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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

For the 2015 calendar year, or tax year beginning 2015, and ending 2016 D Employer identification number Check if applicable MISSOURI SOCIETY OF PROFESSIONAL Address change 23-7025721 ENGINEERS EDUCATIONAL FOUNDATION E Telephone number Name change 200 EAST MCCARTY #200 573-636-4861 Initial return JEFFERSON CITY, MO 65101 Final return/terminated G Gross receipts \$ 79,800. Amended return H(a) Is this a group return for subordinates? F Name and address of principal officer X No Application pending Yes BRUCE WYLIE H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) SAME AS C ABOVE Tax-exempt status X 501(c)(3) 4947(a)(1) or 527 501(c) () ◀ (insert no) Website: ► WWW.MSPE.ORG H(c) Group exemption number ▶ Form of organization X Corporation Association Other ▶ L Year of formation 1968 M State of legal domicile MO Part I Summarv Briefly describe the organization's mission or most significant activities. TO PROVIDE SCHOLARSHIPS AT MISSOURI ENGINEERING SCHOOLS. TO PROMOTE THE STUDY OF ENGINEERING THROUGH QUALITY PROGRAMS TO ENCOURAGE AND ENHANCE ACCESS TO EXCELLENT ENGINEERING EDUCATION CURRICULUMS AND SUCCESSFUL ENGINEERING CAREERS. Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 36 7a Total unrelated business revenue from Part VIII, column (6), line 7a b Net unrelated business taxable income from Form 990-T. line 34 RECEIVED 0. **Prior-Year Current Year** A018 Contributions and grants (Part VIII, line 1h) 4,593 7,644. NOV 1 4 2016 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,607 18,514. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and the DEN ... 5,274. 8,674 11 12 Total revenue - add lines 8 through 11 (must equal Part VIII) 33,874 31,432. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,061 3,776. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 16,779 17,358. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 17,840 21,134. 19 Revenue less expenses Subtract line 18 from line 12 16,034 10,298 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 935,864 928,402 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances Subtract line 21 from line 20 935,864 928,402 Part II **Signature Block** 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 BRUČE WYLIE SEC/EXEC DIR Type or print name and title Date 11-2-16 CPA self-employed P00165601 SIEBENECK, Paid EVERS & COMPANY, CPA'S, Preparer Firm's name **Use Only** Firm's address 520 DIX ROAD Firm's EIN • 43-1121359 (573) 635-0227 Phone no JEFFERSON CITY, MO 65109 May the IRS discuss this return with the preparer shown above? (see instructions)

	n 990 (2015) MISSOURI SOCIETY OF PROFESSIONAL	23-	70257:	21	F	Page 2
Pai	rt III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III					Г
1	Briefly describe the organization's mission:					
	TO PROVIDE SCHOLARSHIPS AT MISSOURI ENGINEERING SCHOOLS. TO PROM	OTE TE	HE ST	JDY	OF	
	ENGINEERING THROUGH QUALITY PROGRAMS. TO ENCOURAGE AND ENHANCE A	CCESS	TO E	XCEL	LENT	, – – :
	ENGINEERING EDUCATION CURRICULUMS AND SUCCESSFUL ENGINEERING CAR		-10-2	1011	2211	-
		<u> </u>				
2	Did the organization undertake any significant program services during the year which were not listed on the pi	ior				
_	Form 990 or 990-EZ?	101		Yes	딗	No
	If 'Yes,' describe these new services on Schedule O		Ш	162		No
•						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices/		Yes	X	No
_	If 'Yes,' describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	vices, as ns to oth	measurers, the	ed by total e	xpens	ses,
	and revenues, it any, ten each program control reported					
A -	a (Code:) (Expenses \$ 3,776. including grants of \$) (Revenue	\$			
4 8			· —			
	PROVIDING GRANTS AND ASSISTANCE TO SCHOOLS AND ORGANIZATIONS FOR	<u>SUPPI</u>	LIES A	AND_		
	PROJECTS.					
4.5	- (Code) V (Turonose & O 021 unalistical manufact &		÷		4 2	\
41		Revenue			4, 2	<u>55.</u>)
	MATH COUNTS - NATIONAL PROGRAM PROVIDING MATH COACHING AND AN AT				==	
	COMPETITION FOR JUNIOR HIGH STUDENTS AS AN ENCOURAGEMENT TO TAKE					TN
	HIGH SCHOOLS AND TO CONSIDER MATH-ORIENTED CLASSES INCLUDING ENG			MSP:		
	SPONSORS THE STATE COMPETITION THROUGH THE EDUCATION FOUNDATION.	<u>THIS</u>	_PROGI	RAM_	<u> </u>	
	FUNDED THROUGH DONATIONS TO THE FOUNDATION.					
_	(Only)		<u> </u>			\
40		Revenue				81.)
	THE KIMEL PROGRAM LEADS THE EFFORT OF THE MSPE EDUCATIONAL TO FO				<u>, AN</u>	<u>ID</u>
	IMPLEMENT THE STIPULATIONS SET OUT IN THE WILLIAM R AND MILA KIN					
	ESTABLISH AND OPERATE A PROGRAM USING ONLY THE INTEREST EARNINGS	I OT	IPLEM	ENT_		
	PROFESSIONAL ENGINEERING REGISTRATION OF ALL QUALIFIED FACULTY N	EMBERS	OHW 3	TEA	CH C	R
	ADMINISTER ENGINEERING PROGRAMS WITHIN THE UNIVERSITY OF MISSOUR	RI SYS	CEM.			
	SECONDARY GOAL IS TO IMPLEMENT PROFESSIONAL REGISTRATION REQUIRE			ALL	PERS	ONS
	WHO WORK IN ALL INDUSTRIES IN THE STATE OF MISSOURI WHO HAVE ENG					
	TITLE.	<u> </u>			_00=	<u>-</u> – –
4 0	d Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 €	e Total program service expenses ► 6,607.					
	TEEA0102L 10/12/15			Forn	990	(2015)

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. 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	4		х_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	X	25494 C 1917
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			اه ک
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
t	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
ŧ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

Yes No

Form 990 (2015) MISSOURI SOCIETY OF PROFESSIONAL
Partive Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
ь	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
1	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II .	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	.,
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Note. All Form 990 filers are required to complete Schedule O	38	X	(0015)
DA/		Form	990 (フロコラ

Check if Sched	dule O contains a response or note to any line in this Part V				
				Yes	No
1 a Enter the number r	eported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b Enter the number of	of Forms W-2G included in line 1a Enter -0- if not applicable	1 b 0			
c Did the organization	comply with backup withholding rules for reportable payments to vendors and i	reportable gaming			لـــــا
(3 5, 3	s to prize winners?	1 1	1 c		
2a Enter the number of ments, filed for the	of employees reported on Form W-3, Transmittal of Wage and Tax State- calendar year ending with or within the year covered by this return	2a 0			
	ported on line 2a, did the organization file all required federal employmen	L	2 b		
	lines 1a and 2a is greater than 250, you may be required to e-file (see in				
	n have unrelated business gross income of \$1,000 or more during the year		3 a		X
_	m 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4 a At any time during th	ne calendar year, did the organization have an interest in, or a signature or othe	er authority over, a			
financial account in	n a foreign country (such as a bank account, securities account, or other t	financial account)?	4 a		X
	me of the foreign country	Asserta (FDAD)	−li		
	filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial on a party to a prohibited tax shelter transaction at any time during the tax		5 a		X
_	rty notify the organization that it was or is a party to a prohibited tax shel		5 b		X
- ·	or 5b, did the organization file Form 8886-T?	ter transaction	5 c		
		and did the erappization			
	ion have annual gross receipts that are normally greater than \$100,000, a tions that were not tax deductible as charitable contributions?		6 a		Х
b If 'Yes,' did the orga not tax deductible?	nization include with every solicitation an express statement that such contribu	tions or gifts were	6 b		
7 Organizations that	may receive deductible contributions under section 170(c).				
a Did the organization	n receive a payment in excess of \$75 made partly as a contribution and [partly for goods and	7 a		$\overline{\mathbf{x}}$
services provided t)	7 b		<u> </u>
	panization notify the donor of the value of the goods or services provided? sell, exchange, or otherwise dispose of tangible personal property for which it		'		
Form 8282?	sell, exchange, or otherwise dispose of tangible personal property for which it		7 c		X
	e number of Forms 8282 filed during the year	7 d	ļ		
	n receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
	n, during the year, pay premiums, directly or indirectly, on a personal bei		7 f		<u> </u>
as required?	eceived a contribution of qualified intellectual property, did the organization file		7 g		
Form 1098-C?	received a contribution of cars, boats, airplanes, or other vehicles, did the		7 h		<u> </u>
	ations maintaining donor advised funds. Did a donor advised fund maintained	d by the sponsoring			
•	excess business holdings at any time during the year?		8		 -
	izations maintaining donor advised funds.		-		
· -	organization make any taxable distributions under section 4966? organization make a distribution to a donor, donor advisor, or related pe	reon?	9 a	 	\vdash
10 Section 501(c)(7) o		13011	J.	 	\vdash
	capital contributions included on Part VIII, line 12	10a			
	luded on Form 990, Part VIII, line 12, for public use of club facilities	10 Ь	1	1	
11 Section 501(c)(12)			1		
	members or shareholders	11 a	_		
b Gross income from against amounts d	n other sources (Do not net amounts due or paid to other sources ue or received from them)	11 ь			
3	non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12 a		
	amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29)	qualified nonprofit health insurance issuers.				
-	licensed to issue qualified health plans in more than one state?		13a	<u> </u>	
	ructions for additional information the organization must report on Schedu	ule O			
b Enter the amount of	of reserves the organization is required to maintain by the states in ition is licensed to issue qualified health plans	13ь			'
c Enter the amount		13c	1		
•	on receive any payments for indoor tanning services during the tax year?	<u></u>	14a		Х
	I a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b		
BAA	TEEA0105L 10/12/15		Forn	n 990	(2015)

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 27 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 a X a The governing body? 8Ь X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15 a 15_b Х b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) |X| Upon request Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records JEFFERSON CITY MO 65101 573-636-4861 BRUCE WYLIE 200 E. MCCARTY

Form 990 (2015)	TOTIOSSIM	COCTETY	ΛF	PROFESSIONAL	т
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23-7025721

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	-			(C))					
(A) Name and Title	(B) Average hours per	thar	one both	box, an o	unles officer /truste	•	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BRUCE WYLIE	40					П				
SEC/EXEC DIR	0	Х	Ш	Х				0.	0.	0.
(2) NEIL BRADY PAST PRES	$-\frac{1}{0}$	X	-	Х	_	-		0.	0.	<u>-</u> 0.
(3) RON BLACK		.,		,						
VICE PRESIDENT	0	Х	\vdash	X		\vdash	_	0.	0.	0.
		х		Х				О.	0.	0.
(5) TIMOTHY KLEIN	1	Λ.	\vdash	Λ.		1	_	<u> </u>	<u> </u>	
BOARD MEMBER		Х						0.	0.	0.
(6) CLIFF JARVIS	1									
BOARD MEMBER	0	Х	Ш					0.	0.	0.
					i					
BOARD MEMBER	0	Х						0.	0.	0.
(8) WILLIAM LINDSEY	$-\frac{1}{2}$	v						_	_	^
BOARD MEMBER (9) MICHAEL FRITZ	0	Х	\vdash					0.	0.	0.
BOARD MEMBER		х						0.	0.	0.
(10) JOSEPH OFFUTT	1									
BOARD MEMBER		Х						0.	0.	0.
(11) CLINT MASON	1									
BOARD MEMBER	0	Х			<u> </u>			0.	0.	0.
(12) STEPHEN A HUTTI	11									
BOARD MEMBER	0	X	\Box					0.	0.	0.
(13) JEFF HOEVELMANN BOARD MEMBER	$-\frac{1}{0}$	Х						0.	0.	0.
(14) MICHAEL C. KEATON	1	_	\vdash			\vdash			0.	<u> </u>
BOARD MEMBER		Х						0.	0.	0.
DAA				_						

Part VII Section A. Officers, Directors, Tru	ustees, l	Key	Em	ıplo	oye	es,	<u>anc</u>	d Highest Com	oyees	(continued)	
	(B)			((()						
• (A) Name and title	Average hours per	box	Position (do not check more than obox, unless person is both officer and a director/trust					(D) Reportable	(E) Reportable	Est	(F)
	week (list any	<u> </u>	г — г					compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	comp	nt of other ensation im the
	hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	of Sec	T T	(1. 2.1033 11.100)	(** 2 1033 1mico)	orga	nization related
	related organiza	E E	2	•	를	le con]				nizations
	tions below dotted	I SE	돐		èe	p en					
	line)	8	tee			Highest compensated employee					
(15) BOB G. BECNEL TREASURER	1	X		Х	<u> </u>			0.	0.		
(16) DAVID STOKES	1 1	┢	\vdash			\vdash	\vdash	0.	0.		0.
BOARD MEMBER	 ;	x						0.	0.		0.
(17) JASON SOMMERER	1	 	\Box				Г	Ŭ.	<u> </u>		
BOARD MEMBER	1	X						0.	0.		0.
(18) CHARLES MORRIS	1										
BOARD MEMBER	1	1 x						0.	0.		0.
(19) BRECK WASHAM	1										
PRESIDENT	0] x		X				0.	0.		0.
(20) KEVIN GARNETT BOARD MEMBER	$-\frac{1}{0}$	X						0.	0.		0.
(21) JOHN RIEDIGER	1					-					
BOARD MEMBER	0] x						0.	0.		0.
(22) KELSIE CLARK	1										
BOARD MEMBER	0	X	Ш		<u> </u>			0.	0.		0.
(23) ERIC SEAMAN	1										
BOARD MEMBER	-0-	-X	-	-	_	-	-	0.	0.		0.
(24) DAVID STOKES	1	١,,							0		0
BOARD MEMBER (25) GARY STRACK	0 1	X				├		0.	0.		0.
PAST PRESIDENT	 ;	X		Х				0.	0.		0.
1 b Sub-total	<u> </u>	IV	LI			ı		0.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.		0.
d Total (add lines 1b and 1c)							•	0.	0.		0.
2 Total number of individuals (including but not limited	I to those I	ısted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensation	
from the organization • 0											
											Yes No
3 Did the organization list any former officer, direct	tor, or tru	stee,	key	en en	plo	yee,	or h	nighest compensati	ted employee	1-1	
on line 1a? If 'Yes,' complete Schedule J for suc	ch individu	ial								3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportab	le co	mpe	nsa	tion	and	oth	er compensation	from		
such individual	er man pi	30,0	00:	11 1	62	COITI	piei	e Scriedule 3 loi		4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen	satio	n fre	om Iule	any <i>J fo</i>	unre	late	ed organization or person	ındıvıdual	5	X
Section B. Independent Contractors	-, ₋						,-				
1 Complete this table for your five highest compen	sated indi	epen	dent	t co	ntra	ctors	tha	at received more the	han \$100,000 of		
compensation from the organization Report comper		tne c	alen	dar	year	enai	ng v	T	 		·········
(A) Name and business add	ress							Description (of services	Comper	
								1			<u></u>
								1			
								ļ			
								-		-	
2 Total number of independent contractors (including	but not lim	ited to	n the	ا معر	ister	d abo	νe)	who received more	than]
\$100,000 of compensation from the organization			J 1110			_ 000		o received more			
BAA	<u> </u>	TEEA	1081	10/	12/15					Form	990 (2015)

		Check if Schedule O conta	ains a resp	onse or note to any	/ line in this Part VI	IL		
	,	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaigns	1 a				•	
ìrar our		Membership dues	1 b					
S, G		Fundraising events	1 c					
Giff		Related organizations	1 d					
ns,	е	Government grants (contributions)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lin		7,644.				
lo di	_	Total. Add lines 1a-1f	CS 10-11		7,644.			
		Total / lad lilles fa 11	· · · · · · · · · · · · · · · · · · ·	Business Code	7,044.			
Program Service Revenue	2a							
Re	b							
ice	С							
Ser	d							
am	е							
ğ		All other program service re	venue [<u></u>			
<u>~</u>		Total. Add lines 2a-2f		>				
	3	Investment income (includin other similar amounts).	g dividends	s, interest and	18,514.	Į		18,514.
	4	Income from investment of t	ax-exempt	bond proceeds.	10,514.	-		10,514.
	_	Royalties		•				
			(ı) Real	(II) Personal				
	6 a	Gross rents	53,642			-		1
	b	Less: rental expenses	48,368					
	С	Rental income or (loss)	5,274					
	d	Net rental income or (loss)		<u> </u>	5,274.	5,274.		<u> </u>
	7 a	Gross amount from sales of) Securities	(II) Other				
		assets other than inventory						
	b	Less, cost or other basis and sales expenses.						
	_	Gain or (loss)						
		Net gain or (loss)		▶				
Φ		Gross income from fundrais	ına events					
	o a	(not including \$	-					
š		of contributions reported on	line 1c).					
č		See Part IV, line 18	•	a				
Other Revenu		Less direct expenses		b[
δ		Net income or (loss) from fu		events.				
	9 a	Gross income from gaming See Part IV, line 19	activities.	a				
		Less: direct expenses	· · · · · · · · · · · · · · · · · · ·	b				
		Net income or (loss) from g	aming activ	rities •				
	102	Gross sales of inventory, les	ss returns					
				a				1
	l	Less. cost of goods sold		b[_
	_ c	Net income or (loss) from s	ales of inve					
	11	Miscellaneous Revenue		Business Code				
	11 a							
	b	!						
	ہ	All other revenue						
		Total. Add lines 11a-11d	L	•				1
		Total revenue. See instructi	ons	•	31,432.	5,274.	0.	18,514.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete

360	Check if Schedule O contains a re			mpiete column (A)	
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,776.	3,776.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.1	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management	13,750.		13,750.	
	Legal .	13,730.		13,730.	 -
	_ ~ ~ 	770		770	
	Accounting	770.		770.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	· · · · · · · · · · · · · · · · · ·				
14	Information technology				
15	Royalties				
				· · · · · · · · · · · · · · · · · · ·	-
16	Occupancy				
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	_ ^				
23	Insurance		· · · · · · · · · · · · · · · · · · ·		
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
á	MATHCOUNTS EXPENSE	2,831.	2,831.		
_	MISCELLANEOUS	4.		4.	
(POSTAGE AND SHIPPING	3.		3.	
	1 521465 405 30011 106				 -
	All other expenses	 †			
	Total functional expenses. Add lines 1 through 24e	21 124	6,607.	14,527.	0.
23		21,134.	0,007.	14,527.	
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 80,906 2 62,289 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 880.606. **b** Less: accumulated depreciation 10b 413,612 10 c 486,476 466,994 11 Investments - publicly traded securities 368,482 11 399,119. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 928,402 Total assets. Add lines 1 through 15 (must equal line 34) 935,864 16 17 17 Accounts payable and accrued expenses Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 0 0 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete

Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets
Temporarily restricted net assets
Permanently restricted net assets
Organizations that do not follow SFAS 117 (ASC 958), check here
Organizations that do not follow SFAS 117 (ASC 958), check here
And complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

 30

 31

 935,864.
 32
 928,402.

 935,864.
 33
 928,402.

 935,864.
 34
 928,402.

27

28

29

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32

33

34

Form **990** (2015)

		3-7023) / Z I		age 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31,	432.
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,	134.
3	Revenue less expenses Subtract line 2 from line 1	3		_10,	298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		935,	864.
5	Net unrealized gains (losses) on investments	5		-17,	760.
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	L	928,	<u>402.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	. 75.			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both: Separate basis	ewed on	a		
1	were the organization's financial statements audited by an independent accountant?		2	2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	oarate			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the at review, or compilation of its financial statements and selection of an independent accountant?	ıdıt,		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	е		3 a	Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit		3 Ь	
D A 4				rm 990	(2015)

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

2015

Open to Public Inspection

Name o	f the	organization MISSOURI SO	CIETY OF PROF	ESSIONAL			Employer identificat	tion number
		ENGINEERS E	EDUCATIONAL FO	UNDATION			2 <u>3-7</u> 025721	
Part		Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instruct	ions.
The o	rga	nization is not a private found	lation because it is: (F	For lines 1 through 11,	check o	nly one	box)	
1	Ш	A church, convention of church	es, or association of ch	iurches described in sec t	tion 170(b)(1)(A) (i	i).	
2		A school described in section 1	70(b)(1)(A)(ii). (Attach S	Schedule E (Form 990 or	· 990-EZ))		
3		A hospital or a cooperative h	ospital service organi	zation described in sec	ction 170)(b)(1)(A	λχiii).	
4	П	A medical research organization	tion operated in conju	inction with a hospital o	describe	d ın sec	tion 170(b)(1)(A)(iii) Er	iter the hospital's
		name, city, and state:						
5		An organization operated for the 170(b)(1)(A)(iv). (Complete F	Part II)	•	•	Ū		section
6		A federal, state, or local gove	_					
7	Ľ	An organization that normally run section 170(b)(1)(A)(vi).	Complete Part II)		_	ental uni	t or from the general pub	lic described
8	느	A community trust described	in section 170(b)(1)(/	A)(vi). (Complete Part I	1)			
9		An organization that normally refrom activities related to its exemples investment income and unrel June 30, 1975. See section 5	empt functions – subject ated business taxable 5 09(a)(2). (Complete F	ct to certain exceptions, a e income (less section Part III)	and (2) n 511 tax)	o more t from bu	han 33-1/3% of its suppo usinesses acquired by th	rt from gross
10	\sqcup	An organization organized ar					` ' '	
11	Х	An organization organized ar or more publicly supported o lines 11a through 11d that de	rganizations describer	d in section 509(a)(1) d	or sectio	n 509(a)	(2). See section 509(a)	t the purposes of one (3). Check the box in
а		Type I. A supporting organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o rs or trus	rganızatı tees of t	on(s), typically by giving he supporting organizatio	the supported n You must
b	X	Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organization	naving control or on(s) You
c		Type III functionally integrated. organization(s) (see instruction)						
d		Type III non-functionally integrated The constructions) You must com	rated. A supporting orga organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion requ	with its s uiremen	supported organization(s) t and an attentiveness i	that is not requirement (see
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS			
f	Er	iter the number of supported of	organizations	,,				1
g	Pr	ovide the following information	n about the supported	l organization(s)				
		(i) Name of supported organization	(II) EIN	(ili) Type of organization (described on lines 1-9 above (see instructions))	in your q	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
	MC	SOCIETY OF PROFES	SIONAL ENGINE	î.R				
(A)	1.10	DOCTOT OF INOTES	44-0357545		х	į	0.	0.
<u>., .,</u>			44 000/040	301 (0) (0)				<u> </u>
(B)								
(C)								
<u>(D)</u>								
<u>(E)</u>								
Total							0.	0.
RAA	FO	r Paperwork Reduction Act N	ouce. see the instruc	tions for Form 990 or s	フヺU-LZ.		Schedule A (Form	990 or 990-EZ) 2015

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)

<u>Sec</u>	tion A. Public Support				·			···
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	-						
	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							
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							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	ļ	(f) Total
7	Amounts from line 4							
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							
12	Gross receipts from related activ	rities, etc (see in:	structions)				12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)		▶ []
<u>Sec</u>	tion C. Computation of Pu							
14		• .	•	ne 11, column (f)))	ļ	14	<u>%</u>
	Public support percentage from					L	15	%
16 a	33-1/3% support test – 2015. If and stop here. The organization	the organization qualifies as a put	did not check the blicly supported o	box on line 13, a organization	and line 14 is 33-1.	/3% or more,	check	this box
t	33-1/3% support test — 2014. If and stop here. The organization	the organization of qualifies as a pu	did not check a bob blicly supported o	ox on line 13 or 16 organization	6a, and line 15 is	33-1/3% or m	nore, c	heck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he i	re. Explain in	۱ Part ۱	VIhow
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organiz	s' test, check this ation qualifies as	box and stop he r a publicly support	r e. Explain in ed organizati	Part \ ion	VI how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	n, or 17b, check th	is box and se	e inst	ructions

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)

Sect	tion A. Public Support						
	ar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				,		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
c	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support	-			1	· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6						
t	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
11	: Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
13	Total support. (Add lines 9, 10c, 11, and 12).					ŀ	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501	(c)(3)
	tion C. Computation of Pu			10			0.
	Public support percentage for 20			ne 13, column (f))	<u> </u>	5
	Public support percentage from						<u> 6 </u>
	tion D. Computation of Inv				ımn (fl)		17 8
	Investment income percentage f				ımn (1))	—	18 8
	Investment income percentage f				and line 15 is main		
	a 33-1/3% support tests – 2015. It is not more than 33-1/3%, check	this box and sto	p here. The orga	nization qualifies	as a publicly supp	oorted organiza	ation - U
	33-1/3% support tests – 2014. If line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization qi	ualifies as a publi	cly supported o	organization - 🗀
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b,			ons. • 000 F7) 2015

23-7025721

Page 4

Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Section	A. All	Supporting	Organizations

-			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation If historic and continuing relationship, explain	1	X	L
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		X
э.	Pud the erganization have a supported erganization described in section E01(a)(A) (E) as (C)2 (f 'Vee' angular (h)			
36	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	X	
	b 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 SEE PART VI	3b		
		30		
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such useSEE PART VI	3с	X	
	Was any appropriate assessment as the Hartest Chatest (forces as a granted assessment as 122 ft (Var) and			
4 8	a 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		X
	L Did the experience have ultimate control and discretion in deciding whether to make greate to the favoring apparted			
١	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
•	c 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 Part VI 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	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 Part VI, 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	5a		X
	amendment to the organizing document)			1
ı	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?		 -	
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
		- 30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		Х
7				
7	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	8		X
۵.	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			
9 (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		Х
		9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9Ь		Х
	c Did a disqualified person (as defined in line 9a) 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		Х
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		Х
1	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)	10Ь		

Schec	iule A	(Form 990 or 990-EZ) 2015 MISSOUR	SOCIETY O	F PROFESSION	AL	23-7025721	L	Р	age 5
Parl	: IV	Supporting Organizations (contin	nued)						
11	Has tl	the organization accepted a gift or contribu	tion from any of t	the following person	ns?	r		Yes	No
а	A pers	son who directly or indirectly controls, either a	-	• •		the		ļ	
	gover	rning body of a supported organization?					11a		Х
		nily member of a person described in (a) a				ļ	11b		Х
	_	% controlled entity of a person described in	_ `` `	? If 'Yes' to a, b, or	c, provide detail in	Part VI	11c	L	_X
Sect	ion E	B. Type I Supporting Organization	<u>s</u>					T.,	·
	or elect Part \ If the direct	ne directors, trustees, or membership of one of ect at least a majority of the organization's dire VI how the supported organization(s) effect organization had more than one supported tors or trustees were allocated among the ed to such powers during the tax year	ctors or trustees a tively operated, s d organization, de	at all times during the supervised, or contro escribe how the pow	tax year? If 'No,' desi olled the organization wers to appoint and/o	cribe in n's activities or remove	1	Yes	No_
2	Did th that c	the organization operate for the benefit of a operated, supervised, or controlled the sup fit carried out the purposes of the supported orting organization	porting organizati	ion? If 'Yes,' explair	n in Part VI how pro	viding such	2		
Sect	ion (C. Type II Supporting Organization	15						
						r		Yes	No
		a majority of the organization's directors or tri							
		ch of the organization's supported organization of the organization was vested in the same					1	Х	
Sect	ion [D. All Type III Supporting Organiza	ations						
						ſ		Yes	No
	orgar year,	he organization provide to each of its supp nization's tax year, (i) a written notice desc (ii) a copy of the Form 990 that was most nization's governing documents in effect or	ribing the type ar recently filed as	nd amount of suppo of the date of notific	rt provided during th cation, and (iii) copie	ne prior tax es of the	1		
2	Were	any of the organization's officers, director	s, or trustees eith	ner (i) appointed or	elected by the supp	orted			
	organ	nization(s) or (ii) serving on the governing organization maintained a close and continu	oody of a support Jous working rela	ted organization? <i>If</i> itionship with the su	'No,' explaın ın Part pported organizatioi	t VI how n(s)	2		-
3	By re voice all tin	eason of the relationship described in (2), of a in the organization's investment policies a mes during the tax year? If 'Yes,' describe as regard	lid the organization	on's supported organ	nizations have a sig zation's income or a	Inificant Assets at			
		E. Type III Functionally-Integrated	Supporting C)rganizations		l		L	<u> </u>
			·						
		k the box next to the method that the organiza	_	_	st during the year (se	e instructions):			
а	\equiv	he organization satisfied the Activities Tes	·						
b	\equiv	The organization is the parent of each of its	,,	·					
С	ШΤ	he organization supported a governmental en	iity. Describe in Pa	art VI how you suppor	ted a government ent	tity (see instructions	s)		
2	Activi	ities Test. Answer (a) and (b) below.						Yes	No
	organ respo	substantially all of the organization's activition orted organization(s) to which the organization nizations and explain how these activities onsive to those supported organizations, as	was responsive? directly furthered	If 'Yes,' then in Part \ I their exempt purpo	VI identify those supp oses, how the organi	orted ization was			ļ
	subst	tantially all of its activities.					2a	 	
b	the o	he activities described in (a) constitute action organization's supported organization(s) wo organization's position that its supported or inization's involvement	uld have been er	ngaged in? If 'Yes.' e	explain in Part VI the	reasons for	2b		
3	Parei	nt of Supported Organizations Answer (a)	and (b) below.						
	Did th	he organization have the power to regularly of the supported organizations? <i>Provide a</i>	v appoint or elect	a majority of the of	fficers, directors, or	trustees of	3a	<u> </u>	
b	Did th	ne organization exercise a substantial degree orted organizations? If 'Yes,' describe in P	of direction over th art VI the role pla	ne policies, programs, ayed by the organiza	and activities of each	h of its	3b		

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-integ (see instructions).	grate	d Type III supporting org	anızatıon

1 2

3

4 5

Section C - Distributable Amount

Enter greater of line 2 or line 3

Enter 85% of line 1

BAA

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Current Year

Schedule A (Form 990 or 990-EZ) 2015

Par		pporting Organiza	itions (continued)	,
	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	s,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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	on is responsive (provide	details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	•		
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
Ь				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
_g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7.			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
с	Excess from 2013			
d	Excess from 2014			
	Excess from 2015	<u> </u>		

BAA

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION A, LINE 3B - DESCRIPTION OF WHEN AND HOW ORGANIZATION MADE THE DETERMINAT 6/30/16 FINANCIAL STATEMENTS WERE ANALYZED AND IT WAS DETERMINED THAT OVER 1/3 OF THE SUPPORTED ORGANIZATION'S REVENUES ARE DERIVED FROM MEMBERSHIP FEES, WHICH SATISFIES THE SUPPORT TEST AND QUALIFIES THE ORGANIZATION FOR EXCLUSION FROM 509(A) (2) PUBLIC FOUNDATION STATUS.

PART IV, SECTION A, LINE 3C - EXPLAIN WHAT CONTROLS THE ORGANIZATION PUT IN PLACE
NO DIRECT SUPPORT WAS PROVIDED TO THE SUPPORTED ORGANIZATION. THE SUPPORTING
ORGANIZATION ENGAGES IN EDUCATIONAL PROGRAMS THAT ARE GEARED TOWARD PROMOTING THE
ENGINEERING PROFESSION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ENGINEERS EDUCATIONAL FOUND			23-7025721
Par			her Similar Fund	
Fai	Complete if the organization ans	wered 'Yes' on Form 90	0 Part IV line 6	s of Accounts.
		(a) Donor advise		(b) Funds and other accounts
1	Total number at and of year	(a) Donor advise	u iulius	(b) Funds and other accounts
	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the organization's exclusive leg	ne assets held in dono al control?	or advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in wr t of the donor or donor advis	iting that grant funds or, or for any other pu	can be used only urpose conferring Yes No
Par	t II Conservation Easements.			
<u> </u>	Complete if the organization ans	wered 'Yes' on Form 99	90, Part IV, line 7	
1				
	Preservation of land for public use (e g , r	,		a historically important land area
	Protection of natural habitat		L	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization l	neld a qualified conservation of	ontribution in the form o	of a conservation easement on the
-	last day of the tax year	reid a qualified conservation of	onthodion in the form t	a conservation casement on the
	,			Held at the End of the Tax Year
a	Total number of conservation easements			2a
1	Total acreage restricted by conservation ease	ments		2b
	Number of conservation easements on a certi	fied historic structure include	ed in (a)	2c
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06,	and not on a historic	2 d
3	Number of conservation easements modified, tran	nsferred, released, extinguished	d, or terminated by the	organization during the
	tax year ►		•	•
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemen		ring, inspection, handl	ing of violations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violatio	ns, and enforcing conse	ervation easements during the year
	•			
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, a	nd enforcing conservat	ion easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the	requirements of section	on 170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its to the organization's financia	s revenue and expense al statements that des	statement, and balance sheet, and cribes the organization's accounting for
Das	t Organizations Maintaining Colle	etions of Art Historics	Treasures or O	ther Similar Accets
Pai	Complete if the organization ans	wered 'Yes' on Form 99	90, Part IV, line 8	
1 8	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, educat	tion, or research in furth	e statement and balance sheet works of nerance of public service, provide,
ı	If the organization elected, as permitted unde historical treasures, or other similar assets held following amounts relating to these items:	r SFAS 116 (ASC 958), to re	port in its revenue sta	atement and balance sheet works of art, nce of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		►\$
	(ii) Assets included in Form 990, Part X	mic i		▶ \$
2			miles essets for free=	<u> </u>
2	If the organization received or held works of art, the amounts required to be reported under SFAS	ilistorical treasures, or other sit 116 (ASC 958) relating to th	illiar assets for financia ese items	argain, provide the following
á	a Revenue included on Form 990, Part VIII, line			▶\$

b Assets included in Form 990, Part X

► \$

•										
Schedule D (Form 990) 2015 MISSO							23-702			Page 2
Part III Organizations Maintain	ning Collec	tions of	Art, Histo	orical	Treasures, or	r Othe	r Similar Ass	ets (co	ntınu	ed)
3 Using the organization's acquisition, items (check all that apply)	accession, an	d other reco	ords, check a	ny of t	he following that a	re a sign	nificant use of its	collection		
a Public exhibition			d Loan	or exc	hange programs					
b Scholarly research			e H Other		0, 0					
c Preservation for future genera	ations		· 🗀							
4 Provide a description of the organiza		ns and expl	lain how they	/ furthe	er the organization'	s exemp	t purpose in			
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or r	eceive don	ations of ar	t, historia	orical treasures, c	or other	sımılar assets	Yes	Г	No
Part IV Escrow and Custodial							d 'Yes' on Fo		. Parl	
line 9, or reported an a									,	•
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodian	or other in	ntermediary	for co	ntributions or oth	er asse	ts not included	Yes		 ∏No
b If 'Yes,' explain the arrangement	ın Part XIII ar	d complete	the followi	ng tab	ole:		'		<u></u>	J
		·		_				Amount		
c Beginning balance						1	c			
d Additions during the year						1	d	-		
e Distributions during the year						1				
f Ending balance						1				
2a Did the organization include an ar	mount on For	n 990. Pari	t X. line 21.	for es	scrow or custodial	accoun	nt liability?	Yes		No
b If 'Yes,' explain the arrangement		•					٠ . ا		-	┤```
bili (cs, explain the arrangement	mir dit zim e	neek nere	ii tiic explai	1011011	nas seem provide		21. 7.11.1			٦
Part V Endowment Funds. Co	omplete if t	he organ	ization ar	iswei	red 'Yes' on Fo	orm 99	0 Part IV Ju	ne 10.		
	(a) Current y		(b) Prior yea		(c) Two years back) Three years back		our years	back
1 a Beginning of year balance	219,		219,5		194,70		177,511.		207,	
b Contributions	213,		217,5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	231/10	<u> </u>	111/022	1		
· · · · · · · · · · · · · · · · · · ·						\dashv				
c Net investment earnings, gains, — -and losses	2.	936.	2,1	30	28,31	8.	20,744.		2.	214.
d Grants or scholarships	<u> </u>	<u> </u>			=					736.
e Other expenditures for facilities								 		750.
and programs	2,	500.	2,3	365.	3,50	0.	3,550.]		
f Administrative expenses							<u>.</u>		5,	852.
g End of year balance	218,	723.	219,2	288.	219,52	3.	194,705.	. [177,	511.
2 Provide the estimated percentage	of the currer	it year end	balance (lir	ne 1g,	column (a)) held	as				
a Board designated or quasi-endowme	ent ►		8							
b Permanent endowment ►	8		_							
c Temporarily restricted endowmen	t ►	%								
The percentages on lines 2a, 2b, an	d 2c should ed	ual 100%								
						d for the				
3 a Are there endowment funds not in the organization by:	ne possession	or the organ	ization that a	are nei	a and administered	or the			Yes	No
(i) unrelated organizations								3a(i)		Х
(ii) related organizations								3a(ii)		X
b If 'Yes' on line 3a(ii), are the relation	ted organizati	ons listed a	as required	on Scl	hedule R?			3b		
4 Describe in Part XIII the intended	=					יד אידי	гт			
Part VI Land, Buildings, and I					JEE LIE	1 711.				
Complete if the organi			s' on For	m 99	0, Part IV, line	e 11a.	See Form 99	0, Part	X, Iır	ne 10.
Description of property			other basis		Cost or other		Accumulated		ook va	
		(invest			basis (other)		epreciation			
1 a Land					180,000.				180	,000.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		180,000.		180,000.
b Buildings		582,604.	296,807.	285,797.
c Leasehold improvements		66,546.	66,032.	514.
d Equipment				
e Other		51,456.	50,773.	683.
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, o	column (B), line 10c)	>	466,994.

BAA

Schedule **D** (Form 990) 2015

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015 MISSOURI SOCIETY OF PROFESSIONAL	23-7025721 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	enue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	oenses per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line	12a.
Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2 a	
b Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b.	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

ENDOWMENT FUNDS ARE INTENDED FOR SCHOLARSHIPS.

Schedule **D** (Form 990) 2015

→ 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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MISSOURI SOCIETY OF PROFESSIONAL ENGINEERS EDUCATIONAL FOUNDATION

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

SOCIETY OF PROFESSIONAL

Employer identification number

23-7025721

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

COPY OF TAX RETURN PROVIDED TO MANAGEMENT PRIOR TO FILING. GOVERNING BODY DOES NOT REVIEW.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

WWW.MSPE.ORG

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection .

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(f)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations Complete of the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. **Employer identification number** 23-7025721 (e) End-of-year assets Part I Identification of Disregarded Entities Complete If the organization answered 'Yes' on Form 990, Part IV, line 33. **(d)** Total income (c) |Legal domicile (state | or foreign country) OF PROFESSIONAL ENGINEERS EDUCATIONAL FOUNDATION (b) Primary activity 1111 1 (a) Name, address, and EIN (if applicable) of disregarded entity SOCIETY Name of the organization MISSOURI **E** <u>@</u> 8

(g) Sec 512(b)(13) controlled entity? ŝ Schedule R (Form 990) 2015 × Yes (f) Direct controlling entity N/A (e)
Public charity status (if section 501(c)(3)) (d) Exempt Code section 501 (C) (6) (c) Legal domicile (state or foreign country) 웆 PROMOTING AND DEFENDING THE ENGINEERING PROFESSION (b)
Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) (a) Name, address, and EIN of related organization İ **£**! ଫ¦ |&|

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Page 2

23-7025721

Schedule R (Form 990) 2015 MISSOURI SOCIETY OF PROFESSIONAL

(k) Percentage ownership (i) Sec 512(b)(13) controlled entity? ٩ Part IV, Identification of Related Organizations Taxable as a Partnership Complete of the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (f) General or managing partner? ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b)
Primary activity (a)
Name, address, and EIN of related organization Part 11V. ||Part ε¦ €¦ ପ୍ର¦ ල 8

Schedule R (Form 990) 2015

06/01/15

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Schedule R (Form 990) 2015 MISSOURI SOCIETY OF PROFESSIONAL

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons listed in Parts II-IV?			,
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	×
b Gift, grant, or capital contribution to related organization(s)			1 p	×
c Gift, grant, or capital contribution from related organization(s)			1c	×
d Loans or loan guarantees to or for related organization(s)			1d	×
e Loans or loan quarantees by related organization(s)			- F	×
				-
f Dividends from related organization(s)			11	×
a Sale of assets to related organization(s)			10	>
			. r	< >
			= ;	: :
i Exchange of assets with related organization(s)			=	×
j Lease of facilities, equipment, or other assets to related organization(s)			1, X	_
k Lease of facilities, equipment, or other assets from related organization(s)		•	¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)			11	×
m Performance of services or membership or fundraising solicitations by related organization(s)			. 1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	X
o Sharing of paid employees with related organization(s)			10 X	
p Reimbursement paid to related organization(s) for expenses			1р	×
q Reimbursement paid by related organization(s) for expenses			19	×
 r Other transfer of cash or property to related organization(s). 			-	×
s Other transfer of cash or property from related organization(s)		-	18	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	covered relationships and trai	saction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	rmınıng İved
(1) MO SOCIETY OF PROFESSIONAL ENGINEERS	Ţ	12,670.	CASH PAID	
(2) MO SOCIETY OF PROFESSIONAL ENGINEERS	0	25,000.CASH	CASH PAID	
(E)				
(4)				
(5)				
(9)				
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23-7025721

Part VI | Unrelated Organizations Taxable as a Partnership Complete If the organization answered 'Yes' on Form 990, Part IV, line 37

(k) Percentage ownership Schedule R (Form 990) 2015 (i) General or managing partner? ŝ Yes Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Dispropor-tionate allocations? Ŷ Ξ Yes (g)
Share of
end-of-year
assets (f) Share of total income TEEA5004L 06/01/15 (e)
Are all partners section 501(c)(3) organizations? Š Yes (d)
Predominant
income
(related, unrelated, excluded
from tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of entity ١ 1 ١ BAA Ξ¦ ୍ର ଅ E **⊚**¦ 8 3 ତ୍ର (e

PartVII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).