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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)

2014

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

Ā	For t	he 2014 calendar year, or tax year beginning 5/01 , 2014, and ending 4/30	, 2015
₽_	Check	of applicable s change	nployer identification number
┝	Name of	Whoming Conjety of Cortified Public	3-0295141
┝	Initial r	Accountants Educational Fund E Te	lephone number
F		wastermarked 504 W 17th Street #200 3	07-634-7039
F		Cheyenne, WY 82001-4356	roup Exemption
	Applica		umber
G			If the organization is not
ı	Webs	· · · · · · · · · · · · · · · · · · ·	attach Schedule B
J	Tax-ex	tempt status (check only one) — X 501(c)(3)	990-EZ, or 990-PF).
K		of organization: X Corporation Trust Association Other	
_	Add I asset	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total is (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	►\$ 82,922.
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	
		Check if the organization used Schedule O to respond to any question in this Part I.	<u>X</u>
	1	Contributions, gifts, grants, and similar amounts received	9,605.
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3
	4	Investment income	4 8,633.
	5 a	Gross amount from sale of assets other than inventory 5a 64,684.	
	b	Less: cost or other basis and sales expenses 5b 59,838.	
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). See Schedule O	5c 4,846.
		Gaming and fundraising events	
Ë	I	Gross income from gaming (attach Schedule G if greater than \$15,000)	
Ě	þ	Gross income from fundraising events (not including \$ of contributions	
REVENUE	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
_	c	Less. direct expenses from gaming and fundraising events	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d
	7 a	Gross sales of inventory, less returns and allowances	
	1	Less: cost of goods sold.	1 - 1
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 23,084.
	10	Grants and similar amounts paid (list in Schedule O)	10 6,000.
<u></u>	11	Benefits paid to or for members	11
) 19 E	12	Salaries, other compensation, and employee benefits	12
₽ <u>X</u>	13	Professional fees and other payments to independent contractors	13 3,267.
■ N	14	Occupancy, rent, utilities, and maintenance	14
⊾ S E	15	Printing publications postage and shipping	15
S S	16	Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16	16
`	17	Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16	17 9, 267.
j_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 13.817.
A S NS E T T	19	Net assets or fund balances at beginning of year (from line 27-column (A) (must agree with end-of-year	
ËE	'3	figure reported on prior year's return)	19 200, 391.
T S	20	Other changes in net assets or fund balances (explain in Schedule O).	20
'	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 214, 208.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2014)

Forn	990-EZ (2014) Wyoming Society	of Certified Publ	ic		83	3-02	95141 Page 2
Par	Till Balance Sheets (see the Institute Check if the organization used Sche	ructions for Part II)	action in this Part II				, X
	Check if the organization used Sche	dule O to respond to any qu	estion in this Fait II.		Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			(~)	19,685	-	
23	Land and buildings				19,00	2	
24	Other assets (describe in Schedule O)	See Schedule	e 0		180,706		
25	Total assets				200,391		
26	Total liabilities (describe in Schedule O)		· · · · · · · · · · · · · · · · · · ·		200,39		
	Net assets or fund balances (line 27 of o		line 21)	-	200,391		·
_	t III Statement of Program Service Ac				200,391	1	Expenses
	Check if the organization used Sch	redule O to respond to any o	uestion in this Part	Ш	X	ره ا	quired for section 501
What	is the organization's primary exempt purpose? See		· · · · · · · · · · · · · · · · · · ·		··	4 (1.75	3) and 501(c)(4)
Desc	cribe the organization's program service a	ccomplishments for each of	ts three largest prog	gram	services, as	orga	anizations; optional
mea	cribe the organization's program service as sured by expenses. In a clear and concise efited, and other relevant information for e	e manner, describe the servi-	ces provided, the nu	imbe	r of persons	for	others.)
28	The Wyoming Society of Ce					┼	T
	Fund has built a reserve					┨	
	scholarships to accountin		mies ir ro b	TON	Toe	┨	
	(Grants \$ 6,000.) If the	s amount includes foreign g	rants check here			28	3,267.
29	0,000.711 011	o amount more and noticing, right	arito, oncon nord		<u> </u>	20.	3,201.
						┨	
				· — —		┨	
	(Grants \$) If this	s amount includes foreign g	rants check here			29:	
30	/ / / / / / / / / / / / / / / / / / /	3 difficulty includes foreign g	ditto, check fiere		<u>_</u>	23.	PI
-						1	
						1	
	(Grants \$) If thi	s amount includes foreign g	rants check here	- -		30:	
31	Other program services (describe in Scho		ants, check here .	<u>· · · </u>		30	
٠.		s amount includes foreign g	rants chack hara	•	▶ [31 :	
32	Total program service expenses (add lin		ants, check here			32	3,267.
	t IV List of Officers, Directors,	<u></u>	lovos (list anch and	mmn 1	f not componented		
I a	Check if the organization used Sci				ii not compensateu —	SCC LIK	: Ilisu uctions for Part 14)
	ondon in the organization dood oo	iodalo o to respond to diff t	account in this t are			• •	
		(h) Australa haust nas	(a) Danadahla samasasa	ا ۔۔۔	(d) Health benef	rts.	
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensat (Forms W-2/1099-MISC	tion ()	(d) Health benef contributions to emp benefit plans, and de	loyee	(e) Estimated amount of other compensation
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MISC (If not paid, enter -0-)	tion ()	(d) Health benef contributions to emp benefit plans, and do compensation	loyee ferred	(e) Estimated amount of other compensation
	(a) Name and tritle	week devoted to	(c) Reportable compensat (Forms W-2/1099-MISC (If not paid, enter -0-)	tion ()	contributions to emp benefit plans, and de	loyee ferred	
		week devoted to	(If not paid, enter -0-)	tion ()	contributions to emp benefit plans, and de	loyee ferred	other compensation
	ce Lewis	week devoted to position	(If not paid, enter -0-)		contributions to emp benefit plans, and de	loyee ferred	other compensation
Pre	ke Lewis esident	week devoted to position	(If not paid, enter -0-)		contributions to emp benefit plans, and de	loyee ferred	other compensation
Pro	ke Lewis esident exandra Wilkerson	week devoted to position	(If not paid, enter -0-)	0.	contributions to emp benefit plans, and de	oloyee eferred	other compensation
Pro	ke Lewis esident exandra Wilkerson ce President	week devoted to position	(If not paid, enter -0-)	0.	contributions to emp benefit plans, and de	oloyee eferred	other compensation 0.
Pro Ale Vic Wi	ke Lewis esident exandra Wilkerson ce President lliam Benskin	week devoted to position	(If not paid, enter -0-)	0. 0.	contributions to emp benefit plans, and de	O O	O. O.
Pro Ale Vic Wi	ke Lewis esident exandra Wilkerson ce President lliam Benskin	week devoted to position	(If not paid, enter -0-)	0.	contributions to emp benefit plans, and de	oloyee eferred	O. O.
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Vic Wi Tre Res	ke Lewis esident exandra Wilkerson ce President lliam Benskin easurer nee Brower	week devoted to position	(If not paid, enter -0-)	0. 0. 0.	contributions to emp benefit plans, and de	O O O	0 . 0 . 0 . 0 . 0 .
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Vic Wi Tre Res	ke Lewis esident exandra Wilkerson ce President lliam Benskin easurer nee Brower	week devoted to position	(If not paid, enter -0-)	0. 0. 0.	contributions to emp benefit plans, and de	O O O	0 . 0 . 0 . 0 . 0 .
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Vic Wi Tre Res	Re Lewis esident exandra Wilkerson ce President lliam Benskin easurer nee Brower cretary	week devoted to position	(If not paid, enter -0-)	0. 0. 0.	contributions to emp benefit plans, and de	O O O	0 . 0 . 0 . 0 . 0 .

Form 990-EZ (2014) Wyoming Societ		83-0295141
Part V Other Information (Note the S	chedule A and personal benefit contract state	ment requirements in See, Schedule 0

Page 3

	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	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		Х
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 0 (see instructions)	34		,
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	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	35 b		
	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	35 c		X
36		330		
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.	36		X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
20	b Did the organization file Form 1120-POL for this year?	37 b		X
30	a 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?	38 a		х
	b If 'Yes,' complete Schedule L, Part II and enter the total			<u> </u>
30	amount involved Section 501(c)(7) organizations. Enter			
33	a Initiation fees and capital contributions included on line 9. 39a N/A			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a 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 .			l .
	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 that has not been			ĺ ,
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . □ 0 .			
	• All organizations. At any time during the tay year, was the organization a party to a prohibited tay			
	e 7 il organizations. 71 tary time during the tax year, was the organization a party to a promoted tax			ıv
	e 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	40 e		X
	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None	40 e		X
		40 e		X
41	List the states with which a copy of this return is filed None a The organization's			X
41	List the states with which a copy of this return is filed None *A The organization's books are in care of Wyoming Society of CPAs Telephone no. 307-63	34-7		
41	List the states with which a copy of this return is filed None Take organization's books are in care of Wyoming Society of CPAs Located at 504 W 17th Street Suite 200 Cheyenne WY ZIP + 4 82001	34-7	6	
41	List the states with which a copy of this return is filed None Telephone no. 307-6: Located at 504 W 17th Street Suite 200 Cheyenne WY Delta At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	34-70 -435		No
41	List the states with which a copy of this return is filed None Take organization's books are in care of Wyoming Society of CPAs Located at 504 W 17th Street Suite 200 Cheyenne WY ZIP + 4 82001	34-7	6	
41	List the states with which a copy of this return is filed None Telephone no. 307-6 Located at 504 W 17th Street Suite 200 Cheyenne WY Description of 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)?	34-70 -435	6	No
41	List the states with which a copy of this return is filed None Telephone no. 307-6 Located at 504 W 17th Street Suite 200 Cheyenne WY Description of 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)?	34-70 -435	6	No
41	List the states with which a copy of this return is filed None Telephone no. 307-6: Located at 504 W 17th Street Suite 200 Cheyenne WY Description of 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	34-70 -435	6	No
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41	List the states with which a copy of this return is filed None Telephone no. 307-6. Located at 504 W 17th Street Suite 200 Cheyenne WY Dip + 4 82001 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.?	34-70 -435	6	No
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41	List the states with which a copy of this return is filed None Telephone no. 307-6: Telephone no. 307-6: Located at 504 W 17th Street Suite 200 Cheyenne WY Tip + 4 82001 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C 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'	34-7 -435 42b	Yes	No X X N/A
42	List the states with which a copy of this return is filed None Telephone no. 307-6. Telephone no. 307-6. Located at 504 W 17th Street Suite 200 Cheyenne WY Tip+4 82001 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C 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: 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 43	34-7 -435 42b	6	No X
42	List the states with which a copy of this return is filed None Telephone no. 307-6: Telephone no. 307-6: Located at 504 W 17th Street Suite 200 Cheyenne WY 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	34-7 -435 42b	Yes	No X X N/A
42	List the states with which a copy of this return is filed None Telephone no. 307–6. Telephone no. 307–6. Located at 504 W 17th Street Suite 200 Cheyenne WY ZIP+4 82001 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 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 All Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	34-71-435 42b 42c	Yes	No X X N/A N/A No X
42	List the states with which a copy of this return is filed None Telephone no. 307–6. Telephone no. 307–6. Located at 504 W 17th Street Suite 200 Cheyenne WY ZIP+4 82001. 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C 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: 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	42b 42c 44a 44a	Yes	No X X N/A N/A No X
42	List the states with which a copy of this return is filed None It a The organization's books are in care of Wyoming Society of CPAs Located at 504 W 17th Street Suite 200 Cheyenne WY It have a page 2001 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 can be the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C 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 some signature or other financial Accounts (FBAR). 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 Is Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. C Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	34-71-435 42b 42c	Yes	No X X N/A N/A No X
43	List the states with which a copy of this return is filled None 2a The organization's books are in care of Myoming Society of CPAs Located at 504 W 17th Street Suite 200 Cheyenne WY ZIP + 4 82001 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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: Section 4947(a)(1) nonexempt charitable trusts filling 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 B Section 4947(a)(1) nonexempt charitable trusts filling 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 B Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yo,' provide an explanation in Schedule O	42b 42c 44a 44b 44c 44d	Yes	No X N/A N/A No X X
43	List the states with which a copy of this return is filed None In The organization's books are in care of Wyoming Society of CPAs Located at No. 17th Street Suite 200 Cheyenne WY ZIP + 4 82001 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 Calentary or the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C 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: 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42b 42c 44a 44b	Yes	No X X N/A N/A No X
43	List the states with which a copy of this return is filled None 2a The organization's books are in care of Myoming Society of CPAs Located at 504 W 17th Street Suite 200 Cheyenne WY ZIP + 4 82001 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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: Section 4947(a)(1) nonexempt charitable trusts filling 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 B Section 4947(a)(1) nonexempt charitable trusts filling 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 B Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yo,' provide an explanation in Schedule O	42b 42c 44a 44b 44c 44d	Yes	No X N/A N/A No X X

Form 99	0-EZ (2014) Wyo	oming Society of	Certified Publ	.ic		83-02	<u>951</u> 41	_ P	age 4
					1			Yes	No
46 Did	d the organization Indidates for public	engage, directly or indired c office? If 'Yes,' complete	ctly, in political campai · Schedule C, Part I.	ign activities		of or in opposition to	46		х
Part V	Section 50	1(c)(3) organizations	only					4	
	All section for lines 50	501(c)(3) organization	ns must answer q	uestions 4	7-49b and	d 52, and complete	e the table	es:	
		organization used Schedul	e O to respond to any	auestion in	thic Part VI				
.	Officer II the t	organization used Schedul	e o to respond to any	question in	uns i ait vi		 : -	Yes	No
47 Did	l the organization e mplete Schedule (engage in lobbying activities	or have a section 501(h)			the tax year? If 'Yes,'	47	- 1	
		school as described in se				dule E	48		X
	=	make any transfers to an			•		. 49a		X
		ited organization a section					. 49b		
50 Co	mplete this table fo iployees) who each	or the organization's five high received more than \$100,00	nest compensated emplo 30 of compensation from	yees (other t the organiza	han officers, ition If there	directors, trustees and I is none, enter 'None.'	кеу		
	(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable (Forms W-2)	compensation	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
None				 					
				ļ					
					 				
- -									
						· · · · · · · · · · · · · · · · · · ·			
51 Co	mplete this table fo	er employees paid over \$1 or the organization's five high the organization. If there is	nest compensated indepe	endent contra	actors who ea	, ach received more than :	\$100,000 of		
	(a) Name and busine	ess address of each independent or	ontractor		(b) Type	of service	(c) Comp	ensation	ก
None						,			
					••		. 		
						. <u>.</u>			
				<u> </u>	-				
 		·····	 	ļ					
d To	tal number of other	er independent contractors	each receiving over \$	100,000	•		•		
	mpleted Schedule		• •				► X Yes		No
Under pena true, correc	alties of perjury, I declar ct, and complete Declar	re that I have examined this return, ration of preparer (other than office	including accompanying scher r) is based on all information of	dules and statem of which prepare	nents, and to the r has any knowl	e best of my knowledge and b ledge	elief, it is		
	Sidnature of o	thion.				8-17-15 Date	•		
Sign Here	Renee Type or print i	Brower	· · · · · · · · · · · · · · · · · · ·			Secretary			
	Print/Type prepare		Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date		PTIN		
Paid			Non-Paid Prepa	arer	<u> </u>	Check If self-employed			
Prepare		52,755 s							
Use Onl	y Firm's address ►	- Marie	7 . 7			Firm's EIN) e.,	
May the	IRS discuss this	return with the preparer sh	nown above? See instri	uctions	· · · · · · · · · · · · · · · · · · ·	Phone no.	► ∏Ye		No
way are		. e. e	GEC 1112111				نع الل	, U	,

Form 990-EZ (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMR No. 1545-0047 2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Name of the organization Employer identification number Wyoming Society of Certified Public Accountants Educational Fund 83-0295141 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 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). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (i) EIN (v) Amount of monetary (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization listed in your governing document? (vi) Amount of other organization support (see instructions) support (see instructions) (see instructions)) Yes No (A) **(B)** (C) (D) Œ)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
Section A. Public Support	,			····,			
Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		

begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
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						
Sec	tion B. Total Support		·				
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
	First five years. If the Form 990 is organization, check this box and	stop here			-	n 501(c)(3)	•
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20	-	•			14	%
	Public support percentage from 2					15	<u>%</u>
16 a	33-1/3% support test – 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported o	box on line 13, ai rganization	nd the line 14 is 3	3-1/3% or more, o	theck this box
b	33-1/3% support test - 2013. If t and stop here. The organization	he organization d qualifies as a pul	id not check a bo blicly supported o	x on line 13 or 16 or 16 or 16 or 16	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test check this	hox and stop hen	e. Explain in Part	VI how
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in Part	15 is 10% VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions .
DAA							

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include	12 602	16 400	14 067	14 125	0 605	67.010
2	any 'unusual grants.') Gross receipts from admis-	13,692.	16,420.	14,067.	14,135.	9,605.	67,919.
~	sions, merchandise sold or			1			
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.					1	0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						0.
5	The value of services or					-	
	facilities furnished by a governmental unit to the	i					
	organization without charge						0.
	Total. Add lines 1 through 5	13,692.	16,420.	14,067.	14,135.	9,605.	67,919.
7 a	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		م ا	_	_	ا م	0
	Add lines 7a and 7b.	0.	0.	0.	0. 0.	0.	0.
_	Public support (Subtract line	- 0.			0.		<u>_</u>
	7c from line 6).						67,919.
	tion B. Total Support		·····				
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Amounts from line 6	13,692.	16,420.	14,067.	14,135.	9,605.	67,919.
ıva	Gross income from interest, dividends, payments received on securities loans,	ľ	ĺ			İ	
	rents, royalties and income from						00 070
ь	similar sources . Unrelated business taxable	2,877.	3,472.	3,759.	3,338.	8,633.	22,079.
_	income (less section 511			•			
	taxes) from businesses acquired after June 30, 1975.		ŀ				0
	Add lines 10a and 10b	2,877.	3,472.	3,759.	3,338.	8,633.	22,079.
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 loss from the sale of capital assets (Explain in						
	Part VI.)					·	0.
13	Total support. (Add lines 9, 10c, 11 and 12.)	16,569.	19,892.	17,826.	17,473.	18,238.	89,998.
14	First five years. If the Form 990	is for the organiza	tion's first, seconi	d, third, fourth, o	r fifth tax year as		
Soc	organization, check this box and tion C. Computation of Pu		· · · · · · · · · · · · · · · · · · ·		··· · · ·		
15	Public support percentage for 20			e 13. column (f))	 	15	75.47 %
16	Public support percentage from	• •	• •				81.61 %
_	tion D. Computation of Inv						
17	Investment income percentage f				mn (f))	17	24.53 %
18	Investment income percentage f			=			18.39 %
	33-1/3% support tests — 2014. II					\	nd line 17
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	orted organization	- X
t	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%						
20	Private foundation. If the organi		-	-	•		_
BAA			TEEAAA031			hadula A (Form 900	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	:	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	. 3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action. (iii) the authority under the			

- organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)

 b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**
- - b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

	:				
		Form 990 or 990-EZ) 2014 Wyoming Society of Certified Public 83-029514: Supporting Organizations (continued)	L	F	age 5
Га	ILIV	Supporting Organizations (continued)		Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?		103	110
•	A perso govern	on who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ing body of a supported organization?	11a		
1	b A famı	ly member of a person described in (a) above?	11b		
	c A 35%	controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI .	11c		
Sec	tion B	. Type I Supporting Organizations			
				Yes	No
1	or elect Part VI If the d directo	directors, trustees, or membership of one or more supported organizations have the power to regularly appoint at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in I how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove or trustees were allocated among the supported organizations and what conditions or restrictions, if any, at to such powers during the tax year.	1		,
2	that op	e organization operate for the benefit of any supported organization other than the supported organization(s) terated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such that carried out the purposes of the supported organization(s) that operated, supervised, or controlled the ting organization	2		1
Sec	tion C	. Type II Supporting Organizations			
	-			Yes	No
1	of each	majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the ting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D	. All Type III Supporting Organizations			
				Yes	No

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	·
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	

Se	Section E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):						
	a The organization satisfied the Activities Test. Complete line 2 below.						
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .						

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2	Activities Test Answer (a) and (b) below.
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard . . .

2a	
2b	
3a	
3b	

•			
Schedule A (Form 990 or 990-EZ) 2014 Wyoming Society of Certified P			295141 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizati	ons	
Check here if the organization satisfied the Integral Part Test as a qualifying trust on tother Type III non-functionally integrated supporting organizations must comple	November te Sectio	20, 1970. See instruct ns A through E	ions. All
Section A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	·····	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C — Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) .	3		
4 Enter greater of line 2 or line 3	4		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

BAA

5 Income tax imposed in prior year.

temporary reduction (see instructions). .

Schedule A (Form 990 or 990-EZ) 2014

BAA

a b

8 Breakdown of line 7.

d Excess from 2013 e Excess from 2014

Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) . . Excess distributions carryover to 2015. Add lines 3j and 4c

Schedule A (Form 990 or 990-EZ) 2014

Part VI 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.

Attach to Form 990 or 990-F7

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization to

Name of the organization Wyoming Society of Certified Public Accountants Educational Fund

Employer identification number

83-0295141

Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninventory Sales

<u>Publicly Traded Securities</u>

Gross Sales Price: Cost or Other Basis: 64,684.

59,838.

Total Gain (Loss) Publicly Traded Securities \$

4,846.

Total Net Gain (Loss) From Noninventory Sales \$

4,846.

Form 990-EZ, Part II, Line 24 Other Assets

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The Wyoming Society of Certified Public Accountants Educational Fund is organized exclusively for charitable purposes which include providing scholarships to accounting students at institutions of higher learning.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
 No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?