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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

A For the 2014 calendar year, or tax year beginning		July 1	, 2014, and ending	June 30	, 20	15
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization <b>Indiana Society of Professional Engineers, Inc.</b> Number and street (or P O box, if mail is not delivered to street address) <b>P.O. Box 20806</b> City or town, state or province, country, and ZIP or foreign postal code <b>Indianapolis, IN 46220</b>		<b>D</b> Employer identification number <b>35-0910955</b> <b>E</b> Telephone number <b>317-255-2267</b> <b>F</b> Group Exemption Number ►		
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____				<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
<b>I</b> Website: ► <a href="http://www.indspe.org">www.indspe.org</a>						
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other						
<b>L</b> 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 ► \$ <b>79133</b>						
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>						
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	0		
	2	Program service revenue including government fees and contracts . . . . .	2	<b>44538</b>		
	3	Membership dues and assessments . . . . .	3	<b>34591</b>		
	4	Investment income . . . . .	4	4		
	5a	Gross amount from sale of assets other than inventory . . . . .	5a			
	b	Less: cost or other basis and sales expenses . . . . .	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0		
	6	Gaming and fundraising events . . . . .	6d	0		
	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	0			
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	0			
8	Other revenue (describe in Schedule O) . . . . .	8	0			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>79133</b>			
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	3000		
	11	Benefits paid to or for members . . . . .	11	0		
	12	Salaries, other compensation, and employee benefits . . . . .	12	<b>44941</b>		
	13	Professional fees and other payments to independent contractors . . . . .	13	0		
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	<b>8683</b>		
	15	Printing, publications, postage, and shipping . . . . .	15	12		
	16	Other expenses (describe in Schedule O) . . . . .	16	<b>15041</b>		
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	<b>71677</b>		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	<b>7456</b>		
	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	<b>56178</b>		
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	(1)		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	<b>63633</b>		

For Paperwork Reduction Act Notice, see the separate instructions.

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**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 . . . . .	57723	22
23 Land and buildings . . . . .	0	23
24 Other assets (describe in Schedule O) . . . . .	802	24
<b>25 Total assets</b> . . . . .	<b>58525</b>	<b>25</b>
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	<b>2347</b>	<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	<b>56178</b>	<b>27</b>
		63633

**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? To advance professionalism among engineers

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; optional for others.)

28 Publish bi-monthly professional journal online for members and others containing news of professional engineering and issues involving the practice of engineering.

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

28a

29 Conduct the JSPE Annual Convention where pertinent engineering topics are presented. PDH's are awarded to session attendees for their use in meeting the state requirements of continuing education.

29a

30 Ongoing observation of enforcement of laws regarding registration of engineers and the practice of engineering. Work to improve the ethics and registration of all engineers. All residents of Indiana benefit.

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) . . . . . ►

**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

**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
Lauraine M. Howe				
Executive Director	40	44941	0	0
See Schedule O & attached list of Executive Board	0.5 to 5	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	33	✓
34	34	✓
35a	35a	✓
b	35b	✓
c	35c	✓
36	36	✓
37a	37a	
b	37b	✓
38a	38a	✓
b	38b	
39	39a	
a	39b	
40a	40b	✓
b	40c	
c	40d	
d	40e	✓
41	List the states with which a copy of this return is filed ► Indiana	
42a	The organization's books are in care of ► Lauraine M. Howe Telephone no ► 317-255-2267	
	Located at ► 5634 Coburn Ave., Indianapolis, IN 46228 ZIP + 4 ► 46228-1809	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
c	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: ►	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 □	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
c	Did the organization receive any payments for indoor tanning services during the year?	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
b	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)	

	Yes	No
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 . . . . .	46	<input checked="" type="checkbox"/>

**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

	Yes	No
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 . . . . .	47	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>
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 ►

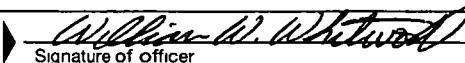
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 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

<b>Sign Here</b>		11/12/15
	Signature of officer William W. Whitworth, Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

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

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**Name of the organization**

**Employer identification number**

Indiana Society of Professional Engineers, Inc.

**35-0910955**

**Line 16: Convention expenses, awards, insurance, equipment maintenance, software, supplies, website fees, etc.**

**Line 20: Adjustment needed to reconcile (due to rounding actual numbers)**

**Line 24: Office furniture and equipment**

**Line 26: Funds belonging to ISPE chapters, but administrated by ISPE**

## Part IV

**See attached Executive Board List.**