

# 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



**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)

OMB No 1545-0047

Department of the Treasury

Inten	nal Rever	nue Service		► The organization	<del></del>		copy of this return to	satisfy state repor			سستبسل	i to Lupité it	spection	
	For the	2009 calenda	r year, c	or tax year begin	ning 7/	01	, 2	009, and endir	ng 6	/30		2010		
В			lease use IRS label or print				PROFESSION			23	3-70257			
	Nam	ne change	or type. See	200 EAST I			L FOUNDATIO	ON		1	ephone numbe			
	Initia	al return	specific Instruc-	JEFFERSON						5	<u>73-636-</u>	4861		
	Terr	nination	tions.		,									
	Ame	ended return		<u> </u>					1		ss receipts \$		3,701.	
	Арр			and address of princip	al officer				1	ns a group r all affiliates	eturn for affili	— <del> </del>	=	
				AS C ABOVE							list (see inst	ructions) Ye	s No	
÷		exempt status	MSPE.		(insert no.)		4947(a)(1) o	r 527	<del>-</del>					
<u>J</u>					7	<del></del>		11	1.0	· · · · · ·	n number	gal domicile M		
K Pa		<del>~ - </del>	Corpor	ation Trust	Association	0	ther ►	L Year of Forma	ation 13	00	M State of le	gal domicile 14	<del></del>	
FA		Summar		anization's miss	uon or most	cionif	ficant activities:	DDOMOTE	TNITE	ንፑርጥ ለ	E ENCT	TEEDC		
_		orieny describe	ale or	gai lization s miss	sion of most	sigi iii	ilcant activities.	_I_NOMOIE	_TMTF1.	TOT O	t tnati	/EE172		
Governance	_			· <del></del>										
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30K		Check this box					s operations or d	isposed of mo	re than :	25% of its			0.0	
				bers of the gove			VI, line 1a) g body (Part VI, I	lino 1h)			3 4		29 29	
ties				it voting member lyees (Part V, Iin	-	ÇITIII I	g body (Fart VI,	inte 1b)			5		0	
Activities &				eers (estimate if	•						6		0	
¥	7a 1	Fotal gross unr	elated t	ousiness revenue	e from Part \	/III, c	olumn (C), line 1	2			7a		6,438.	
	b١	Net unrelated b	usiness	s taxable income	from Form 9	990-T	, line 34				7b		0.	
										Prior Ye		Current		
<u>o</u>				nts (Part VIII, line						7	,795.	I	6,625.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)									,557.	1	3,776.	
ě											,810.		6,846.	
							t VIII, column (A)	), line 12)			,162.		7,247.	
				ounts paid (Part				,			,000.		2,000.	
	14 E	Benefits paid to	members (Part I											
ø	15 5	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)												
nse	16a F	16a Professional fundraising fees (Part IX, column (A), line 11e)												
Expenses	b∃	b Total fundraising expenses (Part IX, column (D), line 25). ▶												
ш	17 (	Other expenses (Part IX, column (A), unes (3)									,378.	21,550		
	18	Fotal expenses	s. Add li	nes 13-1/(f/miusat	equal Part	Хсо	iumin (A), line 25	)		26	378.		3,550.	
	<b>19</b> F	Revenue less e	expense	s Subtract line	18 from line	12 _	161				784.	<del> </del>	3,697.	
Net Assets or Fund Balances				138	MOA I S	20	18		Be	ginning o		End of		
B B B	t	Total assets (P							ļ		,821.		6,749.	
ŞŞ		Total liabilities			OGDE	N.	U		-	-	,846.		6,006.	
	22    rt	Signatu		ances Subract	me >1 mom	Hire 2	.0			183	975.	82	0,743.	
<u>. F. 6</u>	13 % 31	<del></del>					noluding accompanies	o sebadulas and s	tatamanta	and to the	hast of my lin	ouledge and hal	of it is	
		true, correct, and	d complet	e Declaration of prep	arer (other than	officer)	ncluding accompanyir ) is based on all inform	nation of which pre	eparer has	any knowled	ige	omeuge and bei	ici, it is	
Sig	n		wi	~ Wyli	<u></u>					111-1	0.10			
He	re	Signature of	officer				-			Date				
		► BRUCE							SEC	/EXEC	DIR	_		
		Type or pnn	it name ar	nd title			<del> </del>							
Pa	: 4			Jack	٠,			Date		Check if self-	(se	parer's identifyir e instructions)	g number	
Pro		Preparer's signature	► DAI	E A CTEDE	MECK CI	7.0		11-8-	-13	employed	► ∐ <sub>N</sub>	/ 73		
рa	rer's	-	DAL				LLC			1	N/			
Us		Firm's name (or yours if self- employed),	► 520		uii, CIA	<u> </u>	<u> </u>			EIN ►	N/A			
Or	ııy	address, and ZIP + 4		FERSON CIT	Y, MO 6	5109	9	<del></del>		Phone no	► (573	) 635-02	227	
Ma	y the IF	<del>'</del>		with the prepare						13	,,,,,	X Yes	No	
							he separate instr	uctions.		TEEA0	113L 12/29/		90 (2009)	

Form	n 990 (2009) MISSOURI SOCIETY OF PROFESSIONAL	23-7025721	Page 2	
Pai	rt III Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission:			
	PROMOTE INTEREST OF ENGINEERS	. <b></b>		
	Did the organization undertake any significant program services during the year which were not listed on the pi	ior		
-	Form 990 or 990-EZ? .	Yes X	No	
	If 'Yes,' describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No	
	If 'Yes,' describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc expenses, and revenue, if any, for each program service reported.	penses. Section 501(c)(3) ations to others, the total		
4:	THE KIMEL PROGRAM LEADS THE EFFORT OF THE MSPE EDUCATIONAL TO FOLD IMPLEMENT THE STIPULATIONS SET OUT IN TEH WILLIAM R AND MILA KIMED ESTABLISH AND OPERATE A PROGRAM USING ONLY THE INTEREST EARNINGS. PROFESSIONAL ENGINEERING REGISTRATION OF ALL QUALIFIED FACULTY MED ADMINISTER ENGINEERING PROGRAMS WITHIN THE UNIVERSITY OF MISSOURI SECONDARY GOAL IS TO IMPLEMENT PROFESSIONAL REGISTRATION REQUIREM WHO WORK IN ALL INDUSTRIES IN THE STATE OF MISSOURI WHO HAVE ENGISTRATION.	LOW, MAINTAIN, A L ESTATE TO TO IMPLEMENT MBERS WHO TEACH SYSTEM. A ENTS FOR ALL PER	OR	
41	b (Code:) (Expenses \$3,062. including grants of \$) (Re MATH COUNTS - NATIONAL PROGRAM PROVIDING MATH COACHING AND AN ATH COMPETITION FOR JUNIOR HIGH STUDENTS AS AN ENCOURAGEMENT TO TAKE I HIGH SCHOOLS AND TO CONSIDER MATH-ORIENTED CLASSES INCLUDING ENGISES SPONSORS THE STATE COMPETITION THROUGH THE EDUCATION FOUNDATION	MORE MATH CLASSE	S IN	
		- <b></b>		
4.	c (Code:) (Expenses \$2,000. including grants of \$) (Re EDUCATION FOUNDATION AWARDS A SCHOLARSHIP TO A SOPHOMORE OR JUNION ENROLLED IN A MISSOURI ENGINEERING PROGRAM ACCREDITED BY TEH ENGINEERING ACCREDITATION COMMISSION OF THE ACCREDITATION BOARD FOR ENGINEERING (ABET-EAC). COMPETITIVE SCHOLARSHIP BASED ON ACADEMIC ACHIEVEMEN'EXTRACURRICULAR COLLEGE AND/OR COMMUNITY ACTIVITIES AND FINANCIAL	R IN COLLEGE THA NEERING NG AND TECHNOLOG I, WORK EXPERIEN	Y	
4	d Other program services. (Describe in Schedule O.)  SEE SCHEDULE O			
	(Expenses \$ 500. including grants of \$ ) (Revenue \$	)		
4	e Total program service expenses ► 9,490.			

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Yes No

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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part $V$	10	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX'			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	,,,,,,,,,,	Х
12/	Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	l	X

Form 990 (2009) MISSOURI SOCIETY OF PROFESSIONAL

Part IV Checklist of Required Schedules (continued)

پښښن				
·			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		Х
t	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
8	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35_		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	_
ВАА		Forn	n <b>990</b> (	(2009)

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•	Establish and the Boy 3 of fame 1000 Aprilaid Commence and Transmitted of U.S.		Yes	No
ıa	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.  Information Returns Enter -0- if not applicable  1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
c	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2 b	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 <i>a</i>	I Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Х	
Ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь	Х	
4a	n 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)?	4a		Х
b	olf 'Yes,' enter the name of the foreign country: ▶	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
Ŀ	of Yes, did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
€	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	ĺ	
	Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter.			
	a Gross income from other members or shareholders .   11a			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ŀ	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form 990 (2009)

Section A. Governing Body and Management

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No

Yes

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	ı	i					
1 a	Enter the number of voting members of the governing body .	1a 29	-				
b	Enter the number of voting members that are independent .	1b 29	)				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relation, director, trustee or key employee?	ationship with any other	2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or ur of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		<u>X</u>		
4	Did the organization make any significant changes to its organizational documents		4		X		
	since the prior Form 990 was filed?	• •					
5	Did the organization become aware during the year of a material diversion of the organization	's assets?	5		<u>X</u>		
6	Does the organization have members or stockholders?		6		X		
7 a	Does the organization have members, stockholders, or other persons who may elect one or moverning body? $ \cdot $	ore members of the	7a		X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	ner persons?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions under the following:	taken during the year by					
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	X			
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not	required by the Intern	al				
Reve	nue Code )						
				Yes	No		
10 a	Does the organization have local chapters, branches, or affiliates?		10 a		<u>X</u>		
b	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10 b		<u>X</u>		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
11/	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	SEE SCHEDULE O	<u></u>		<u>X</u>		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13							
b	Are officers, directors or trustees, and key employees required to disclose annually interests t to conflicts?	hat could give rise	12b				
c	Does the organization regularly and consistently monitor and enforce compliance with the poli $Schedule\ O\ how\ this\ is\ done$	cy? If 'Yes,' describe in	12c				
13	Does the organization have a written whistleblower policy?		13		X		
14	Does the organization have a written document retention and destruction policy?		14	X			
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?					
a	The organization's CEO, Executive Director, or top management official		15 a		<u>X</u>		
b	Other officers of key employees of the organization		15b		X		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	arrangement with a taxable	16 a		X		
t	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard to status with respect to such arrangements?	to evaluate its participation the organization's exempt	16b				
Sec	tion C. Disclosures	<del></del>	100				
	List the states with which a copy of this Form 990 is required to be filed NONE						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and		ulable :				
10	Inspection Indicate how you make these available. Check all that apply.    X   Own website	2 220-1 (301(c)(3)5 0111y) ava	mault	o pu	JIIC .		
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and statements available to the public. SEE SCHEDULE 0							
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization							
٠	BRUCE WYLIE 200 E. MCCARTY, JEFFERSON CITY, MO 65101 5	73-636-4861	- <b></b> -	- <b>-</b> -			

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons.

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B) Average	(c) Position (check all that apply)						(D)	(E)	<b>(F)</b>
Name and Title	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BRUCE WYLIE										
SEC/EXEC DIR	40	X		Х				0.	0.	0.
CHARLES POWELL		1								
PRESIDENT	1	X		X	<u> </u>			0.	0.	0.
BENJAMIN ROSS										
PRESIDENT-ELECT	11	X		X		<u> </u>		0.	0.	0.
KURT HIGGINS						1				
VICE PRESIDENT	1	X		X	<u> </u>			0.	0.	0.
BRITT SMITH										
TREASURER	1 1	X		X	<u> </u>		<u> </u>	0.	0.	0.
KEVIN_ROHNER	_									
BOARD MEMBER	1	X		L	ļ			0.	0.	0.
ANDREW MEYER	. 🚽	ŀ				1	İ			
BOARD MEMBER	1 1	X	<u> </u>				<u> </u>	0.	0.	0.
ROSS KASMANN	. 🚽									
BOARD MEMBER	11	X					L	0.	0.	0.
FRED PALMERTON	. 🔟				ļ					
BOARD MEMBER	1	X						0.	0.	0.
RONALD KADANE		1								
BOARD MEMBER	1	X				<u> </u>	<u> </u>	0.	0.	0.
RONALD ZITTERKOPF	. 🚽					1				
BOARD MEMBER	11	X	_		$oxed{igspace}$		L.	0.	0.	0.
DAVID_WILKINSON	. 🗐	1						_	_	_
BOARD MEMBER	1	X	╙		<u> </u>	<u> </u>		0.	0.	0.
MICHAEL FRITZ		l	İ						_	_
BOARD MEMBER	1	X	<u> </u>		_	ļ <u>.</u>	_	0.	0.	0.
MARK BROSS				1					_	
BOARD MEMBER	1	X	ļ	<u> </u>	<u> </u>	<u> </u>	ļ	0.	0.	0.
JOHN MODLIN								_		_
BOARD MEMBER	1	X	ļ	ļ	$\vdash$	ļ		0.	0.	0.
WILLIAM LINDSEY								_		_
BOARD MEMBER	1 1	X	<b> </b>	_	1	<b>ļ</b>	-	0.	0.	0.
JONATHAN ROBISON						1			_	-
BOARD MEMBER	1	X				1/10/09	<u> </u>	0.	0.	0. Form <b>990</b> (2009)

Part VII Section A. Officers, Directors, Trus	1	Key	En			ees	, ar			ployee	s (cont)
(A)	(B)	(C) Position (check all that apply)					b A	(D)	(E)	_	(F)
Name and Title	Average hours per week			Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org: an	timated int of other pensation om the anization d related anizations
BRANDON KEITH BOARD MEMBER	1	Х						0.	0.	_	0.
KRISTA KOTUR BOARD MEMBER	1	х						0.	0.		0.
SCOTT BECKER BOARD MEMBER	1	Х						0.	0.		0.
JOSEPHINE EMERICK								0.			
BOARD MEMBER BRENT BAKER	1	X							0.		0.
BOAD MEMBER  JAMES GUTHRIE	1	X						0.	0.		0.
BOARD MEMBER DAVID HOWE	1	X						0.	0.		0.
BOARD MEMBER MARK HUCH	1	X				-		0.	0.		0.
BOARD MEMBER GARY STRACK	1	Х						0.	0.		0.
BOARD MEMBER	1	x						0.	0.		0.
WILLIAM ANTHONY BOARD MEMBER	1	х						0.	0.		0.
AMY RUGGERI BOARD MEMBER	1	Х						0.	0.		0.
CLIFF JARVIS BOARD MEMBER	1	Х						0.	0.		0.
1 b Total .	<del></del>						<b></b>	0.	0.		0.
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e lis	ted	abo	ve)	who	rec	eived more than \$	100,000 in reportab	le comp	ensation
									******		Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	/								3	Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater to individual	oortable nan \$15	com 0,000	nper 0? /	nsati f 'Ye	on a	ana :omp	otne olete	er compensation tr e Schedule J for st	om uch	4	Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	ation	n fro sucl	m a h pe	ny u rsor	unrel	lated	d organization for	services	5	х
Section B. Independent Contractors	-										
<ol> <li>Complete this table for your five highest compensation from the organization.</li> </ol>	ed inder	end	ent	con	trac	tors	that	received more the	an \$100,000 of		
(A) Name and business addres	ss		_			_		Description of	of Services	Compe	C) Insation
	_										
2 Total number of independent contractors (including	but not	lımıtı	ed t	o th	ose	liste	ed al	oove) who receive	d more than		•

\$100,000 in compensation from the organization  $\triangleright$  0

T A	1 V	III Statement of Ke	venue						
,						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u></u>	1 a	Federated campaigns		1 a					
Äξ		· ·		1 b					
<b>≨</b> §		Membership dues	•						
S, S		Fundraising events		1 c					
FR	d	Related organizations		1 d					
S, 를	е	Government grants (contribution	ons)	1 e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included	rants, and above	1f	6,625.				
ΣĐ	g	Noncash contribns included in	Ins 1a-1f:	\$					
8 €	h	Total, Add lines 1a-1f		_	<b>•</b>	6,625.			
<u> </u>	-	Totall / tea miles far m			Business Code				
- ₹	2-			ŀ					
2	2a					<del> </del>			
E	b	'							
Š	С	:		L					
Ē	d	I							
Σ,	е	,							
24	-	All other program service	e revenu		-				
ě		Total. Add lines 2a-2f	e revenu	~ [	>				
-					<del></del>				
	3	Investment income (incl	udıng dıv	ıdends	, interest and	13,776.			13,776.
	_	other similar amounts)				13,110.		<del></del>	13,110.
	4	Income from investment	t of tax-e	xempt					
	5	Royalties			<b>&gt;</b>			·····	
			(i) R		(II) Personal				
	6 a	Gross Rents	58	,300					
	b	Less, rental expenses	51	, 454					
		: Rental income or (loss)		,846					
		Net rental income or (lo		, 0 10	•	6,846.	408.	6,438.	
	u	i Net rental income or (10	(i) Sec		(ii) Other	0,040.	400.	0,430.	
	7 a	Gross amount from sales of	(1) 3ec	unues	(ii) Other				
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses							
	c	: Gaın or (loss)							
	c	Net gain or (loss)			.:				
UE		Gross income from fund (not including \$	draising e	vents					
Ē		of contributions reported	d on line	1c).					
OTHER REVEN		See Part IV, line 18			a.				
Ę	L	Less: direct expenses.							
5		·	4 4		~				
		: Net income or (loss) fro		_	vents				
	9 a	Gross income from gam See Part IV, line 19	ning activi	ities.					
					a				
	b	Less: direct expenses.		1	b[				
	c	: Net income or (loss) fro	m gamın	g activi	ties 🕨				
	10 -	Gross sales of inventory	/ lace rot	hirne					
	102	and allowances	y, 1633 161		a				
		Less cost of goods sold	4		b				
		<del>-</del>			~				ĺ
		: Net income or (loss) fro		JI IIIVEI					<u> </u>
		Miscellaneous Reven	_		Business Code	<b>;</b>			
	11 a	`							ļ
	t							<u> </u>	
	c	:		1					
	c	All other revenue							· ·
		Total. Add lines 11a-11d	d		<b>-</b>				
		Total revenue. See instr			<b>&gt;</b>	27,247.	408.	6,438.	13,776.
		. Stat Let Stiller OCC IIISU	40000					7, 1001	

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,000.	2,000.	<u></u>	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes .				
	Fees for services (non-employees)			44 655	
	Management	11,275.		11,275.	
	Legal	600		600	
	Accounting	688.		688.	
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
_	Other				
	Advertising and promotion	97.		97.	
13	Office expenses			31.	· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15 16	Royalties . Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	2,000.		2,000.	
23 24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	KIMEL PROGRAM EXPENSES	3,928.	3,928.		
t	MATHCOUNTS EXPENSE	3,062.	3,062.		
	RSF MEMORIAL EXPENSE	500.	500.		
•					
•	·				
f	All other expenses .				
25	Total functional expenses Add lines 1 through 24f	23,550.	9,490.	14,060.	0.
26	Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA		·			Form <b>990</b> (2009)

Рa	ηX	Balance Sheet			<del></del>					
				(A) Beginning of year		<b>(B)</b> End of year				
	1	Cash - non-interest-bearing			1					
	2	Savings and temporary cash investments		89,170.	2	42,514.				
ŀ	3	Pledges and grants receivable, net			3					
İ	4	Accounts receivable, net			4					
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	from current and former officers, directors, trustees, key employees, compensated employees. Complete Part II of Schedule L							
- 1	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))							
		and persons described in section 4958(c)(3)(B). Comp	lete Part II of Schedule L		6					
Š	7	Notes and loans receivable, net			7					
A S S E T S	8	Inventories for sale or use			8					
S	9	Prepaid expenses and deferred charges			9					
ĺ	10 a	Land, buildings, and equipment: cost or other basis.	10a 841,598.	,						
		Complete Part VI of Schedule D								
	b	Less: accumulated depreciation.	10ы 304,669.	547,181.	10 c	536,929.				
	11	Investments - publicly-traded securities		278,470.	11	296,756.				
	12	Investments - other securities. See Part IV, line 11			12					
ļ	13	Investments – program-related. See Part IV, line 11			13					
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11		15	550.					
	16	Total assets. Add lines 1 through 15 (must equal line	34)	914,821.	16	876,749.				
	17	Accounts payable and accrued expenses			17					
	18	Grants payable			18					
	19	Deferred revenue			19					
ᅡ	20	Tax-exempt bond liabilities		20						
Å B	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21					
ŀ	22	Payables to current and former officers, directors, truinghest compensated employees, and disqualified per								
I		of Schedule L			22					
E S	23	Secured mortgages and notes payable to unrelated th	aird parties	130,846.	23	56,005.				
	24	Unsecured notes and loans payable to unrelated third	parties		24					
	25	Other liabilities. Complete Part X of Schedule D			25	1.				
	26	Total liabilities. Add lines 17 through 25		130,846.	26	56,006.				
N		Organizations that follow SFAS 117, check here ▶	and complete lines							
N E		27 through 29 and lines 33 and 34.								
Ą	27	Unrestricted net assets			27					
	28	Temporarily restricted net assets.		•	28					
SET-S	29	Permanently restricted net assets			29					
R		Organizations that do not follow SFAS 117, check her	re ► X and complete							
E DZD	20	lines 30 through 34.		:	20					
	30	Capital stock or trust principal, or current funds	ment fund	<u> </u>	30 31					
Ă	31	Paid-in or capital surplus, or land, building, and equip		783,975.		820,743.				
Ä	32	Retained earnings, endowment, accumulated income,	, or other lunus		32					
BALAZOES	33	Total net assets or fund balances.		783,975.	33	820,743.				
BA	34	Total liabilities and net assets/fund balances.		914,821.	34	876,749. Form <b>990</b> (2009)				

	TAK Frinancial Statements and Reporting		Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		,			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b		X		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
•	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
3	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b				

BAA

Form **990** (2009)

#### 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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

MISSOURI SOCIETY OF PROFESSIONAL ENGINEERS EDUCATIONAL FOUNDATION 23-7025721

art	1	Reason for Pu	blic Charity Statu	s (All organizations	must	compl	ete this	s part.	.) See	ınstruc	tions	
he o	rga	nization is not a priv	ate foundation becaus	e it is: (For lines 1 throu	gh 11, cl	heck on	ly one be	ox.)				
1		A church, convention	on of churches or asso	ciation of churches desc	ribed 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 coope	erative hospital service	organization described i	n sectio	n 170(b)	<b>(1)(A)(</b> iii	).				
4		A medical research	organization operated	I in conjunction with a ho	spital de	escribed	ın secti	on 170(	<b>ЬХ1ХАХ</b>	iii). Ente	r the hospi	tal's
		name, city, and sta										
5		170(b)(1)(A)(iv). (C	complete Part II.)	f a college or university			_		mental ι	ınıt desc	ribed in <b>se</b>	ction
6 7	Ц	An organization tha		overnmental unit describ substantial part of its sup t II.)					or from t	he gener	ral public d	escribed
8		A community trust	described in section 17	<b>'0(b)(1)(A)(vi).</b> (Complete	e Part II.	)						
9		from äctivities relat investment income	ed to its exempt function	) more than 33-1/3 % of ons — subject to certain s taxable income (less s mplete Part III.)	exception	ins, and	(2) no n	nore tha	an 33-1/3	3 % of its	s support fr	om gross
10		An organization org	ganized and operated e	exclusively to test for put	olic safet	ty.See s	section 5	509(a)(4	<b>)</b> .			
11	X	more publicly supp	orted organizations de	exclusively for the benefic scribed in section 509(a ation and complete lines	)(1) or s	ection 5	09(a)(2).	tions of See <b>s</b> e	, or carr ection 50	y out the 09(a)(3).	purposes Check the	of one or box that
	_	<b>a</b> ∐Type I	<b>b</b> X Type II	c 💹 Type III		•	_			d 🔝	Type III-	
е		By checking this bo than foundation ma 509(a)(2).	ox, I certify that the org anagers and other than	anization is not controlle one or more publicly su	ed directi pported	ly or ind organiza	irectly by ations de	y one of escribed	r more c d in sect	lisqualifie ion 509(a	ed persons a)(1) or sec	s other tion
f		If the organization check this box	received a written dete	rmination from the IRS t	hat is a	Type I,	Type II o	r Type	III supp	orting org	ganızatıon,	
g		Since August 17, 2	006, has the organizati	on accepted any gift or	contribu	ition fror	n any of	the fol	lowing p	ersons?		
												Yes No
		(i) a person who	o directly or indirectly co overning body of the su	ontrols, either alone or to	ogether	with per	sons de	scribed	ın (II) ar	nd (III)	11g(i)	X
			ber of a person descr	•							11 g (ii)	X
				described in (i) or (ii) ab	ove?		,				11 g (iii)	X
h		• •	,	e supported organization							119(/	
	(1	i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) l organizat (i) listed gove	is the son in col i in your irning ment?	(v) Did you the organ col ( your su	ızatıon in (i) of	(vi) l organizati (i) organiz U S	on in col	(vii) Amoun	t of Support
					Yes	No	Yes	No	Yes	No		
MO	so	CIETY OF PROI	ESSIONAL ENGI	NEER								
												_
			44-0357545	501 (C) (6)	X				ļ			0.
					ļ		ļ					
						ļ						
					<u> </u>	<u> </u>	ļ		ļ	<b></b>	<del> </del>	
												^
otal	-	0.1		on the Instructions for Form	3.	<u> </u>	<u> </u>		<u>}</u>	1 1	000 0	0.

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

Schedule A (Form 990 or 990-EZ) 2009

1 404	(Complete only if you checke	•				11d 170(B)(1)(F	-)( <b>V</b> 1)
Sec	tion A. Public Support	od the box or line	0, 7, 01 <u>0 011 01</u>	,			
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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)						
	<b>Public support.</b> Subtract line 5 from line 4						
<u>Sec</u>	tion B. Total Support	T	<del>r =</del> ·	T	T	T	т
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			ļ			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 IV.)						
13	<b>Total support.</b> Add lines 7 through 10					<u> </u>	
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	L
	First five years. If the Form 990 organization, check this box and	stop here.	•	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu					F ==	T
	Public support percentage for 20 Public support percentage from 3	•	•	ne 11, column (f)		14	<b>%</b>
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo	x on line 13, and	the line 14 is 33-1	/3 % or more, ch	eck this box
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a,	and line 15 is 33-	1/3% or more, ch	eck this box
17 &	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ınd-cırcumstance	s' test, check this	box and stop here	e. Explain in Part	IV how
ł	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts a	nd-circumstance	s' test, check this	box and stop here	e. Explain in Part	
<u>1</u> 8	Private foundation. If the organiz		-	•		•	structions >
BAA			•				990 or 990-EZ) 2009

Page 3

(Complete only if you chec Section A. Public Support						
Calendar year (or fiscal yr beginning in)►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		!				
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified				1		
persons  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line						
7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	<b>(f)</b> Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		·				
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add ins 9, 10c, 11, and 12)				<u> </u>		
14 First five years. If the Form 990 organization, check this box and	stop nere		d, third, fourth, c	or fifth tax year as	a section 501(c)(3)	▶[
Section C. Computation of Pu			o 12 column (f)		15	
<ul><li>15 Public support percentage for 20</li><li>16 Public support percentage from 3</li></ul>	-		e io, column (I))	•	16	
Section D. Computation of In			· · · · · · · · · · · · · · · · · · ·			
17 Investment income percentage f				mp (fl)	17	9/
<u>.</u>				(7)	18	9,
				d line 15 is more th	<u> </u>	
<b>19a 33-1/3 support tests – 2009.</b> If the more than 33-1/3%, check this b	ne organization di oox and <b>stop here</b>	. The organization	qualifies as a pu	blicly supported or	ganization	◄

Schedule .	A (Form 990 or 990-E	z) 2009 N	MISSOURI	SOCIETY	OF	PROFE:	SSIONA	L 23-7025721 F	age 4
Part IV	Supplemental I	nformatio	n. Comple	te this par	t to	provide	the ex	planations required by Part II, line 10 dditional information. See instruction	):
<u></u>	"Part II, line 17a	or 17b; a	nd Part III	, lıne 12. F	rovi	de any	other a	dditional information. See instruction	s.
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# SCHEDULE D

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number MISSOURI SOCIETY OF PROFESSIONAL ENGINEERS EDUCATIONAL FOUNDATION 23-7025721 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	OURI SOCIETY				23-702			Page 2
Part III Organizations Mainta	ining Collectio	ns of Art, Hist	oric	al Treasures, o	r Other Similar As	sets	(contir	iued)
3 Using the organization's acquisiting tems (check all that apply):	on accession and o			_	at are a significant use	of its c	ollection	)
a Public exhibition		_	or exc	change programs				
b Scholarly research		e U Other			···-·			
c Preservation for future generation								
<ul><li>4 Provide a description of the organ Part XIV.</li><li>5 During the year, did the organizar</li></ul>						e in		
5 During the year, did the organizar assets to be sold to raise funds re	ather than to be ma	intained as part o	f the	organization's colle	ction?	Yes	· [	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements unt on Form 99	Complete if 0, Part X, line	orgai 21.	nızation answei	red 'Yes' to Form	990, F	'art IV	, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or o	ther intermediary	for co	ontributions or other	r assets not	Yes	, [	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and cor	nplete the following	ng tab	le:				
						Amour	ıt	
c Beginning balance					1c			
d Additions during the year					1 d			<del></del>
e Distributions during the year	•		• •		1 e			
f Ending balance .		D		•		<u></u>	<del></del>	¬
2a Did the organization include an a		, Part X, line 21?				Yes	·	No
b If 'Yes,' explain the arrangement  Part V Endowment Funds Co		ization answe	rod '	Vac' to Form O	90, Part IV, line 10	`		
Pait V   Elidowillent Fullus Co	(a) Current year	(b) Prior year		(c) Two years back	(d) Three years back		Four year:	
<b>1 a</b> Beginning of year balance	158,462			(c) Iwo years back	(u) Three years back	(6)	roui year	s Dack
<b>b</b> Contributions	100, 102	. 200,5				1	***************************************	···········
						1	************	
c Net Investment earnings, gains, and losses	24,185	44,1	.37.					
<b>d</b> Grants or scholarships								
<ul> <li>Other expenditures for facilities and programs</li> </ul>	4,428	. 5,7	13.					
f Administrative expenses								
<b>g</b> End of year balance	178,219	. 158,4	62.					
<ol><li>Provide the estimated percentage</li></ol>	-	lance held as:						
a Board designated or quasi-endow		<b></b> %						
<b>b</b> Permanent endowment ▶								
c Term endowment ►	<b>%</b>							
3a Are there endowment funds not in	n the possession of	the organization	that a	re held and adminis	stered for the	ı	V	N-
organization by. (i) unrelated organizations						20(1)	Yes	No X
(ii) related organizations						3a(i) 3a(ii)		X
<b>b</b> If 'Yes' to 3a(ii), are the related of	raanizatione lieted :	as required on Sci	hadul	a R2		3b		
4 Describe in Part XIV the intended	-	•			SEE E		VIV	<u> </u>
Part VI Investments—Land, B						. 111(1 .	111	
Description of investment		ost or other basis		Cost or other	(c) Accumulated	(d)	Book Va	alue
		(investment)		basis (other)	Depreciation			
<b>1 a</b> Land .				180,000.				,000.
<b>b</b> Buildings .				544,496.	200,469.			<u>,027.</u>
c Leasehold improvements				66,547.	53,980.		12,	<u>,567.</u>
<b>d</b> Equipment	ļ							
e Other		200 5 111		50,555.	50,220.			335.
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	rm 990, Part X, co	olumn	(B), line 10(c))	<u>_</u> _ <u>_</u>	<del></del>		<u>, 929.</u>
BAA					Sche	dule <b>D</b> (	r orm 99	90) 2009

Part VII Investments—Other Securities See Fo			·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives .			
Closely-held equity interests			
Other			
			-
			<del></del>
		<u> </u>	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)		10	
Part VIII Investments-Program Related (See			<u> </u>
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	ition ket value
		Cost or end-or-year mar	NOT YEIUS
	<u> </u>	<u> </u>	
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Total (Column (b) must equal Form 990 Part X Col. (B) line 13.)			······································
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)  Part IX Other Assets (See Form 990, Part X,	line 15) N/A	<u> </u>	
	escription		(b) Book value
(a) De			1,222,74,40
		<del> </del>	
Total. (Column (b) must equal Form 990, Part X, col (B), III	ле 15)	<b>•</b>	
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		······································
Federal Income Taxes	,		
ROUNDING		1.	
	1		
	<del>-  </del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1.	
2. FIN 48 Footnote. In Part XIV, provide the text of the foot	note to the organization		organization's liability
2. FIN 48 Footnote. In Part XIV, provide the text of the foot for uncertain tax positions under FIN 48.	e to the organization		organication o nability

Schedule D (Form 990) 2009 MISSOURI SOCIETY OF PROFESSIONAL

23-7025721

Page 3

	- /025 /21 Page <b>4</b>
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	<u> </u>
1 Total revenue (Form 990, Part VIII,column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year. Subtract line 2 from line 1 .	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV).	
9 Total adjustments (net). Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return N/A
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a Net unrealized gains on investments . 2a	
b Donated services and use of facilities 2b	1 1
c Recoveries of prior year grants	1 1
d Other (Describe in Part XIV).	1 1
e Add lines 2a through 2d	1 2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
	1 1
b Other (Describe in Part XIV).  c Add lines 4a and 4b	1 4c
- · · · - · · · · · · · · · · · · · · ·	5
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	
	1 1
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	1 1
b Prior year adjustments	
c Other losses . 2c	- 1
d Other (Describe in Part XIV).	1 1
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV).	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this par information.  PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	lines 1b and 2b; Part V, t to provide any additional
ENDOWMENT FUNDS ARE INTENDED FOR SCHOLARSHIPS.	
	<b></b>
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Schedule D (Form 990) 2009 MISSOURI SOCIETY OF PROFESSIONAL	23-7025721	Page 5
Schedule D (Form 990) 2009 MISSOURI SOCIETY OF PROFESSIONAL  Part XIV Supplemental Information (continued)		
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Schedule **D** (Form 990) 2009

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#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization MISSOURI SOCIETY OF PROFESSIONAL Employer identification number 23-7025721 ENGINEERS EDUCATIONAL FOUNDATION FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION OTHER PROGRAMS: RSF MEMORIAL PROGRAM, EDUCATIONAL PROGRAMS. FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS COPY OF TAX RETURN PROVIDED TO MANAGEMENT PRIOR TO FILING. GOVERNING BODY DOES NOT REVIEW. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE WWW.MSPE.ORG

TEEA4901L 07/17/09

Schedule 0 (Form	990) 2009						Page 2
Name of the organization	MISSOURI S ENGINEERS	SOCIETY OF PRO EDUCATIONAL E	OFESSIONAL FOUNDATION			Employer identification 23-7025721	number
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public , inspection

Employer identification number 23-7025721 Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) Complete if the organization answered Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. MISSOURI SOCIETY OF PROFESSIONAL ENGINEERS EDUCATIONAL FOUNDATION Name of the organization

(F)
Direct controlling
entity (F)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets **(D)** Exempt Code section **(D)** Total income (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) (B) Primary activity (B) Primary activity Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity

Schedule R (Form 990) (2009) N/A 501 (C) (6) S DEFENDING THE PROMOTING AND ENGINEERING PROFESSION MO SOCIETY OF PROFESSIONAL ENGINEERS 200 E MCCARTY ST STE 200 JEFFERSON\_CITY, MO\_65101 44-0357545

TEEA5001L 02/05/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

23-7025721 Schedule R (Form 990) 2009 MISSOURI SOCIETY OF PROFESSIONAL ENGINEERS EDUCATIONAL FOUNDATION

Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Decause It IIau		ומובת הוא	מו וובמנוטו וא נו כם	וכח מז מ למי וכו זו	- Decause It flad offe of fillore related organizations treated as a partitle sind duffing the tax year.	cai .)				1
(A)	(B)	(2)	<b>(e)</b>	(E)	Œ	ල	£	<b>e</b>	<b>3</b>	
Name, address, and EIN of	Primary Activity	Legal	Direct controlling entity	Predominant income (related:	Share of total income	Share of total income   Share of end-of-year   assets	Dispropor- tionate	amount in box	General or managing	בֿ <u>פֿ</u>
		(state or	0	unrelated, excluded			allocations?	20 of Schedule	partne	ندی
		country)		sections 512-514)			Yes No	(Form 1065)	Yes	<sub>오</sub>
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1	<u></u> -									
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Inc. 34 because of had one or more related organizations treated as a corporation or trust during the tax year.)	<b>Taxable as a Co</b> ed organizations	rporation or T treated as a	rust (Complet	e if the organ trust during t	ization answered ')	res' to Form 990, I	oart IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Primary Activity Legal domicile Corp. S corp, (C corp.) S corp, (C	( <b>G)</b> Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2009)

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Schedule R (Form 990) 2009 MISSOURI SOCIETY OF PROFESSIONAL ENGINEERS EDUCATIONAL FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(B) (C) (C) (D)  Name, address, and EIN of entity (State or foreign (State or foreig	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No		Yes	<b>№</b>
	•							
					-		$\dagger$	
							-	
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ВАА		TEEA5004L 02/05/10				Schedule <b>R</b> (Form 990) (2009)	) (066 u	(6002