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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

► 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.

OMB No 1545-1150

2014

Open to Public Inspection

| A                |          |  |                             | lendar year, or tax year beginning , 2014, and   | ending                         |             | 1                     |  |
|------------------|----------|--|-----------------------------|--|--------------------------------|-------------|-----------------------|--|
| 早                |          | Check if applicable Address change  C Name of organization  D Employer identification number |                             |  |                                |             |                       |  |
| F                | ╡        |  | hange                       | 46-5   | 057438                         |             |                       |  |
| 5                | 7        | utial ref  | _                           | E Telephone  | number                         |             |                       |  |
| F                | =        |  | rn/terminated               | 3800 5th Ave West  |                                | (218        | ) 262-3421            |  |
| F                | ≓ "      |  | ed return                   | City or town, state or province, country, and ZIP or foreign postal code   |                                |             | <del></del>           |  |
| ۳                | ٦        | pplicat  | tion pending                | Hibbing MN   | 55746                          | F Group B   | :xemption ►           |  |
| G                |          |  | inting Met                  | <del> </del>   |                                | ► X if the  | e organization is not |  |
| Ī                |          |  | _                           | /A   |                                |             | Schedule B            |  |
| J                | Ŧ        | ax-ex  |                             | s (check only one) — X 501(c)(3)   | <del></del> _                  |             | Z, or 990-PF)         |  |
| K                | F        | orm  | of organiz                  | ation X Corporation Trust Association Other  |                                |             |                       |  |
| L                | A        | dd lir<br>ssets  | nes 5b, 6d<br>s (Part II, d | and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-l | or more, or if total           | ► \$        | 34,956.               |  |
| P                | ar       |  | r -                         | ue, Expenses, and Changes in Net Assets or Fund Balance  |                                |             |                       |  |
| ۰                |          |  |                             | the organization used Schedule O to respond to any question in this Part I   |                                |             |                       |  |
| _                | Т        | 1  |                             | ons, gifts, grants, and similar amounts received   |                                |             | 34,956.               |  |
|                  | 1        |  |                             | service revenue including government fees and contracts  |                                |             | 3.7330.               |  |
|                  | 1        |  |                             | hip dues and assessments   |                                |             |                       |  |
|                  | 1        |  |                             | nt income  |                                | 4           |                       |  |
|                  | İ        |  |                             | ount from sale of assets other than inventory  | 1                              |             | †                     |  |
|                  |          |  |                             | t or other basis and sales expenses  | <del></del>                    |             |                       |  |
|                  | -        |  |                             | s) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <del></del>                    | - 5 c       |                       |  |
|                  | 1        |  |                             | and fundraising events   |                                |             |                       |  |
| R                | 3        |  | •                           | ome from gaming (attach Schedule G if greater than \$15,000) 6   | al                             |             |                       |  |
| Ž                | !        |  |                             |  | f contributions                |             |                       |  |
| REVENU           |          |  |                             | raising events reported on line 1) (attach Schedule G if the sum   |                                | ١٠.         |                       |  |
| E                | <u> </u> |  | of such g                   | ross income and contributions exceeds \$15,000) 61   | b                              | : .         |                       |  |
|                  |          | С  | Less: dire                  | ect expenses from gaming and fundraising events 6  | С                              |             |                       |  |
|                  |          | d  | Net incon                   | ne or (loss) from gaming and fundraising events (add lines 6a and libtract line 6c)  |                                | 60          |                       |  |
|                  |          | 7 a  |                             | es of inventory, less returns and allowances   |                                |             |                       |  |
|                  | İ        |  |                             | t of goods sold  |                                |             |                       |  |
|                  |          |  |                             | ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)   |                                | · · · · 7 c |                       |  |
|                  |          |  | •                           | enue (describe in Schedule O)  |                                |             |                       |  |
|                  | -        | 9  | Total rev                   | enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 - 7 - 1/- 1/- 1/- 1/- 1/- 1/- 1/- 1/- 1/- 1  |                                | . ▶ 9       | 34,956.               |  |
| _                | $\dashv$ | 10   | Grants ar                   | nd similar amounts paid (list in Schedule O)   |                                | 10          | 34,550.               |  |
|                  | -        | 11   | Benefits i                  | paid to or for members   |                                | 11          | <del> </del>          |  |
| E                |          | 12   | Salaries.                   | oaid to or for members   |                                | 12          |                       |  |
| P                | 5        | 13   | Professio                   | nal fees and other payments to independent contractors   |                                | 13          |                       |  |
| P<br>E<br>N<br>S |          | 14   | Occupan                     |  |                                |             |                       |  |
| S                |          | 15   | Printing.                   | publications, postage, and shipping  |                                | 15          | 12.                   |  |
| S                | ١ ١      | 16   |                             |  | 1990-EZ, Part I, Line 16 Other |             | 983.                  |  |
|                  |          | 17   |                             | penses. Add lines 10 through 16  |                                |             | 995.                  |  |
|                  |          | 18   |                             | r (deficit) for the year (Subtract line 17 from line 9)  |                                | 18          | 33,961.               |  |
| NS<br>EE<br>T1   | s        | 19   |                             | ts or fund balances at beginning of year (from line 27, column (A)) (must agre   |                                |             |                       |  |
| T                | E        | ••   |                             | ported on prior year's return)   |                                |             |                       |  |
| 5                | S        | 20   |                             | anges in net assets or fund balances (explain in Schedule O)   |                                |             |                       |  |
|                  |          | 21   | Net asse                    | ts or fund balances at end of year. Combine lines 18 through 20  |                                | . 🏲 21      | 33,961.               |  |

BAA For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2014)

|  | 990-EZ (2014) Range Engineering  |  |   |                      | 46-   | 505                  | 7438 Page 2                                   |
|--|--|--|---|----------------------|---|----------------------|---|
| Par  | Balance Sheets (see the instr  | uctions for Part II)   |   |                      |   |                      | П   |
|  | Check if the organization used Schedu  | ile O to respond to any question                               | on in this Part II                                |                      | nning of year   |                      | (B) End of year                               |
| 22   | Cash, savings, and investments   |  | ŀ   | (A) Degli            | 0.  | 22                   | 33,961.                                       |
| 23   | Land and buildings   |  |   |                      | 0.  | 23                   | 33, 961.                                      |
| 24   | Other assets (describe in Schedule O)  |  |   |                      | 0.  | 24                   | 0.  |
| 25   | Total assets   |  |   |                      |   | 25                   | 33,961.                                       |
| 26   | Total liabilities (describe in Schedule O).  |  | <u></u>   |                      | 0.  | 26                   | 33,961.                                       |
|  | Net assets or fund balances (line 27 of co   |  | L.  |                      | <u> </u>  | 27                   | 33,961.                                       |
| Par  |  |  |   |                      | · 1   | 12/1                 | Expenses                                      |
| Par  | Statement of Program Service Ac<br>Check if the organization used Sche   | dule O to respond to any gues                                  | stion in this Part III                            |                      |   | <b>(</b> D           | •   |
| What   | s the organization's primary exempt purpose? See   |  |   |                      |   |                      | ured for section 501<br>and 501(c)(4)         |
| Desc   | ribe the organization's program service accountries by expenses. In a clear and concise m  | omplishments for each of its th                                | ree largest program s                             | ervices, a           |   | òrgan                | uzations; optional                            |
| meas   | sured by expenses. In a clear and concise m<br>fited, and other relevant information for each  | nanner, describe the services p                                | provided, the number                              | of persons           | 5   | for oth              | hers)   |
| 28   |  | <del></del>  | an in Caiana                                      |                      | <del></del>   | — т                  |   |
| 20   | Promote awareness and enc  |  |   |                      |   |                      |   |
|  | Technology, Engineering a  |  |   |                      | 1   |                      |   |
|  | (Grants \$ 0.) If this   | s amount includes foreign grad                                 | ots check here                                    |                      |   | 28 a                 | 100.  |
| 29   | (CIC.110 \$ 0.74 and   |  |   |                      |   |                      | 100.  |
|  |  | <del></del>  |   |                      |   |                      |   |
|  |  | <b></b>  |   |                      |   |                      |   |
|  | (Grants \$ ) If this   | s amount includes foreign gran                                 | nts, check here                                   | <del></del>          | <b>-</b> -  | 29 a                 |   |
| 30   |  |  |   |                      |   | $\neg$               |   |
| •  |  |  |   |                      |   |                      |   |
|  |  |  |   |                      |   |                      |   |
|  | (Grants S ) If the   | s amount includes foreign grai                                 | nts, check here                                   |                      |   | 30 a                 |   |
| 31   | Other program services (describe in Sched  | fule O)  | · · · · · · · · · · · · ·                         |                      |   |                      |   |
|  |  | s amount includes foreign grai                                 |   |                      |   | 31 a                 |   |
| 32   | Total program service expenses (add lin  |  |   |                      |   | 32                   | 100.  |
| Pai  | t IV List of Officers, Directors,  | Trustees, and Key Emi  | olovees (list each one                            | even if not o        | compensaled —   | see th               |   |
| L  | Check if the organization used Sche  | edule O to respond to any que                                  | stion in this Part IV                             |                      |   |                      | <u> </u>                                      |
|  |  | (b) Average hours per  | (c) Reportable compensati                         | 30) l\               | Health benefits,  |                      |   |
|  | (a) Name and title   |  |   |                      | nutions to employ                                       | ree I                | l (e) Estimated amount of                     |
|  | (a) Name and the   | week devoted to position                                       | (Forms W-2/1099-MISC)<br>(If not paid, enter -0-) | I White              | butions to employ<br>t plans, and defer<br>compensation | red                  | (e) Estimated amount of<br>other compensation |
| Tor  |  |  | (Forms W-2/1099-MISC)                             | I White              | t plans, and defer<br>compensation                      | red                  | other compensation                            |
|  | Jamar  | position   | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | I White              | t plans, and defer                                      | red<br>0 .           | (e) Estimated amount of other compensation    |
| Pre  | Jamar  |  | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | benefi               | t plans, and defer                                      | red                  | other compensation                            |
| <u>Pre</u><br>Ju   | Jamar<br>sident<br>ie Marinucci  | position   | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | benefi               | t plans, and defer                                      | red                  | other compensation                            |
| Pre<br>Jul<br>Vic  | Jamar<br>sident<br>ie Marinucci<br>e President   | position 1.00  | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | benefi               | t plans, and defer                                      | red<br>O.            | other compensation                            |
| Pre<br>Jul<br>Vic<br>Chi   | Jamar<br>sident<br>ie Marinucci<br>e President<br>istie Kearney  | position 1.00  | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | benefi               | t plans, and defer                                      | red<br>O.            | other compensation                            |
| Jul<br>Vic<br>Chu<br>Sec   | Jamar<br>sident<br>ie Marinucci<br>e President   | position  1.00  1.00   | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | benefi               | t plans, and defer                                      | 0.<br>0.             | 0 . 0 .                                       |
| Vic<br>Chu<br>Sec<br>AJ  | u Jamar<br>sident<br>ie Marinucci<br>se President<br>sistie Kearney  | position  1.00  1.00   | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | benefi               | t plans, and defer                                      | 0.<br>0.             | O .   |
| Pre<br>Jul<br>Vic<br>Chu<br>Sec<br>AJ  | Jamar<br>sident<br>ie Marinucci<br>e President<br>istie Kearney<br>retary<br>Abate   | position  1.00  1.00  1.00                                     | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | 0.                   | t plans, and defer                                      | 0.<br>0.             | 0. 0. 0.                                      |
| Pred July Vice Chiral Second AJ Later Later Later Pred Later | n Jamar esident ie Marinucci ee President istie Kearney cretary Abate easurer  | position  1.00  1.00   | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | benefi               | t plans, and defer                                      | 0.<br>0.             | 0 . 0 .                                       |
| Prediction  | Jamar esident ie Marinucci ee President istle Kearney retary Abate easurer isha Gietzen ard member z Smith   | position  1.00  1.00  1.00  1.00                               | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | 0. 0. 0.             | t plans, and defer                                      | 0.<br>0.<br>0.       | 0. 0. 0. 0.                                   |
| Preduction July Vice Chiral Second Tree Later Roy Book   | Jamar esident ie Marinucci ee President istle Kearney retary Abate easurer isha Gietzen ard member y Smith   | position  1.00  1.00  1.00                                     | (Forms W-2/1099-MISC)<br>(If not pald, enter -0-) | 0.                   | t plans, and defer                                      | 0.<br>0.             | 0. 0. 0.                                      |
| Pre Jul Vi Chu Sec AJ Tre La Roy Boo Cal   | Jamar sident ie Marinucci se President stie Kearney retary Abate sasurer sisha Gietzen ard member of Smith ard member st Sandness  | position  1.00  1.00  1.00  1.00  1.00                         | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0.             | t plans, and defer                                      | 0.<br>0.<br>0.       | 0. 0. 0. 0. 0.                                |
| Pre Jul Vic Chu Sec AJ Tre La Roy Boa Can Boa  | Jamar esident ie Marinucci ee President clastie Kearney retary Abate easurer clasha Gietzen ard member y Smith ard member cl Sandness ard member   | position  1.00  1.00  1.00  1.00                               | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0.             | t plans, and defer                                      | 0.<br>0.<br>0.       | 0. 0. 0. 0.                                   |
| Prediction of the second of th | Jamar esident ie Marinucci ee President elstie Kearney eretary Abate easurer elsha Gietzen erd member existie Member el Sandness erd member e Benda  | position  1.00  1.00  1.00  1.00  1.00  1.00                   | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0.<br>0.<br>0.       | t plans, and defer                                      | 0. 0. 0. 0. 0.       | 0. 0. 0. 0. 0. 0.                             |
| Prediction of the second of th | Jamar esident ie Marinucci ee President cistie Kearney cretary Abate easurer Cisha Gietzen ard member / Smith ard member cl Sandness ard member ee Benda ard member  | position  1.00  1.00  1.00  1.00  1.00                         | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0.             | t plans, and defer                                      | 0.<br>0.<br>0.       | 0. 0. 0. 0. 0. 0.                             |
| Prediction  | Jamar esident ie Marinucci ee President cistie Kearney cretary Abate easurer Cisha Gietzen ard member of Smith ard member cl Sandness ard member e Benda ard member esh Skelton  | position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00       | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0.<br>0.<br>0.       | t plans, and defer                                      | 0. 0. 0. 0. 0. 0.    | 0. 0. 0. 0. 0. 0. 0.                          |
| President Presid | a Jamar esident ie Marinucci ee President elstie Kearney eretary Abate easurer lisha Gietzen ard member y Smith ard member el Sandness ard member e Benda ard member sh Skelton ard member                                     | position  1.00  1.00  1.00  1.00  1.00  1.00                   | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0.<br>0.<br>0.       | t plans, and defer                                      | 0. 0. 0. 0. 0.       | 0. 0. 0. 0. 0. 0.                             |
| Presentation Prese | I Jamar sident ie Marinucci se President stie Kearney retary Abate sasurer sisha Gietzen ard member y Smith ard member sal Sandness ard member se Benda ard member sh Skelton ard member segg Allen                            | position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00 | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0. 0. 0. 0. 0. | t plans, and defer                                      | 0. 0. 0. 0. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.                 |
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| Presentation Prese | I Jamar sident ie Marinucci se President stie Kearney retary Abate sasurer sisha Gietzen ard member y Smith ard member sal Sandness ard member se Benda ard member sh Skelton ard member segg Allen                            | position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00 | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0. 0. 0. 0. 0. | t plans, and defer                                      | 0. 0. 0. 0. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 0. 0. 0.                    |
| Presentation Prese | I Jamar sident ie Marinucci se President stie Kearney retary Abate sasurer sisha Gietzen ard member y Smith ard member sal Sandness ard member se Benda ard member sh Skelton ard member segg Allen                            | position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00 | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0. 0. 0. 0. 0. | t plans, and defer                                      | 0. 0. 0. 0. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 0. 0. 0.                    |
| Presentation Prese | I Jamar sident ie Marinucci se President stie Kearney retary Abate sasurer sisha Gietzen ard member y Smith ard member sal Sandness ard member se Benda ard member sh Skelton ard member segg Allen                            | position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00 | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0. 0. 0. 0. 0. | t plans, and defer                                      | 0. 0. 0. 0. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 0. 0. 0.                    |
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| Presentation Prese | I Jamar sident ie Marinucci se President stie Kearney retary Abate sasurer sisha Gietzen ard member y Smith ard member sal Sandness ard member se Benda ard member sh Skelton ard member segg Allen                            | position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00 | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0. 0. 0. 0. 0. | t plans, and defer                                      | 0. 0. 0. 0. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 0. 0. 0.                    |
| Presentation Prese | I Jamar sident ie Marinucci se President stie Kearney retary Abate sasurer sisha Gietzen ard member y Smith ard member sal Sandness ard member se Benda ard member sh Skelton ard member segg Allen                            | position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00 | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0. 0. 0. 0. 0. | t plans, and defer                                      | 0. 0. 0. 0. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 0. 0. 0.                    |
| Presentation Prese | I Jamar sident ie Marinucci se President stie Kearney retary Abate sasurer sisha Gietzen ard member y Smith ard member sal Sandness ard member se Benda ard member sh Skelton ard member segg Allen                            | position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00 | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0. 0. 0. 0. 0. | t plans, and defer                                      | 0. 0. 0. 0. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 0.                          |
| Presentation of the second of  | A Jamar  sident  ie Marinucci  ie President  iste Kearney  retary  Abate  assurer  isha Gietzen  ard member  y Smith  ard member  il Sandness  ard member  ie Benda  ard member  sh Skelton  ard member  egg Allen  ard member | position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00 | (Forms W-2/1099-MISC) (If not pald, enter -0-)    | 0. 0. 0. 0. 0. 0. 0. | t plans, and defer                                      | 0. 0. 0. 0. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.                 |

| Form | <b>990-EZ</b> (2014) Range Engineering Council 46-505743   | 8  | P          | age 3    |
|------|--|--|------------|----------|
| Par  | tV 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   |  |            | . 🛮      |
| 33   | Did the organization engage in any significant activity not previously reported to the IRS?  |  | Yes        | No       |
| 34   | If 'Yes.' provide' a detailed description of each activity in Schedule O   | 33   |            | X        |
| 35 a | a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  | 34   |            | Х        |
|      | (such as those reported on lines 2, 6a, and 7a, among others)?   | 35 a   |            | Х        |
| b    | If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O   | 35 b   |            |          |
| C    | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III   | 35 c   |            | Х        |
| 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   |            | х        |
|      | Enter amount of political expenditures, direct or indirect, as described in the instructions <b>\bigsize</b> 37a 0.  |  |            |          |
|      | Did the organization file Form 1120-POL for this year?   | 37 b   |            | X        |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38 a   |            | х        |
| b    | If 'Yes,' complete Schedule L, Part II and enter the total amount involved   | <u>                                     </u> |            | $\vdash$ |
| 39   | Section 501(c)(7) organizations Enter:   | 1  |            | 4.5      |
|      | Initiation fees and capital contributions included on line 9   | 1  |            | ,        |
|      | Gross receipts, included on line 9, for public use of club facilities  | 1 .  | ŀ          |          |
|      | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under   | 1  |            | ,        |
|      | section 4911 , section 4912 ; section 4955   | -  |            |          |
| b    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess.  |  |            | ~ (      |
|      | benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I   | 40 b   |            | Х        |
| c    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization   | 102  |            | 1        |
|      | managers or disqualified persons during the year under sections 4912, 4955, and 4958   |  |            | , , ,    |
| d    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization  |  |            |          |
|      | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T   | 40 e   |            | Х        |
|      | The organization's books are in care of AJ Abate  Telephone no (218)   |  | -128       | 30       |
|      | Localed at 5172 1st Ave Hibbing MN ZIP+4 55746   |  |            |          |
| t    | 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)?   | 42 b   | Yes        | No<br>X  |
|      | If 'Yes,' enter the name of the foreign country  |  |            | 1        |
|      |  |  |            | Ι, .     |
|      |  | ] ' :  |            |          |
|      | O III I I I I I I I I I I I I I I I I I  |  |            | : "      |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  | 42.  |            | Х        |
| (    | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42 c   |            | Г,       |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  |  | <b>-</b> [ | ]        |
| 4.4  | Did the constraint and the state of the stat |  | Yes        | No       |
|      | Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ   | 44 a   |            | X        |
| I    | Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  | 44 b   |            | x        |
|      | Did the organization receive any payments for indoor tanning services during the year?   | 44 c   |            | X        |
| •    | If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O   | 44 d   |            | 1        |
| 45   | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45 a   |            |          |
| ł    | 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)   | 45.  |            | 1 :.     |
|      | FOITH AND AIRD SCREDULE K MAY Deed to be completed instead of Form AAO-E7 (See Instructions)   | 45 b   | 1          | X        |

| Form <b>990-E</b>    | <b>Z</b> (2014) Range Engineering C  | ouncil   |  | 46-505   | 7438                     |             | age 4       |
|----------------------|--|--|--|--|--------------------------|-------------|-------------|
|                      |  |  |  |  |                          | Yes         | No          |
| 46 Did th            | e organization engage, directly or indirectly dates for public office? If Yes,' complete Sc                                  | , in political campaign ai<br>bedule C. Part I   | ctivities on behalf of or in                         | opposition to  | 46                       | 1           | v           |
| Part VI              | Section 501(c)(3) organizations  |  |  |  | 40                       |             | X           |
| 11 411 41            | All section 501(c)(3) organizations  |  | stions 47-49b and 5                                  | 2. and complete the  | tables                   |             |             |
|                      | for lines 50 and 51.   | - madi anomon quo  |  |  | 100.00                   |             |             |
|                      | Check if the organization used Schedule (  | O to respond to any que  | stion in this Part VI                                |  |                          |             | . П         |
|                      |  |  |  |  |                          | Yes         | No          |
|                      | e organization engage in lobbying activities lete Schedule C, Part II  |  |  |  | 47                       |             |             |
| •                    | organization a school as described in section  |  |  |  |                          |             | - <u>X</u>  |
|                      | e organization make any transfers to an ex-  |  | · · · · · · · · · · · · · · · · · · ·                |  | <del>}+</del>            | <del></del> | X           |
|                      | s,' was the related organization a section 52  | •  | •  |  |                          |             | <del></del> |
|                      | lete this table for the organization's five high   |  |  |  | key                      |             |             |
| emplo                | oyees) who each received more than \$100,0   | 000 of compensation fro  | m the organization If the                            | re is none, enter 'None.'  |                          |             |             |
|                      | (a) Name and title of each employee  | (b) Average hours<br>per week devoted<br>to position   | (c) Reportable compensation<br>(Forms W-2/1099-MISC) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred<br>compensation | (e) Estimated other comp |             |             |
| None                 | <del></del>  |  |  |  |                          |             |             |
|                      |  |  |  |  |                          |             |             |
|                      |  | · · · · · · · · · · · · · · · · · · ·  |  |  |                          |             |             |
|                      |  |  |  |  |                          |             |             |
|                      |  | •  |  |  |                          |             |             |
|                      |  |  |  |  |                          |             |             |
|                      |  |  |  |  |                          |             |             |
|                      |  |  | <u> </u>   |  |                          |             |             |
|                      |  |  |  |  |                          |             |             |
| f Total              | number of other employees paid over \$100  | .000   | ţ  |  |                          |             |             |
|                      | plete this table for the organization's five high  |  | pendent contractors who                              | each received more thar  | \$100.000 o              | f           |             |
| comp                 | ensation from the organization If there is no  | one, enter 'None '   |  |  |                          |             |             |
| •                    | (a) Name and business address of each independent conf   | tractor  | (b) Type   | of service   | (c) Comp                 | ansation    | ı           |
| None                 |  |  |  |  |                          |             |             |
|                      |  |  |  |  |                          |             |             |
|                      |  |  |  |  |                          |             |             |
|                      |  | ·····  |  | ·····  |                          |             |             |
|                      |  |  |  |  |                          |             |             |
|                      |  |  |  | · · · · · · · · · · · · · · · · · · ·  |                          |             |             |
|                      | <del></del>  |  |  |  |                          |             |             |
| •                    |  |  |  |  |                          |             |             |
|                      |  |  |  |  |                          |             |             |
| <b>d</b> Total       | number of other independent contractors ea   | ach receiving over \$100   | ,000   |  |                          |             |             |
|                      | ne organization complete Schedule A? Note  |  |  |  |                          | Г           | <u> </u>    |
|                      | leted Schedule A   |  |  |  | .► X Yes                 |             | No          |
| true, correct, ar    | s of perjury, I declare that I have exammed this return, incl<br>nd complete Declaration of preparer (other than officer) is | based on all information of which  | ch preparer has any knowledge                        | or my knowledge and belier, it is  |                          |             |             |
|                      |  |  |  | 3-26   | -15                      |             |             |
| Sign<br>Here         | Signature of officer  Above Tree  Type or print name and title   | swer   |  | Date   |                          |             |             |
|                      | Print/Type preparer's name   | Preparer's signature   | Date   | Te   | TIN                      |             |             |
|                      | ( ,  | BANGET KKA   | PAR 100, 5.2   | / K Check L if   |                          | 2           |             |
| Paid                 | Bonnie L. Kolden CPA  Firm's name ► STERLE & CO, LT  | Comment of the Commen | CONCINT O'01,  | self-employed F  | 0015955                  | 3           |             |
| Preparer<br>Use Only | STERNE & COT ET  | STE 207  |  | Firm's EiN   | 41-1726                  | 25a         |             |
| 330 Omy              | HIBBING  | <u> </u>   | MN 55746-1   |  |                          |             |             |
| May the IR           | S discuss this return with the preparer show   | n above? See instructio  |  |  | . ► X Yes                |             | No          |
|                      |  |  |  |  | Form 99                  | ᆜ           |             |

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Name of the organization Employer identification number Range Engineering Council 46-5057438 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one 11 or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s) (II) EIN (vi) Amount of other (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (iv) is the organization listed (v) Amount of monetary support (see instructions) support (see instructions) in your governing document? (see instructions)) Yes (B) (C) (D)

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

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

| Sec          | tion A. Public Support   |   |   |  |  |                                      |                        |
|--------------|--|---|---|--|--|--------------------------------------|------------------------|
| begir        | ndar year (or fiscal year<br>nning in) ►   | (a) 2010                                    | <b>(b)</b> 2011                           | (c) 2012                                     | (d) 2013                                 | (e) 2014                             | (f) Total              |
| 1            | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')   |   |   |  |  | 34,956.                              | 34,956.                |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |   |   |  |  |                                      |                        |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge  |   |   |  |  |                                      |                        |
| 4            | Total. Add lines 1 through 3   |   |   |  |  | 34,956.                              | 34,956.                |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)                      |   |   |  |  |                                      |                        |
| 6            | Public support. Subtract line 5 from line 4  | `-  |   | ,; '   | - 11,                                    |                                      | 34,956.                |
| Sec          | tion B. Total Support  |   |   |  |  |                                      |                        |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►   | (a) 2010                                    | <b>(b)</b> 2011                           | (c) 2012                                     | (d) 2013                                 | (e) 2014                             | (f) Total              |
| 7            | Amounts from line 4  |   |   |  |  | 34,956.                              | 34,956.                |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |   |   |  |  |                                      |                        |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on   |   |   |  |  |                                      |                        |
| 10           | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |   |   |  |  |                                      |                        |
| 11           | Total support. Add lines 7 through 10  | _ ′, ′,                                     | ,   | , .x ~                                       |  |                                      | 34,956.                |
| 12           | Gross receipts from related activit  | ies, etc (see instruc                       | ctions)                                   |  | · · · · · · · · · · ·                    | 12                                   |                        |
| 13           | First five years. If the Form 990 i organization, check this box and s   |   |   |  |  | tion 501(c)(3)                       | ▶ 🗍                    |
| Sec          | tion C. Computation of Pu  |   |   |  |  |                                      |                        |
| 14           | Public support percentage for 201  | •   |   |  |  | <del></del>                          | 100.00%                |
| 15           | Public support percentage from 26  | 013 Schedule A, Pa                          | art II, line 14                           |  | • • • • • • • •                          | 15                                   | <u> </u>               |
| 16 a         | 16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |   |   |  |  |                                      |                        |
| t            | b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |   |   |  |  |                                      |                        |
| 17 8         | 10%-facts-and-circumstances to<br>or more, and if the organization m<br>the organization meets the 'facts-   | eets the 'facts-and                         | -circumstances' te                        | st, check this box a                         | and stop here. Ex                        | plain in Part VI how                 |                        |
|              | o 10%-facts-and-circumstances to<br>or more, and if the organization m<br>organization meets the 'facts-and  | neets the 'facts-and<br>-circumstances' tes | -circumstances' te<br>st The organization | st, check this box a<br>n qualifies as a put | and stop here. Ex<br>olicly supported or | plaın ın Part VI how i<br>ganization | the<br>· · · · · · ▶ 🏻 |
| 18           | Private foundation. If the organization  | zation did not checl                        | k a box on line 13,                       | 16a, 16b, 17a, or                            | 17b, check this bo                       | x and see instruction                | ns ▶ 📗                 |
|              |  |   |   |  |  |                                      |                        |

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

| Seci   | non A. Public Support  |                           | · <del></del>      |                        |                      |                                       |           |
|--------|--|---------------------------|--------------------|------------------------|----------------------|---------------------------------------|-----------|
| 1      | dar year (or fiscal yr beginning in)  Gifts, grants, contributions and membership fees received (Do not include  | (a) 2010                  | (b) 2011           | (c) 2012               | (d) 2013             | (e) 2014                              | (f) Total |
| 2      | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is  |                           |                    |                        |                      |                                       |           |
| 3      | related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade  |                           |                    |                        |                      |                                       |           |
| 4      | or business under section 513 .  Tax revenues levied for the organization's benefit and  |                           |                    |                        |                      |                                       |           |
| 5      | either paid to or expended on its behalf   |                           |                    |                        |                      |                                       |           |
| 7 a    | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons  |                           |                    |                        |                      |                                       |           |
|        | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |                           |                    |                        |                      |                                       |           |
| С      | Add lines 7a and 7b  |                           |                    |                        |                      |                                       |           |
|        | Public support (Subtract line 7c from line 6)  | -                         |                    |                        |                      |                                       |           |
| Sect   | tion B. Total Support  |                           |                    |                        |                      |                                       |           |
| Calend | dar year (or fiscal yr beginning in) 🟲   | (a) 2010                  | (b) 2011           | (c) 2012               | (d) 2013             | (e) 2014                              | (f) Total |
| 9      | Amounts from line 6  |                           |                    |                        |                      |                                       |           |
|        | Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources                                |                           |                    |                        |                      |                                       |           |
|        | Add lines 10a and 10b  |                           |                    |                        |                      |                                       |           |
|        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                           |                    |                        |                      |                                       |           |
|        | Total support. (Add lines 9, 10c, 11 and 12)   |                           |                    |                        |                      | 504( )(0)                             |           |
| •      | First five years. If the Form 990 is organization, check this box and s  | top here                  |                    | hird, fourth, or fifth | tax year as a secti  | on 501(c)(3)                          | ▶ □       |
|        | tion C. Computation of Pu  |                           |                    |                        | <del></del>          | <del></del>                           |           |
|        | Public support percentage for 201  |                           |                    |                        |                      |                                       |           |
| 16     | Public support percentage from 20  |                           |                    |                        | <u> </u>             | 1                                     | <b>6</b>  |
|        | tion D. Computation of Inv   |                           |                    |                        | . <del></del>        | · · · · · · · · · · · · · · · · · · · |           |
| 17     | Investment income percentage for   | -                         |                    |                        |                      |                                       |           |
| 18     | Investment income percentage fro   |                           |                    |                        |                      | · · · · · ·                           | 8 8       |
|        | 33-1/3% support tests — 2014, If is not more than 33-1/3%, check the   | his box and <b>stop h</b> | ere. The organizat | ion qualifies as a p   | publicly supported o | organization                          |           |
|        | 33-1/3% support tests — 2013. If<br>line 18 is not more than 33-1/3%,<br>Private foundation. If the organiz  | check this box and        | stop here. The or  | ganızation qualıfie    | s as a publicly sup  | oorted organiza                       | ition ▶   |
|        | ato roundation, it the organiz   | and the thick             | Capox on mio 14,   | , 0, 100, 011608       | and box and see ii   |                                       |           |

46-5057438

Part IV Supporting Organizations

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

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain   | 1   | 103 |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)  | 2   |     |    |
| 3 : | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below   | 3a  |     |    |
| I   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination  | 3b  |     |    |
| •   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use  | 3с  |     |    |
| 4 : | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below   | 4a  |     |    |
| ı   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  | 4b  |     |    |
| •   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes   | 4c  |     | -  |
| 5 : | a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a  | -   |    |
| 1   | b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b  |     | -  |
| 1   | c Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c  |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If 'Yes,' provide detail in Part VI   | 6   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)   | 7   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)   | 8   |     |    |
| 9   | a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in Part VI   | 9a  |     |    |
|     | b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI   | 96  |     |    |
|     | c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI  | 9c  |     |    |
| 10  | a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below  | 10a |     |    |
|     | b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)   | 10b |     |    |

|     | edule A (Form 990 or 990-EZ) 2014 Range Engineering Council  | 46-5057438                     |             | Page 5      |
|-----|--|--------------------------------|-------------|-------------|
| Pai | rt IV   Supporting Organizations (continued)   |                                | т           | <del></del> |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |                                | Yes         | No          |
|     | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) belo  | w, the                         |             |             |
|     | governing body of a supported organization?  | <u>  11</u> 8                  | <u> </u>    | <b>↓</b>    |
|     | b A family member of a person described in (a) above?  |                                | <u>-  </u>  | ـــ         |
|     | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part Vi   | <i>I</i>   110                 | <u>:</u>    | <u> </u>    |
| Sec | tion B. Type I Supporting Organizations  |                                | 1           |             |
|     | Did the dissertant triotees or membership of one or more connected accompations have the power to regular  | v appoint                      | Yes         | No          |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' de Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's act if the organization had more than one supported organization, describe how the powers to appoint and/or rendirectors or trustees were allocated among the supported organizations and what conditions or restrictions, if applied to such powers during the tax year | scribe in<br>ctivities<br>nove |             | ,           |
| 2   | that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | such                           |             | - 1         |
| Sec | ction C. Type II Supporting Organizations  |                                | <del></del> | <del></del> |
|     |  |                                | Yes         | No          |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or manageme, supporting organization was vested in the same persons that controlled or managed the supported organization.  | nt of the                      | -           | - 1         |
| Sec | ction D. All Type III Supporting Organizations   |                                |             |             |
|     |  |                                | Yes         | No          |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the pricyear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the   | or tax                         |             |             |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 5 <u>1</u>                     | <u> </u>    |             |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI ho the organization maintained a close and continuous working relationship with the supported organization(s).   |                                |             |             |
| 3   | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations pure this regard   | at !<br>played                 | -           |             |
| Sec | ction E. Type III Functionally-Integrated Supporting Organizations   |                                |             |             |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (  | see instructions):             |             |             |
|     |  |                                |             |             |
|     |  |                                |             |             |
|     | b The organization is the parent of each of its supported organizations. Complete line 3 below   |                                |             |             |
|     | The organization supported a governmental entity. Describe in Part VI how you supported a government   | enity (see instructions)       |             |             |
| 2   | Activities Test. Answer (a) and (b) below.   |                                | Yes         | No          |
|     | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those sorganizations and explain how these activities directly furthered their exempt purposes, how the organization responsive to those supported organizations, and how the organization determined that these activities const substantially all of its activities.   | supported<br>on was<br>ututed  | a           | -           |
|     | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the real the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.   | of<br>sons for<br>e            |             |             |
| 3   | Parent of Supported Organizations. Answer (a) and (b) below.   |                                | -           |             |
|     | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? Provide details in Part VI  |                                | а .         |             |
|     | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard   | ach of its                     | ь           |             |

| Par   | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ  | nizati | ions  |                                |  |  |
|---|--|--------|---|--------------------------------|--|--|
| 1   |  |        |   |                                |  |  |
| Section A – Adjusted Net Income (A) Prior Year (B) Current (options |  |        |   |                                |  |  |
| 1   | Net short-term capital gain  | 1      |   |                                |  |  |
| 2   | Recoveries of pnor-year distributions  | 2      |   | ·                              |  |  |
| 3   | Other gross income (see instructions)  | 3      |   |                                |  |  |
| 4   | Add lines 1 through 3  | 4      |   |                                |  |  |
| 5   | Depreciation and depletion   | 5      |   |                                |  |  |
| 6   | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6      |   |                                |  |  |
| 7   | Other expenses (see instructions)  | 7      |   |                                |  |  |
| 8   | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8      |   |                                |  |  |
| Sec   | tion B – Minimum Asset Amount  |        | (A) Pnor Year                                 | (B) Current Year<br>(optional) |  |  |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).  |        |   |                                |  |  |
| а   | Average monthly value of securities  | 1 a    |   |                                |  |  |
| b   | Average monthly cash balances  | 1 b    |   |                                |  |  |
| С   | Fair market value of other non-exempt-use assets   | 1 c    |   |                                |  |  |
| d   | Total (add lines 1a, 1b, and 1c)   | 1 d    |   |                                |  |  |
| е   | Discount claimed for blockage or other factors (explain in detail in Part VI):   |        |   |                                |  |  |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2      |   |                                |  |  |
| 3   | Subtract line 2 from line 1d   | 3      |   |                                |  |  |
| 4   | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4      |   |                                |  |  |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5      |   |                                |  |  |
| 6   | Multiply line 5 by 035   | 6      |   |                                |  |  |
| 7   | Recoveries of prior-year distributions   | 7      |   |                                |  |  |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8      |   |                                |  |  |
| Sec   | tion C - Distributable Amount  |        |   | Current Year                   |  |  |
| 1_  | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1      | ' - ·   |                                |  |  |
| 2   | Enter 85% of line 1  | 2      | <u>, , , , , , , , , , , , , , , , , , , </u> |                                |  |  |
| _3_   | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3      |   |                                |  |  |
| 4   | Enter greater of line 2 or line 3  | 4      |   |                                |  |  |
| 5   | Income tax imposed in prior year   | 5      |   |                                |  |  |
| 6   | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6      | ,   |                                |  |  |
| 7   | Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).  | d Type |   |                                |  |  |
| BAA   | <del></del>  |        | Schedule A (Fo                                | rm 990 or 990-EZ) 2014         |  |  |

| Sche<br>Par | dule A (Form 990 or 990-EZ) 2014  |                                | tions (continued)                      | Page 7                                    |
|-------------|---|--------------------------------|--|---|
|             | t V Type III Non-Functionally Integrated 509(a)(3) Sution D — Distributions   | pporting Organiza              | tions (continued)                      | Current Year                              |
| 1           | Amounts paid to supported organizations to accomplish exempt purposi  |                                |  | - Carrent rear                            |
|             | Amounts paid to perform activity that directly furthers exempt purposes   |                                |  |   |
| _           | in excess of income from activity   |                                |  |   |
| 3           | Administrative expenses paid to accomplish exempt purposes of support   |                                |  |   |
| 4           | Amounts paid to acquire exempt-use assets   |                                |  |   |
| 5           | Qualified set-aside amounts (prior IRS approval required)   |                                |  |   |
| 6           | Other distributions (describe in Part VI). See instructions   |                                |  |   |
| 7           | Total annual distributions. Add lines 1 through 6   |                                |  |   |
| 8           | Distributions to attentive supported organizations to which the organization Part VI). See instructions.  |                                |  |   |
| 9           | Distributable amount for 2014 from Section C, line 6  |                                |  |   |
| 10          | Line 8 amount divided by Line 9 amount  |                                |  |   |
| Sec         | tion E — Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iil)<br>Distributable<br>Amount for 2014 |
| 1           | Distributable amount for 2014 from Section C, line 6  |                                |  |   |
| 2           | Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)  | -                              |  |   |
| 3           | Excess distributions carryover, if any, to 2014   |                                |  |   |
| а           |   |                                |  |   |
| b           |   |                                |  |   |
| C           |   | 7                              | -                                      |   |
| d           |   |                                | -                                      |   |
| е           | From 2013   | ·                              |  | ·   |
| f           | Total of lines 3a through e   |                                | 7 , , ,                                | ,   |
| g           | Applied to underdistributions of prior years  |                                |  | 2   |
| h           | Applied to 2014 distributable amount  |                                |  |   |
| ı           | Carryover from 2009 not applied (see instructions)  | N.                             |  |   |
| j           | Remainder. Subtract lines 3g, 3h, and 3i from 3f  |                                | , -                                    |   |
| 4           | Distributions for 2014 from Section D, line 7 \$  |                                | -                                      |   |
| а           | Applied to underdistributions of prior years  | -                              |  | ,   |
| b           | Applied to 2014 distributable amount  | -                              |  |   |
| С           | Remainder. Subtract lines 4a and 4b from 4  |                                | ,                                      | , .                                       |
| 5           | Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                |  |   |
| 6           | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                      | ; - ·                          |  |   |

BAA

b c

8 Breakdown of line 7

7 Excess distributions carryover to 2015. Add lines 3j and 4c . . . .

Schedule A (Form 990 or 990-EZ) 2014

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2014

2014

Department of the Treasury, Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer Identification number

46-5057438

Range Engineering Council

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

| Other expenses (describe in Schedule O) |      |
|---|------|
| Bank fees                               | 15.  |
| IRS exemption filing fees               | 850. |
| Supplies                                | 88.  |
| Office supplies/check costs             | 30.  |
| Total                                   | 983. |

#### Form 990-EZ, Part III, Statement of Program Service Accomplishments **Organization's Primary Exempt Purpose**

To support and facilitate educational programs and activities for the awareness and participation in Science, Technology, Engineering and Math programs