other employees paid over             |  | <b>-</b>   |                             |  |                        |                     |             |  |
| 51      | Comp   | olete this table for the organization           | s five highest compo                                 | ensated independen                                     | nt contracto                | ors who eacl   | receive                | d more              | e thar      |  |
|         | \$100,   | ,000 of compensation from the orga              | nization. If there is no                             | one, enter "None."                                     |                             |  |                        |                     |             |  |
|         | (a)  | Name and business address of each independ      | lent contractor                                      | (b) Type of se   | rvice                       | (c   | ) Compens              | ation               |             |  |
|         |  |   |  |  |                             | +  |                        |                     |             |  |
|         |  |   |  | -  |                             |  |                        |                     |             |  |
|         |  |   |  |  | <del></del>                 | -  |                        |                     |             |  |
|         |  |   |  | -  |                             |  |                        |                     |             |  |
|         |  |   |  |  |                             |  |                        |                     |             |  |
|         |  |   |  |  |                             |  |                        |                     |             |  |
|         |  |   |  |  |                             | -  |                        |                     |             |  |
|         |  |   |  | -  |                             |  |                        |                     |             |  |
| -       |  |   |  |  |                             | <del>-  </del>   |                        |                     |             |  |
|         |  |   |  | 1  |                             |  |                        |                     |             |  |
| d       | Total  | number of other independent contra              | actors each receiving                                | over \$100.000   | . ▶                         |  |                        |                     |             |  |
| 52      |  | ne organization complete Schedule               | J  |  | ns and 494                  | 7(a)(1)  |                        |                     |             |  |
|         |  | xempt charitable trusts must attach             |  |  |                             | . , ,  | ►   Ye                 | es 🗆                | No          |  |
| Under p | enalties   | of perjury, I declare that I have examined this | return, including accompan                           | lying schedules and stater                             | ments, and to               | the best of my k   | nowledge a             | nd belie            | f. ıt ıs    |  |
|         |  | d complete Declaration of preparer (other than  |  |  |                             |  | J                      |                     | ,           |  |
|         |  | Wasash Colu                                     | 2-28-14  |  |                             |  |                        |                     |             |  |
| Sign    | Signature of officer   |   |  | Date   |                             |  |                        |                     |             |  |
| Here    |  | Joseph C. Lord, Executive Directo               |  |  |                             |  |                        |                     |             |  |
|         |  | Type or print name and title                    |  |  |                             |  |                        |                     | -           |  |
| Paid    |  | Print/Type preparer's name                      | Preparer's signature                                 | [  | Date                        | Check  | ] <sub>If</sub> PTIN   | 1                   |             |  |
| Prep    | arer   |   |  |  |                             | self-emple   |                        |                     |             |  |
| Use     |  | Firm's name ▶                                   |  |  |                             | rm's EIN ▶   |                        |                     | _           |  |
|         | y  | Firm's address ▶                                |  |  |                             | Phone no   |                        |                     |             |  |
| Mayt    | ne IRS   | discuss this return with the prepare            | r shown above? See                                   | instructions   |                             |  | ► TY                   | es 🗆                | No          |  |

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

## Supplemental Information to Form 990 or 990-EZ

OMB № 1545-0047

2012

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

| Name of the organization   | Employer identification number         |  |  |  |  |  |
|--|--|--|--|--|--|--|
| WYOMING ENGINEERING SOCIETY  | 83-0255212                             |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Part I, Line 10: Amount shown represents awards given to University of Wyoming students.               |  |  |  |  |  |  |
| Part I, Line 16: Other expenses include the annual convention, award plaques, and other miscellaneous  |  |  |  |  |  |  |
| expenses are typical for the organization.   |  |  |  |  |  |  |
| Part I, Line 20: Amount shown represents net growth in investment funds held by the organization       |  |  |  |  |  |  |
| Part IV: The organization contracts with Lord Consulting, LLC to serve as the executive director and m | anage the society.                     |  |  |  |  |  |
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