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DLN: 93492288008290

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than 500,000 and total assets less than 1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public **Inspection**

A F	or the	2009 calenda	r year, or	tax year beginning 01-01-2009	, and ending	g 12-31·	2009				
_	Check if applicable Please C Name of organization NORTH DAKOTA ASSOCIATION OF COUNTY D Employer identification number							identification number			
_	Address change use IRS ENGINEERS					45-0371770					
	Initial return print or PO BOX 1277						E Telep	E Telephone number			
_	eminate		type. See						(701) 258-9227		
_	mended		Specific	City or town, state or country, and ZIP + 4				F Grou	p Exem	nption	
	pplicatio	on pending	Instruc- tions.	BISMARCK, ND 58502				Num	ber	•	
						T_			<u> </u>		
S e	ction			ons and 4947(a)(1) nonexempt charita mpleted Schedule A (Form 990 or 990-			Accounting me Other (specify		I Ca	sh Accrual	
r W e	ebsit e:	: > WWW ND	ACE ORG			н	Check 🕨 🔽			nızatıon	
				ne)— 501(c)(6) ◄ (insert no) 4947(a	1)(1) or 5 2	7	is not require			90-EZ, or 990-PF)	
		_		is not a section 509(a)(3) supporting org							
				m 990 return is not required, but if the or							
				letermine gross receipts, if \$500,000 or more, file				► \$		39,687	
Pa	rt I			nses, and Changes in Net Asset	s or Fund E	Balanc	es (See the i	nstruct			
	1		, - , -	rants, and similar amounts received .		•		•	1	5,524	
	2	Program ser	vice reve	nue including government fees and contr	acts	•		•	2	30,161	
	3	Membership	dues and	lassessments				•	3	965	
	4	Investment	ıncome					•	4	2,646	
	5a	Gross amoui	nt from sa	ale of assets other than inventory .		5	ı				
9	ь	Less cost o	r other ba	asıs and sales expenses		51	•	0			
Ē	С	Gain or (loss	s) from sa	le of assets other than inventory (Subtra	ct line 5b fron	m line 5	a)		5c		
Kevenue	6	Special ever	_	ctivities (complete applicable parts of Sc	hedule G) If a	any amo	ount is from ga	ming,			
	а	Gross reven	ue (not ın	icluding \$ <u>724</u> of contributions							
		reported on I	line 1)			6	,	391			
	ь	•	•	s other than fundraising expenses .		61		391	1		
			·	from special events and activities (Subtr	act line 6h fro					0	
	<u> </u>			ory, less returns and allowances .	act fille OD IIO	1	ĺ	•	6c	-	
	7a .			• •		7			1		
	Ь р	Less cost o	-			71	>	0	┨		
	C			from sales of inventory (Subtract line 7b	from line /a)	•		•	7c		
	8	Other revenu	•	•)	8		
	9					•	•	<u> </u>	9	39,296	
	10	Grants and s	ımılar am	nounts paid (attach schedule) 👺 🔒 .		•			10	12,520	
	11	Benefits paid	to or for	members		•			11		
	12	Salaries, oth	er compe	ensation, and employee benefits					12		
ν Φ	13	Professional	fees and	other payments to independent contract	tors				13	500	
Expenses	14	Occupancy,	rent, utılı	ties, and maintenance		•			14		
<u>:</u>	15	Printing, pub	lications,	, postage, and shipping		•			15		
_	16	O ther expen	ses (desc	cribe 🏲 😇)	16	17,186	
	17			ines 10 through 16				<i>_</i>	17	30,206	
93	18	Excess or (d	eficit) for	the year (Subtract line 17 from line 9)					18	9,090	
et Assets	19	•	•	lances at beginning of year (from line 27						· · ·	
ر عر				ported on prior year's return)					19	85,693	
2	20	•		assets or fund balances (attach explana	tion)	-			20		
	21	<u>-</u>		lances at end of year Combine lines 18	•	•			21	94,783	
Pa	1111			—If Total assets on line 25, column (B)		00 or m	ore file Form 9	990 inc		<u> </u>	
				2 otal addets on fine 25, column (b)	a.c y 1,200,00		5. 6, me i omi				
			(See th	he instructions for Part II)		(A) B	eginning of ye	ar	(E	B) End of year	
22	Cash,	, savings, and	ınvestme	ents	[85,	693 2 :	2	94,783	
23	Land	and buildings			[2:	3		
24	Other	assets (desc	ribe 🟲) [24	1		
25	Total	assets .			[85,	693 2 !	5	94,783	
26	Total	liabilities (de	scribe 🟲)			20	5		
27	Net a	ssets or fund	balances	(line 27 of column (B) must agree with li	ne 21) .		85,	693 2 :	7	94,783	

Part IIII Statement of Program S	Service Accomplishm	nents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt pSTATE ASSOCIATION OF COUNTY ENG	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)				
Describe what was achieved in carrying out describe the services provided, the number program title					
28 TO PROVIDE OPPORTUNITIES FOR P PROFESSIONAL RELATIONSHIPS, AND A THE BENEFIT OF THE RESIDENTS OF OU (Grants \$)	28a				
29		, ,	ı	200	
(Grants \$) If this	s amount includes foreign o	grants, check here .	▶┌	29a	
30					
	s amount includes foreign ç	grants, check here .	▶┌	30a	
31 O ther program services (attach schedul (Grants \$) If this	e) s amount includes foreign g	 Irants, check here	▶ ┌	31a	
32 Total program service expenses (add line				32	
Part IV List of Officers, Directors, Trus		List each one even if not coi	mpensated (See the inst	truction	s for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances
	·	,	·		

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No	
33					
	description of each activity	33		No_	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		N o 	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νο	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
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		No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 📗 37a				
ь	Did the organization file Form 1120-POL for this year?	37b		Νo	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization				
е	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				
41	List the states with which a copy of this return is filed ND				
42a	The organization's books are in care of MIKE RIVINIUS Telephone no	<u>(70</u>	1)258	9227	
	316 EASTDALE DRIVE Located at ► BISMARCK, ND ZIP + 4	<u> 58</u>	501		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No	
	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.				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No	
	If "Yes," enter the name of the foreign country				
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of				
	Form 990-EZ.	44		Νο	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		 N o	
				.,, 0	

Form 9	990-E	Z (2009)							Page 4
Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	n 4947(a)(1) nonex	-			-	stions
46	Dıd th	e organization engage in direct	or indirect political car	npaign activities on be	half of or in opp	osition to		Yes	No
	candio	lates for public office? If "Yes,"	complete Schedule C,	Part I			46		
47	7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48		
49a	Dıd th	e organization make any transfe	rs to an exempt non-c	harıtable related orgar	nization?		49a		
ь	b If "Yes," was the related organization a section 527 organization?					49b			
		lete this table for the organization				•			
(a) N		and address of each employee d more than \$100,000	(b) Title and averag hours per week devoted to position	(c) Compensati	on employee	tributions to benefit plans & compensation	a	e) Expe count rallow	and
NONE	Ē								
51	Comp of com	I number of other employees pa lete this table for the organization npensation from the organization me and address of each indepe	on's five highest compa n If there is none, ente	r "None "		each received n		an \$10 Compen	
N O N E	≣								
51(d)) Tota	l number of other independent c	ontractors each receiv	ring over \$100,000					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer Please Sign Here ****** Signature of officer MIKE RIVINIUS SECRETARY/TREAS Type or print name and title									
Paid		Preparer's signature Rhonda Mahlum		Date	Check if self-empolyed	Preparer's identifications (See instructions)		nber	
Prepa Use O	ایرامد	Firm's name (or yours if self-employed), address, and ZIP + 4	OODHART PC STREET			EIN •	04) 555	0245	
		MANDAN, N				Phone no 🕨 (70	<u> </u>		
May tl	ne IRS	discuss this return with the pre	eparer shown above? S	ee instructions		🟲	ΙY	es l	No

Additional Data

Software ID: Software Version:

EIN: 45-0371770

Name: NORTH DAKOTA ASSOCIATION OF COUNTY

ENGINEERS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHARLES GLYNN 213 15TH ST N ELLENDALE,ND 584367600	PAST PRESIDENT 0 50	0		
SHARON M LIPSH 600 COOPER AVENUE GRAFTON,ND 58237	Director 0 50	0		
STEVE MAMER PO BOX 742 BEULAH,ND 585230742	Director 0 50	0		
KEVIN FIELDSEND 919 5TH ST SE DEVILS LAKE,ND 58301	Director 0 50	0		
MIKE RIVINIUS PO BOX 1277 BISMARCK,ND 58502	SECRETARY/TREAS 2 00	0		
MIKE ZIMMERMAN 1508 4TH ST NW JAMESTOWN,ND 58401	Vice President 1 00	0		
KERRY JOHNSON PO BOX 306 VALLEY CITY, ND 58072	President 1 00	0		

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: NORTH DAKOTA ASSOCIATION OF COUNTY

ENGINEERS

EIN: 45-0371770

Software ID: 09000047

Software Version: 2009v1.3

Item No.	1
Class of Activity	SCHOLARSHIP
Donee's Name	PAUL SEIFERT
Donee's Address	414 N 12TH ST BISMARCK, ND 58501
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SCHOLARSHIP
Donee's Name	ANDREW GOTTSMAN
Donee's Address	902 15TH ST N APT 13 FARGO, ND 58102
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SCHOLARSHIP
Donee's Name	COURTNEY HOMAN
Donee's Address	1627 OMAHA DRIVE BISMARCK, ND 58504
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	SCHOLARSHIP
Donee's Name	BRYCE WUORI
Donee's Address	4830 16TH AVENUE SW APT 306 FARGO, ND 58103
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: NORTH DAKOTA ASSOCIATION OF COUNTY

ENGINEERS

EIN: 45-0371770

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
Office Expenses	300
Conferences, Conventions, and Meetings	16,886