

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



*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)

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

 \blacktriangleright 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	A For the 2014 calendar year, or tax year beginning , 2014, and ending				, 20			
В	Check if ag	f applicable C Name of organization D Em		Employer identification number				
	Address o	change	WYOMING ENGINEERING SOCIETY		83-0255212			
	Name cha					Telephone number		
님	Initial retu		1007 E CURTIS STREET		307-755-5959			
H	Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	Group Exemption			
Ħ		on pending	LARAMIE, WY 82072-2217	Nu	ımber ▶			
G	Account	ting Method	Cash	H Check	▶ ✓ if the	organization is not		
1	Website	e: ► www	V.WYOMINGENGINEERINGSOCIETY.ORG	I	ed to attach			
J.	Тах-ехеп	npt status (ch	eck only one) — ☐ 501(c)(3) 🗹 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 53	27 (Form	990, 990-EZ	, or 990-PF)		
		•	Corporation Trust Association Other					
L.	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total assets	S			
(Pa	art II, col	umn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$			
E	Part I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances (se	e the instru	etions for	Part I)		
_		Check if	the organization used Schedule O to respond to any question in this	Part I		🗸		
	1	Contribution	ons, gifts, grants, and similar amounts received		1	5035.00		
	2	Program s	ervice revenue including government fees and contracts		2	37460.86		
	3	Membersh	ip dues and assessments		3	14589.14		
	4	Investmen			4	512.00		
	5a	Gross amo	ount from sale of assets other than inventory 5a		_			
	b	Less: cost	or other basis and sales expenses					
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
	6	-	nd fundraising events ome from gaming (attach Schedule G if greater than					
۵	а							
Revenue	_	\$15,000)						
ě	b							
ď			raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) . 6b					
			ch gross income and contributions exceeds \$15,000) . 6b ct expenses from gaming and fundraising events . 6c		-			
	d		4					
	"	Net incom line 6c)						
	7a	,	of inventory less returns and alloweness		6d			
	b		es of inventory, less returns and allowances		-			
	C		or goods sold		7c			
	8		nue (describe in Schedule O)	• • •	8			
	9		inue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	57597.00		
_	10		d similar amounts paid (list in Schedule O)	· · ·	10	11250.00		
	11		aid to or for members	11	11200.00			
Ś	12	•		12				
nses	13	Profession	ial fees and other payments to independent contractors	13	18000.00			
Exper	14	Occupano	Salaries, other compensation, and employee benefits					
ŭ	15	Printing, publications, postage, and shipping			14	3269.70		
	16	Other expenses (describe in Schedule O)			16	36862.87		
	17	Total expe	enses. Add lines 10 through 16	. √ 1: · . ▶	17	69382.57		
Net Assets	18		(deficit) for the year (Subtract line 17 from line 9)	بسبب	18	(11785.57)		
	19	3 - Joseph Marie 11 - July 10 - July						
As	1	end-of-yea	ar figure reported on prior year's return)		19	32193.74		
ē	20	Other chai	nges in net assets or fund balances (explain in Schedule O)		20	2937.87		
_	21	Not accord	or fund balances at end of year. Combine lines 19 through 20	_	24	00040.04		

SCANNED APR 02 20

Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			43443.74	22	34596.04
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			43443 74		34596 04
26	Total liabilities (describe in Schedule O)			11250.00		11250.00
27	Net assets or fund balances (line 27 of colum			32193.74	27	23346.04
Par		•		•		Expenses
-	Check if the organization used Schedul			Part III	(Red	quired for section
	t is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as n	ribe the organization's program service accomp neasured by expenses. In a clear and concise roors benefited, and other relevant information for e	manner, describe the	f its three largest e services provide	orogram services, d, the number of	orga othe	anizations, optional for ers)
28	Annual convention includes workshops and semina	ars for continuing edu	cation			
		1				
	·	t includes foreign gra			28 a	<u> </u>
29	Scholarships and awards to engineering students, a	and WES/University of	Wyoming Summer	Engineering	İ	
	Program for High School students					
20		t includes foreign gra			29 a	1
30	Outstanding engineering and surveying project awa	irds program competit	ion			
	(Grants \$) If this amoun	t includes foreign gra	ents check here		30a	
31	Other program services (describe in Schedule O)			· · · · · ·	300	<u></u>
٠.		t includes foreign gra			31a	
32	Total program service expenses (add lines 28a		· · · · · · ·		32	
Par						
	Check if the organization used Schedul			•		🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISo (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and	[]	Estimated amount of other compensation
Erin	Gates					+
Pres		₁	00	0.0	00	0 00
	i Engels					
	President	~ 1	0.0	0	00	0.00
Davi	d Whitman					
	etary-Treasurer	1	0.0	o 0.0	00	0.00
Jose	ph C. Lord, Lord Consulting, LLC					
Exec	utive Director	10	0.0	0 00	00	18000.00
				[
					_	
						
			}	1	-	
		-				
—			 	 	+	
				 	+	
			1			

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
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)?	35a		1
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		<u>-</u> -
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			
b	Did the organization file Form 1120-POL for this year?	37b		ļ
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			<u>-</u> -
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	┨		
39	Section 501(c)(7) organizations Enter.	1		
a	Initiation fees and capital contributions included on line 9	٠.		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.			ļ
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
С	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ►			
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		ļ	
	Financial Accounts (FBAR).			
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			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	120-	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	_	Yes	No
_	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u>/</u>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ļ	
	explanation in Schedule O	44d		\ \
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45h		

Form 99	90-EZ (2014)						Page 4	
				 -		Yes		
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	ndirectly, in political c	ampaign activities on	behalf of or in opposit	ion 46	103	/	
Part	VI Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51.	s only ns must answer que	stions 47-49b and	52, and complete the		or lin	es	
	Check if the organization used So	nedule O to respond	to any question in t	nis Part VI	<u></u>	Yes	No	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			tax - 47	163	NO		
48 49a b 50	Is the organization a school as described in Did the organization make any transfers if "Yes," was the related organization a school to the organization is employees) who each received more that	to an exempt non-cha ection 527 organizations five highest compen	ritable related organizon? on? sated employees (oth	ration?	. 49a . 49b ors, truste			
	(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 employee benefit plans, and deferred compensation	(e) Estimate	d amo	unt of	
		-						
		-						
		-						
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	. Densated independent one, enter "None."	contractors who each	received	more	than	
	(a) Name and business address of each indepen		(b) Type of serv	ice (c)	(c) Compensation			
52	Total number of other independent contr Did the organization complete Sched completed Schedule A	•	•	nizations must attach	ıa .▶∏ Yes	. П	No.	
	penalties of perjury, I declare that I have examined this prect, and complete Declaration of preparer (other than			ents, and to the best of my kn				
Sign Here		or	3 - 26 - /. Date					
Paid Prep	- 1	Preparer's signature	Da	Check self-emplo	f .			
	Only Firm's name ► Firm's address ►		Firm's EIN ▶ Phone no					
May t	the IRS discuss this return with the prepare	r shown above? See	nstructions	<u> </u>	► ☐ Yes		No	

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

Department of the Treasury Internal Revenue Service ► 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

Name of the organization Employer identification number 83-0255212 WYOMING ENGINEERING SOCIETY 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. These 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 manage the society.