

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.**A For the 2018 calendar year, or tax year beginning** , and ending**B** Check if applicable

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

C Name of organization**MINNESOTA SURVEYORS AND ENGINEERS
SOCIETY**

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

PO BOX 283

Room/suite

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

HUDSON**WI 54016-5003**

060

D Employer identification number**23-7367334****E** Telephone number**651-560-5993****F** Group Exemption

Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: **WWW.MSES.ORG****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **96,338****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 ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received														29,832														
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																												
	4	Investment income																												
	5a	Gross amount from sale of assets other than inventory																												
	5b	Less cost or other basis and sales expenses																												
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
	6	Gaming and fundraising events																												
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	6b	Gross income from fundraising events (not including \$15,154 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														66,470														
6c	Less direct expenses from gaming and fundraising events														54,808															
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														11,662															
Expenses	7a	Gross sales of inventory, less returns and allowances																												
	7b	Less cost of goods sold																												
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
	8	Other revenue (describe in Schedule O)														36														
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														41,530														
	10	Grants and similar amounts paid (list in Schedule O)														2,225														
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits														12,821														
	13	Professional fees and other payments to independent contractors														8,643														
	14	Occupancy, rent, utilities, and maintenance														3,825														
15	Printing, publications, postage, and shipping																													
16	Other expenses (describe in Schedule O)														7,895															
17	Total expenses. Add lines 10 through 16														35,409															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														6,121														
	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)														27,172														
	20	Other changes in net assets or fund balances (explain in Schedule O)																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														33,293														

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
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		
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		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
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		
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 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 40e		X
41 List the states with which a copy of this return is filed MN		
42a The organization's books are in care of JENNIFER DZIOBA Telephone no 651-334-2503 PO BOX 283 Located at HUDSON WI ZIP + 4 54016-5003		
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 42b See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
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		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
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		X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

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

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

- b** If "Yes," was the related organization a section 527 organization?

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

- f** Total number of other employees paid over \$100,000 **▶** _____

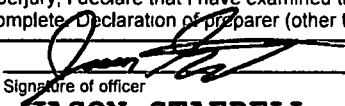
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000 **▶** _____

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations 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		5/13/19
	Signature of officer JASON STAEBELL Type or print name and title	Date PRESIDENT

Paid Preparer Use Only	Pnnl/Type preparer's name TRACY MCKNIGHT	Preparer's signature TRACY MCKNIGHT	Date 05/13/19	Check ☐ if self-employed	PTIN P00666149
	Firm's name ▶ HERMANSON & LEITNER, LLC			Firm's EIN ▶ 27-2980282	
	Firm's address ▶ 2437 COON RAPIDS BLVD NW COON RAPIDS, MN 55433-4043			Phone no 763-780-0878	

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Name of the organization

MINNESOTA SURVEYORS AND ENGINEERS
SOCIETY

Employer identification number

23-7367334

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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 10 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
		Yes	No			
1						
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.

Fundraising Events. Complete if the organization answered "Yes" on 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
		FALL OUTING (event type)	SPRING GOLF OUT (event type)	1 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	42,640	28,451	10,533	81,624
	2 Less Contributions		5,650	9,504	15,154
	3 Gross income (line 1 minus line 2)	42,640	22,801	1,029	66,470
Direct Expenses	4 Cash prizes		2,610		2,610
	5 Noncash prizes				
	6 Rent/facility costs	13,509	12,597	5,314	31,420
	7 Food and beverages	3,877	4,117	3,792	11,786
	8 Entertainment				
	9 Other direct expenses	8,532	460		8,992
	10 Direct expense summary Add lines 4 through 9 in column (d)				54,808
11 Net income summary Subtract line 10 from line 3, column (d)				11,662	

Gaming. Complete if the organization answered "Yes" on 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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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 ► \$

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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization **MINNESOTA SURVEYORS AND ENGINEERS
SOCIETY**

Employer identification number
23-7367334

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

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	\$ 36
TOTAL	\$ 36

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

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE SUPPLIES AND POSTAGE	\$ 1,118
TECHNOLOGY EXPENSES	\$ 2,087
EVENT AND COMMITTEE EXPENSES	\$ 600
FOOD AND BEVERAGE EXPENSES	\$ 118
BANK FEES	\$ 468
INSURANCE EXPENSE	\$ 2,300
FILING FEES	\$ 600
MENTORSHIP EXPENSES	\$ 500
MISCELLANEOUS EXPENSES	\$ 104
TOTAL	\$ 7,895

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSIT	\$ 1,750	\$ 0
TOTAL	\$ 1,750	\$ 0

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

Name of the organization

Employer identification number

MINNESOTA SURVEYORS AND ENGINEERS

23-7367334

DESCRIPTION	BEG. OF YEAR	END OF YEAR
STATE PAYROLL LIABILITIES	\$ 90	\$ 0
FEDERAL PAYROLL LIABILITIES	\$ 4,430	\$ 0
WAGES PAYABLE	\$ 0	\$ 0
PAYROLL LIABILITIES	\$ 0	\$ 5,210

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO RAISE MONEY FOR OUR SCHOLARSHIP FUND AND AWARD SCHOLARSHIPS TO COLLEGE
AND UNIVERSITY STUDENTS IN THE TRANSPORTATION FIELD.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

FUNDS TRANSFERRED TO SCHOLARSHIP AND TRUST FUND TO USE FOR AWARDED
ACADEMIC SCHOLARSHIPS