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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organizationWISCONSIN SOCIETY OF PROFESSIONAL
ENGINEERS

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

PO BOX 430

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PEWAUKEE

WI 53072

D Employer identification number

39-0768362

E Telephone number

414-943-8901

F Group ExemptionNumber **A****G** Accounting Method ☐ Cash ☒ Accrual Other (specify) **A****H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)**I** Website: WWW.WSPE.ORG**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other **A****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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

A \$ 77,001**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	34,720
	3	Membership dues and assessments	3	40,252
	4	Investment income	4	35
	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		
	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	1,994
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	77,001
Expenses	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	50,776
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	5,855
	16	Other expenses (describe in Schedule O)	16	48,764
17	Total expenses. Add lines 10 through 16	17	105,395	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-28,394
	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	46,177
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	26,592
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	44,375

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	46,113	22	45,554
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	11,812	24	10,110
25 Total assets	57,925	25	55,664
26 Total liabilities (describe in Schedule O)	11,748	26	11,289
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,177	27	44,375

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SUPPORT THE MATHCOUNTS PROGRAM AT THE CHAPTER AND STATE LEVELS BY HOSTING COMPETITIONS.

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29 ORGANIZING THE DISCOVERY AND OTHER CONFERENCES THROUGHOUT THE YEAR, DESIGNED TO EDUCATE THE MEMBERS CONCERNING NEW DEVELOPMENTS IN THE FIELD OF ENGINEERING.

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30 ORGANIZING THE GOVERNOR'S NEW PRODUCT AWARD.

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a) ☐

32

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 ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
FREDERICK W. GROTH PRESIDENT	0.00	0	0	0
ANGELA HANZ SECRETARY	0.00	0	0	0
GARY M. FERGUSON TREASURER	0.00	0	0	0
JAMES BUGGS NATIONAL DELEGATE	0.00	0	0	0
PAM MAZUR PRESIDENT ELECT	0.00	0	0	0
GLEN R. SCHWALBACH VP	0.00	0	0	0
EDWARD RODDEN II EXECUTIVE DIRECTOR	10.00	46,893	0	0
JOHN M. PARISI VP	0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39 Section 501(c)(7) organizations Enter		
39a Initiation fees and capital contributions included on line 9 ▶ 39a		
39b Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b 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		
40c 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 ▶ _____		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e 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		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>GARY FERGUSON</u> Telephone no ▶ <u>414-943-8901</u> PO BOX 430 Located at ▶ <u>PEWAUKEE</u> WI ZIP + 4 ▶ <u>53072</u>		
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
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 ▶ <input type="checkbox"/> ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 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
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 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"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- 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"

(a) Name and business address of each independent contractor	(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 12/3/2014
 Signature of officer: GARY M. FERGUSON Date
 Type or print name and title: TREASURER

Paid Preparer Use Only

Print/Type preparer's name ROBERT P. NIEDERMANN	Preparer's signature <i>Robert P. Niedermann</i>	Date 12/01/14	Check <input type="checkbox"/> if self-employed	PTIN P00155956
Firm's name ▶ THE NIEDERMANN CO., S.C.	Firm's EIN ▶ 39-1387901			
Firm's address ▶ 2221 C CIRCLE RIDGE DR. DELAFIELD, WI 53018		Phone no 414-627-4420		

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.

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

OMB No 1545-0047

2013**Open to Public
Inspection**

Name of the organization

WISCONSIN SOCIETY OF PROFESSIONAL
ENGINEERS

Employer identification number

39-0768362

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
JOB BOARD	\$ 1,500
MISCELLANEOUS	\$ 493
INTEREST	\$ 1
TOTAL	\$ 1,994

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

DESCRIPTION	AMOUNT
EXPENSES	
GOVERNOR NEW PRODUCT	\$ 42
BOARD ENGINEERS PROFL RES	\$ 1,283
DISCOVERY CONFERENCE	\$ 22,665
CHAPTER SUPPORT	\$ 1,453
NSPE MEETING	\$ 771
BOARD MEETINGS	\$ 565
WEBSITE	\$ 3,313
GENERAL SOCIETY EXP	\$ 7,360
DEPRECIATION	\$ 179
POSTAGE	\$ 443
STORAGE	\$ 1,216
PRINTING	\$ 1,217
OFFICE SUPPLIES	\$ 119
TELEPHONE	\$ 1,052
OFFICE MAINTENANCE	\$ 161

Name of the organization

Employer identification number

WISCONSIN SOCIETY OF PROFESSIONAL

39-0768362

INSURANCE	\$	1,413
PERMITS & FEES	\$	2,010
CREDIT CARD FEES	\$	859
SUPPORTING ORG SUPPLIES	\$	342
SUPPORTING SPONSOR PLAQUE	\$	2,301
TOTAL	\$	48,764

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
ADJUST TO BOOK EQUITY FUNDS	\$ 26,592

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 11,141	\$ 9,618
COMPUTER EQUIPMENT	\$ 895	\$ 895
LESS ACCUMULATED DEPRECIATION	\$ 224	\$ 403
TOTAL	\$ 11,812	\$ 10,110

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 8,669	\$ 10,626
CHAPTERS DUES PAYABLE	\$ 1,235	\$ 196
IRS GROUP EXEMPTION FEE	\$ 1,500	\$ 0
MATHCOUNTS DUE EFW	\$ 234	\$ 217
SCHOLARSHIPS DUE EFW	\$ 110	\$ 250

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

Name of the organization

WISCONSIN SOCIETY OF PROFESSIONAL

Employer identification number

39-0768362

TO PROMOTE THE ETHICAL, COMPETENT AND LICENSED PRACTICE OF ENGINEERING.
TO ENHANCE THE PROFESSIONAL, SOCIAL AND ECONOMIC WELL BEING OF ITS MEMBERS.
TO PROMOTE INTEREST AND AWARENESS OF SCIENCE, TECHNOLOGY, ENGINEERING AND
MATHEMATICS, (STEM)

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT
PREPARING AND UPDATING THE WISCONSIN PROFESSIONAL ENGINEERS DIRECTORY
ANNUALLY. ALL MEMBERS RECEIVE A COPY.

Form

8868**Application for Extension of Time To File an Exempt Organization Return**

OMB No 1545-1709

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions WISCONSIN SOCIETY OF PROFESSIONAL ENGINEERS	Employer identification number (EIN) or 39-0768362
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 430	Social security number (SSN)
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions PEWAUKEE WI 53072	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GARY FERGUSON
PO BOX 430

- The books are in the care of ► PEWAUKEE

WI 53072

Telephone No ► 414-943-8901

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15/15, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year _____ or

► ☒ tax year beginning 07/01/13, and ending 06/30/14

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.For Privacy Act and Paperwork Reduction Act Notice, see instructions.
DAAForm **8868** (Rev. 1-2014)