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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

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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning July 1 , 2013, and ending				. J	une 30	, 20	14	
BÇ	heck if ap	plicable	C Name of organization		D Empl	oyer ide	entification numb	er
▯▴	ddress ch	hange	Society of Women Engineers, Rocky Mountain Section			84	4-1127067	
一	lame char	-	Number and street (or P O box, if mail is not delivered to street address)	1/surte	E Telep	hone nu	ımber	
=	nitial returi erminated		P.O. Box 260692			720	0-917-5796	
= 1	erminated: Amended:	-	City or town, state or province, country, and ZIP or foreign postal code		F Grou	ıp Exer	mption	
=		n pending	Lakewood, CO 80215		Num	nber 🕨	92	25
G A	ccounti	ing Method:	☐ Cash	_ н	Check I	► 🔲 if	f the organizatio	n is not
I W	ebsite:	:► www.	swe-rms.org	_	required	to atta	ach Schedule B	
J Ta	ax-exem	pt status (che	ock only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527	(Form 9	90, 990)-EZ, or 990-PF)).
KF	orm of	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other					
LA	dd lines	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if tota	al assets			
(Par	t II, colu		·			▶ \$		
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (s	ee the	instruc	ctions	for Part I)	
		Check if	the organization used Schedule O to respond to any question in thi	s Part I			<u> </u>	. 🗆
	1	Contribution	ons, gifts, grants, and similar amounts received			1		62238
	2	Program s	ervice revenue including government fees and contracts			2		6784
	3	Membersh	ip dues and assessments			3		3755
	4	Investmen	tincome			4		125
	5a	Gross amo	ount from sale of assets other than inventory 5a				•	
	b	Less: cost	or other basis and sales expenses					
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a	a)		5c		
	6		nd fundraising events					
_	а	Gross inc	ome from gaming (attach Schedule G if greater than					
ž		\$15,000)						
Revenue	b			tribution	าร	i i		
æ	1		raising events reported on line 1) (attach Schedule G if the					
			ch gross income and contributions exceeds \$15,000) 6b					
	С	Less: direc	ct expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b	and su	btract			
		line 6c)			• •	6d		
	7a	Gross sale	es of inventory, less returns and allowances					
	b		of goods sold			<u>-</u>		
	C	•	fit or (loss) from sales of inventory (Subtract line 7b from Jine 7a)			7c		
	8		enue (describe in Schedule O)			8		
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· · · ·	. 🏲	9		72901
	10		d similar amounts paid (list in Schedule of the similar amounts paid			10		13478
	11		aid to or for members	/ · · ·		11	·······	
nses	12			. <u>.</u> .		12		0.00
ens	13					13		2500
Exper	14	•	y, rent, utilities, and maintenance			14		18666
Ш	15	U	ublications, postage, and shipping			15		331
	16	•	enses (describe in Schedule O)			16		30598
	17		enses. Add lines 10 through 16	<u>· · · · </u>		17	·	65574
ध	18		(deficit) for the year (Subtract line 17 from line 9)			18		7327
šše	19		s or fund balances at beginning of year (from line 27, column (A)) (mu		e with			
Ä		-	ar figure reported on prior year's return)			19		52922
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			20		
_	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20	· · ·		21	Form 990-F	60249 7 (2013)

Cat. No. 106421



	O Ol	5				
Par				D- 40		
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	· ·	(B) End of year
00	Onch and an and investment		-			
22 23	Cash, savings, and investments			39144		50800
23 24	Land and buildings				23	
				14178		9449
25	Total lightifier (decades in Cabadala C)			53322		60249
26 27	Total liabilities (describe in Schedule O)	(D)		400		
Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom			52922	21	60249
Га		•		•		Expenses
1A/bot	Check if the organization used Schedule					uired for section
		Support women eng	······································	· * · · · · · · · · · · · · · · · · ·		c)(3) and 501(c)(4) nizations and section
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise m	anner, describe the			4947	(a)(1) trusts, optional thers.)
	ons benefited, and other relevant information for ea					
	GESTEM: Girls Exploring, Science, Technology, Eng					
	careers in STEM fields through hands-on activities a	nd interactions with S	STEM professionals.	1000 girls		
	participate annually					
		includes foreign gra		<u> ▶ ⊔ </u>	28a	43224
	Outreach Activities: essay contest, Girls Lead the Wa	ay, Colorado Science	& Engineering Fair,	Certificates of		
	Merit, Scholarships					
	(Grants \$ 13478) If this amount				29a	13527
30	Professional development and member events - mini	conference, speaker	events, awards band	guet,		1
	member appreciation events	·				
		ıncludes foreign gra			30a	5753
31	Other program services (describe in Schedule O)	•				
		includes foreign gra			31a	0
32	Total program service expenses (add lines 28a	through 31a)			32	60500
						62503
Par	IV List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not com	pensated—see the in		
		/ Employees (list each	n one even if not comp ny question in this	pensated—see the in Part IV		
	IV List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not com	pensated—see the in Part IV	nstruc 	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruc 	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruc 	tions for Part IV)
Pari Case Presi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	tions for Part IV)
Case Presi Saral	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	tions for Part IV)
Case Presi Sarat Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent n Gilmore President	(b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MiSC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	tions for Part IV)
Case Presi Sarat Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent n Gilmore President ner Doty	(b) Average hours per week devoted to position	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MiSC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	tions for Part IV)
Case Presi Saral Vice Heath	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent n Gilmore President ner Doty	(b) Average hours per week devoted to position	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MiSC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	nstruc 	tions for Part IV)
Case Presi Saral Vice Heath	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent n Gilmore President ner Doty surer n Adams	(b) Average hours per week devoted to position	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MiSC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruc 	tions for Part IV)
Case Presi Sarah Vice Heath Treas Mega Secre	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent n Gilmore President ner Doty surer n Adams	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	tions for Part IV)
Case Presi Saral Vice Heath Treas Mega Secre Maris	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent n Gilmore President ner Doty surer n Adams	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	tions for Part IV)
Case Presi Saral Vice Heatt Treas Mega Secre Maris Secti	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent of Gilmore President ner Doty surer on Adams etary a Ceppi	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	tions for Part IV)
Case Presi Saral Vice Heath Treas Mega Secre Maris Secti Judy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent of Gilmore President ner Doty surer on Adams etary a Ceppi on Representative	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	tions for Part IV)
Case Presi Saral Vice Heath Treas Mega Secre Maris Secti Judy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent of Gilmore President ner Doty surer on Adams etary a Ceppi on Representative Neyer	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)
Case Presi Saral Vice Heath Treas Mega Secre Maris Secti Judy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent of Gilmore President ner Doty surer on Adams etary a Ceppi on Representative Neyer	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)
Case Presi Saral Vice Heath Treas Mega Secre Maris Secti Judy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent of Gilmore President ner Doty surer on Adams etary a Ceppi on Representative Neyer	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)
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Case Presi Saral Vice Heath Treas Mega Secre Maris Secti Judy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent of Gilmore President ner Doty surer on Adams etary a Ceppi on Representative Neyer	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)
Case Presi Saral Vice Heath Treas Mega Secre Maris Secti Judy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent of Gilmore President ner Doty surer on Adams etary a Ceppi on Representative Neyer	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)
Case Presi Saral Vice Heath Treas Mega Secre Maris Secti Judy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent of Gilmore President ner Doty surer on Adams etary a Ceppi on Representative Neyer	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)
Case Presi Saral Vice Heath Treas Mega Secre Maris Secti Judy	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title y Waggy dent of Gilmore President ner Doty surer on Adams etary a Ceppi on Representative Neyer	(b) Average hours per week devoted to position	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	tions for Part IV)
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Pārt	· · · · · · · · · · · · · · · · · · ·			
	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		Yes	No
	detailed description of each activity in Schedule O	33		1
	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)	24		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		✓
	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	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
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		l ,
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			,
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: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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		720-91		6
b	Located at ► 2033 11th Ave 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	80	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	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.?	42c		
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		.	▶ □
			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 d	Did the organization receive any payments for indoor tanning services during the year?	44c	-	√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	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	<u> </u>	✓

•							
om 99	90-EZ _. (2013)					1	Page 4
46、	Did the organization engage, directly or into candidates for public office? If "Yes,"				sition	Yes	No
Part		s only s must answer que	stions 47-49b and	52, and complete	the tabl		⊥ v ies . □
47	Did the organization engage in lobbying				e tax	Yes	No
48	year? If "Yes," complete Schedule C, Par Is the organization a school as described in	tll			.	47 48	1
49a b	Did the organization make any transfers to if "Yes," was the related organization a se	o an exempt non-cha	ritable related organiz		-	49a 49b	-
50	Complete this table for the organization's employees) who each received more than	s five highest compen	sated employees (oth		ctors, tr	ustees ar	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation	e (e) Est	imated amo	ount of
Vone							
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	ensated independent	contractors who ea	ch rece	ived mor	e than
•	(a) Name and business address of each indepen	dent contractor	(b) Type of servi	се	(c) Compe	ensation	
None							
						,	
d 52	Total number of other independent contr Did the organization complete Schedule nonexempt charitable trusts must attach	A? Note. All section 5	01(c)(3) organizations	and 4947(a)(1)	▶ ☑	Yes 🗆	No
Jnder p	penalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other that	return, including accompant	ying schedules and stateme ermation of which preparer h	nts, and to the best of my as any knowledge	knowledg	e and belief	i, it is
Sign	Signature of officer			Date			
Here	Heather A. Doty, Treasurer Type or point name and title						

Preparer's signature

Paid

Preparer Use Only Print/Type preparer's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

PTIN

. . . . ▶ ☐ Yes ☐ No

Check I if self-employed

Fırm's EIN ▶

Date

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						E	imployer id	entificatio	n number	
Socie	ty of Women Engin	eers, Rocky Mou	ntain Section					84-1127067			
Par	t Reason f	or Public Chai	rity Status (All orga	nizations	s must c	omplete	this par	t.) See i	nstructio	ons.	
The c	organization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)			
1	A church, con	vention of churcl	nes, or association of	churches	describe	ed in sec	tion 170(ъ)(1)(A)(i).		
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)						
3			spital service organiza								
4	_	-	n operated in conjunc	ction with	a hospit	al descrit	oed in se	ction 170)(b)(1)(A)	(iii). Enter the	
	-	e, city, and state									
5		on operated for t)(1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit descrit	oed in
6 7	☐ An organization	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					it or fror	n the general	public
8			section 170(b)(1)(A)		nolete Pa	art II.)					
9			receives: (1) more that		-		om contri	butions.	members	ship fees, and	aross
-	receipts from support from	activities related gross investme	to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sul ated bus	bject to d siness ta	certain ex xable inc	ceptions ome (les	s, and (2) ss sectio	no more	e than 331/3%	of its
10	☐ An organization	n organized and	operated exclusively	to test fo	r public :	safety. Se	e sectio	n 509(a)(4).		
11	purposes of o	ne or more pub	d operated exclusive licly supported organ describes the type of	izations	describe	d in secti	ion 509(a	1)(1) or se	ection 50	9(a)(2). See se	
	a ☐ Type I	b 🗌 Type								tionally integra	ted
е	☐ By checking the	his box, I certify indation manage	that the organization	is not co	ntrolled o	lirectly or	indirectly	y by one	or more	disqualified pe	ersons
f			written determination	on from 1	the IRS	that it is	a Type	I. Type	II. or Tv	oe III supporti	ng
-		check this box .									. ॅ ┌ ┐
g	0.		ne organization accep	oted anv	aift or co	ontributio	n from a	nv of the	•		
Ū	following pers		,	•	•			•			
			ndirectly controls, eithody of the supported o							nd Yes	No
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)	
	• • •	•	a person described in							11g(iii)	T
h			on about the support							<u> </u>	
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col. zed in the S?	(vii) Amount of m support	onetary
_				Yes	No	Yes	No	Yes	No		
(A)						:					
(B)											
(C)											
(D)											
(E)											
											. –

Total

Part							
•	(Complete only if you checked the						alify under
C4	Part III. If the organization fails to	quality und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	(-) 2000	(h) 2010	(-) 0011	(d) 2012	(a) 2012	60 Total
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		ļ				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		,		<u> </u>	<u> </u>	
	ion B. Total Support	1 1 2 2 2 2	1 7 2010	1 1 2011	(B 0040	(-) 0040	(0 T-4-1
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4	,					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	. (see instructi	ons)		L	12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	rear as a section	on 501(c)(3) ► □
Sect	ion C. Computation of Public Support	rt Percentag	e		•		
14	Public support percentage for 2013 (line			1, column (f))		14	%
15	Public support percentage from 2012 Scl					15	%
16a	331/3% support test—2013. If the organi box and stop here. The organization qua	difies as a pub	licly supported	organization			▶ 🖂
b	331/3% support test—2012. If the organ check this box and stop here. The organ					e 15 is 33¹/₃% · · · · ·	or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts-	and-circumsta umstances" te	inces" test, che	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part IV how the organization m supported organization	tion meets the neets the "fact	e "facts-and-c	ircumstances" tances" test. T	test, check t	his box and s	top here.
18	Private foundation. If the organization di				a, or 17b, chec	ck this box and	

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.)

n the digamental to quality under the tests listed below, please complete that his							
	on A. Public Support	4 1 2222	#1.0040 T		40000		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		:				
	received. (Do not include any "unusual grants.")	34030	33638	63854	55525	65993	253040
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.	2217	365	3097	3743	6784	16206
3	Gross receipts from activities that are not an unrelated trade or business under section 513	o	0	o	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o	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	36247	34003	66951	59268	72777	269246
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 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 line 6.)						269246
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	36247	34003	66951	59268	72777	269246
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	İ					
	royalties and income from similar sources .	0.47	440	444	450	405	4770
	· ·	647	113	441	452	125	1778
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	o	0	o	0
С	Add lines 10a and 10b	647	113	441	452	125	1778
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets						
40	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	36894	34116	67392	59720	72902	271024
14	First five years. If the Form 990 is for the organization, check this box and stop her	_		d, third, fourth,			n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8		 	3 column (fl)		15	99.3 %
	Public support percentage from 2012 Sch	• •	-			16	99 %
16 Sooti				<u> </u>	· · · · ·	101	99 /0
	on D. Computation of Investment Inc			- line 10 1	(6)	1471	0/
17	Investment income percentage for 2013 (17	0.7 %
18	Investment income percentage from 2012					18	1 %
19a	331/s% support tests—2013. If the organi 17 is not more than 331/s%, check this box						
b	331/2% support tests – 2012. If the organiz line 18 is not more than 331/2%, check this t	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
~~	Private foundation if the organization di						

Schedule A (I	orm 990 or 990-EZ) 2013 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
**	
*	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 20**13**

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Society of Women Engineers, Rocky Mountain Section	84-1127067				
Line 10: Grants and similar amounts paid:					
\$8500 in College Scholarships: \$1500 Briana Sutherland, \$1500 Kaitlyn Martin, \$1250 Lingga Adidharma, \$1250 Jessica Lin,					
\$1250 Valene Lickley, \$1250 Jelena Notaros, \$500 Clarissa Luquin					
\$3335 for Colorado School of Mines for Girls Lead the Way leadership conference for high school	students				
\$850 for Colorado Science & Engineering Fair					
\$793 for Great Women in Science and Engineering Essay Contest for 6th graders: prizes					
Line 16: Other Expenses					
\$24558 GESTEM (Girls Exploring Science, Technology, Engineering, and Math) outreach event for	1000 6th & 7th grade girls:				
\$3253 for Professional Development and membership events including Mini-Conference and Awar	ds Banquet				
\$2022 for officer travel to Society conferences and leadership events					
\$666 for administrative expenses					
\$100 for Colorado Engineering Council Dues					
Line 24: Other Assets					
\$9449 in Accounts Receivable: \$5000 from Lockheed Martin, \$1000 from SWE Program Developme	ent Grant, \$2921 from Acteva,				
\$433 from EventBrite, and \$95 from Chris Tippett					
	······				