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Return of Organization Exempt From Income Tax

2014

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning

July 1, 2014, and ending

June 30, 2015

B Check if applicable

- Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Idaho Society of Professional Engineers Inc

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

Room/suite

PO Box 170239

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

Boise, ID 83717-0239

D Employer identification number

82-0294977

E Telephone number

208-426-0636

F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) ▲ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

SCA Revenue EFC 10 2015	1 Contributions, gifts, grants, and similar amounts received	1 2963.29
	2 Program service revenue including government fees and contracts	2 1018.92
	3 Membership dues and assessments	3 18550.50
	4 Investment income	4 8.24
	5a Gross amount from sale of assets other than inventory	5a 0.00
	b Less: cost or other basis and sales expenses	5b 0.00
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0.00
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0.00
Expenses	b Gross income from fundraising events (not including \$ 900.00 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 23104.58
	c Less: direct expenses from gaming and fundraising events	6c 10680.81
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 12423.77
	7a Gross sales of inventory, less returns and allowances	7a 0.00
	b Less: cost of goods sold	7b 0.00
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0.00
	8 Other revenue (describe in Schedule O)	8 35.90
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 35000.62
	10 Grants and similar amounts paid (list in Schedule O)	10 3513.29
Net Assets	11 Benefits paid to or for members	11 0.00
	12 Salaries, other compensation, and employee benefits	12 19251.63
	13 Professional fees and other payments to independent contractors	13 62.30
	14 Occupancy, rent, utilities, and maintenance	14 6198.90
	15 Printing, publications, postage, and shipping	15 1070.00
	16 Other expenses (describe in Schedule O)	16 2649.93
	17 Total expenses. Add lines 10 through 16	17 32746.05
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2254.57
	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 27116.61
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 (543.51)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 28827.67

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	23905.60	26160.17
23	Land and buildings	0.00	0.00
24	Other assets (describe in Schedule O)	3211.01	2667.50
25	Total assets	27116.61	28827.67
26	Total liabilities (describe in Schedule O)	0.00	0.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27116.61	28827.67

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? **Support and Promotion of Engineering Profession**

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 Support of MATHCOUNTS program for seventh and eighth graders

28a

29 Support of Future City program for sixth, seventh and eighth graders

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

29a

30 Support of Idaho QBS Facilitator Council

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

30a

31 Other program services (describe in Schedule O)

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

31a

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

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated)

struk

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
Gregory Brands				
President		-0-	-0-	-0-
Scott Ellsworth				
President Elect		-0-	-0-	-0-
Joseph Canning				
Secretary Treasurer		-0-	-0-	-0-
Lewis Venard				
Past President		-0-	-0-	-0-
James Baker				
National Director		-0-	-0-	-0-
Lynn Olson				
Junior National Director		-0-	-0-	-0-
Julie Wall				
Office Manager	20-25	17030	-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

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes No
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Yes No
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a Yes No
- 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 35b Yes No
- 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 35c Yes No
- 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 Yes No
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b Yes No
- b Did the organization file Form 1120-POL for this year? 37b Yes No
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Yes No
- b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No
- 39 Section 501(c)(7) organizations. Enter:
- a Initiation fees and capital contributions included on line 9 39a Yes No
- b Gross receipts, included on line 9, for public use of club facilities 39b Yes No
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b Yes No
- 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 40c Yes No
- c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d Yes No
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e Yes No
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40f Yes No
- 41 List the states with which a copy of this return is filed ► _____ 41 Yes No
- 42a The organization's books are in care of ► **Office Manager** Telephone no. ► **208-426-0636**
Located at ► **PO Box 170239, Boise ID** ZIP + 4 ► **83717-0239** 42b Yes No
- 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). 42c Yes No
- 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: ► _____ 42d Yes No
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► 43 43 Yes No
- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Yes No
- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Yes No
- c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No
- d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Yes No
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No
- 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) 45b 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 ✓

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

100

		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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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.

Sign Here	 Signature of officer Julie L. Wall, Office Manager	Date 11/10/15
Type or print name and title		

Paid Preparer Use Only	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

Form 990-EZ (2014)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Idaho Society of Professional Engineers Inc

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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Organization entered more than \$15,000 on Form 5500-EZ, line 6a.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

82-0294977

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Part I Fundraising Activities Complete if the organization is a Form 990-EZ filer are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Indicate whether the organization raised funds through any of the following activities. **Not Applicable**

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		Annual Meeting (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	24004.58			24004.58
	2 Less: Contributions	900.00			900.00
	3 Gross income (line 1 minus line 2)	23104.58			23104.58
Direct Expenses	4 Cash prizes	0.00			0.00
	5 Noncash prizes	0.00			0.00
	6 Rent/facility costs	0.00			0.00
	7 Food and beverages	9063.43			9063.43
	8 Entertainment	0.00			0.00
	9 Other direct expenses	1617.38			1617.38
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► 10680.81
	11 Net income summary. Subtract line 10 from line 3, column (d)				► 12423.77

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization conducts gaming activities:

- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- a The organization's facility 13a %
- b An outside facility 13b %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2014Open to Public
Inspection

Name of the organization

Idaho Society of Professional Engineers Inc

Employer identification number

82-0294977**Part I - 8****Dividend Paid by Idaho State Insurance Fund****Part I - 10****Expenses to support MATHCOUNTS (ISPE Foundation Program)** **2563.29**

-ISPE Foundation, PO Box 170239, Boise, ID 83717-0239

Payment to Future City Program - Support Donation **500.00**

-c/o Lynn Olson, 7229 Matlock Avenue, Boise, ID 83714

Payment to Idaho Qualifications Based Selection (QBS) Facilitator Council - Support Donation **450.00**

-Idaho QBS Facilitator Council, PO Box 3746, Boise, ID 83703

Part I - 16**Equipment, General Office Supplies, Awards, Conference Calling, Officer Travel, Late Fee, Chapter Dues Transfer****Part I - 20****Third of three years depreciation of Dell Studio XPS 9100 Computer acquired in tax year 2011 for \$1,657.98** **(486.00)**

Three year depreciation schedule with salvage value of \$200

Second of two years depreciation of Lenovo Laptop Computer acquired in tax year 2012 for \$399.99 **(175.00)**

Two year depreciation schedule with salvage value of \$50.00

First of two years depreciation of Ativa LD600 Shredder acquired in tax year 2013 for \$29.99 **(12.49)**

Two year depreciation schedule with salvage value of \$5.00

Acquisition of Bailey Task Chair acquired in tax year 2014 for \$39.99 **39.99**

Two year depreciation schedule with salvage value of \$5.00

Acquisition of Ameriwood Office Desk acquired in tax year 2014 for \$89.99 **89.99**

Two year depreciation schedule with salvage value of \$10.00

Net Gain or (Loss) in Value of Equipment **(543.51)**

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Idaho Society of Professional Engineers Inc

Employer identification number

82-0294977**Part II - 24****Residual value of depreciated equipment** **2520.02****Ativa LD600 Shredder acquired in tax year 2013 for \$29.99** **17.50****Two year depreciation schedule with salvage value of \$5.00****Bailey Task Chair acquired in tax year 2014 for \$39.99** **39.99****Two year depreciation schedule with salvage value of \$5.00****Ameriwood Office Desk acquired in tax year 2014 for \$89.99** **89.99****Two year depreciation schedule with salvage value of \$10.00**