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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable

C Name of organization

D Employer identification number

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

NORTH DAKOTA ASSOCIATION OF COUNTY
ENGINEERS

45-0371770

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

E Telephone number	
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1661 CAPITAL WAY

City or town, state or country, and ZIP + 4

BISMARCK, ND 58501

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ If the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Website: ► WWW.NDACE.ORG

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 41,171.

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I

X

	Revenue	Expenses	Net Assets
1	Contributions, gifts, grants, and similar amounts received		1
2	Program service revenue including government fees and contracts		2
3	Membership dues and assessments		3
4	Investment income		4
5a	Gross amount from sale of assets other than inventory		5a
b	Less cost or other basis and sales expenses		5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c
6	Gaming and fundraising events		6d
a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b
c	Less direct expenses from gaming and fundraising events		6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d
7a	Gross sales of inventory, less returns and allowances		7a
b	Less cost of goods sold		7b
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
10	Grants and similar amounts paid (list in Schedule O)		10
11	Benefits paid to or for members		11
12	Salaries, other compensation, and employee benefits		12
13	Professional fees and other payments to independent contractors		13
14	Occupancy, rent, utilities, and maintenance		14
15	Printing, publications, postage, and shipping		15
16	Other expenses (describe in Schedule O)		16
17	Total expenses. Add lines 10 through 16		17
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19
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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Check if the organization used Schedule O to respond to any question in this Part II

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Check if the organization used Schedule O to respond to any question in this Part III ☒		
What is the organization's primary exempt purpose? STATE ASSOCIATION OF COUNTY ENGINEERS		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV ☐

032172
02-02-11

Form **990-EZ** (2010)

**NORTH DAKOTA ASSOCIATION OF COUNTY
ENGINEERS**

Form 990-EZ (2010)

45-0371770

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Part V Other Information (Note the statement requirements in 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34		X
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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, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a		X
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b If "Yes," has it filed a tax return on Form 990-T for this year?

35b	N/A	
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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		X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.

b Did the organization file Form 1120-POL for this year?

37b		X
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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 tax year covered by this return?

38a		X
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations Enter

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

39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **N/A**, section 4912 **N/A**, section 4955 **N/A**

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b	N/A	
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c 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

N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

N/A

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

40e		X
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41 List the states with which a copy of this return is filed **NONE**

42a The organization's books are in care of **MIKE RIVINIUS**

Telephone no **701-258-9227**

Located at **PO BOX 1277, BISMARCK, ND**

ZIP + 4 **58502**

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)?

	Yes	No
42b		X

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		X
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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

43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b		X
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c Did the organization receive any payments for indoor tanning services during the year?

44c		X
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d		
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Form 990-EZ (2010)

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

- f** Total number of other employees paid over \$100,000 ▶
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000 ▶
- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here 10/8/12

Signature of officer: Kevin F. Lulchene Date: 10/8/12

Type or print name and title: KEVIN F. CLOSEND

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LISA CHAFFEE, CPA	LISA CHAFFEE, CPA	10/05/12		
Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶			
Firm's address ▶ PO BOX 1914 BISMARCK, ND 58502	Phone no 701-255-1091			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

NORTH DAKOTA ASSOCIATION OF COUNTY
ENGINEERS

Employer identification number
45-0371770

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST

1,366.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

CONFERENCE EXPENSES

26,026.

DUES

8,160.

OFFICE EXPENSES

1,163.

INFORMATION TECHNOLOGY

300.

SCHOLARSHIP

4,000.

TOTAL TO FORM 990-EZ, LINE 16

39,649.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO PROVIDE OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT,

IDEA SHARING, BUILDING PROFESSIONAL RELATIONSHIPS, AND

ADVOCATING STEWARDSHIP OF OUR INFRASTRUCTURE FOR THE

BENEFIT OF THE RESIDENTS OF OUR COUNTIES AND OUR STATE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.