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990-EZ

## **Short Form Return of Organization Exempt From Income Tax**

2019

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

Open to Public

OMB No 1545-0047

Department of the Treasury

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

Inspection ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning November 1, 2018 2019, and ending October 31, 2019 B Check if applicable C Name of organization D Employer identification number ✓ Address change lowa County Engineers Association 42-1215552 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 319-356-6046 4810 Melrose Avenue West Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending owa City, Iowa 52246 √ Cash ☐ Accrual Other (specify) H Check ► ✓ If the organization is not G Accounting Method I Website: ▶ required to attach Schedule B www.iceasb.org (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) — 501(c)(3) √ 501(c) ( 4 ) 
√ (insert no ) 
√ 4947(a)(1) or 
√ 527 K Form of organization ☐ Association ☑ Other Non-profit Gov/Prof Service Organization Corporation ☐ Trust 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . . 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments . . . . 4 4 Investment income . . . . 5a Gross amount from sale of assets other than inventory 5a 5b h Less' cost or other basis and sales expenses . . . . Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . . . . . . . . 6a Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less' direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold . . . . . . . . . C Gross profit or (loss) from sales of inventory (subtract line 76 from line 7a) 7c 8 8 Other revenue (describe in Schedule O) . . . . 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 34,440 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members . . . . . 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors. 13 14 14 Occupancy, rent, utilities, and maintenance . 53,713 15 15 Printing, publications, postage, and shipping. 16 16 Other expenses (describe in Schedule O) . 17 17 **Total expenses.** Add lines 10 through 16. 53,713 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -19,273 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . . . 19 74,247

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at end of year. Combine lines 18 through 20

20

21

						i age i
Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year	_	(B) End of year
	Oh				Ь.	<del>``</del>
22 23	Cash, savings, and investments			74,247	23	54,97
24	Other assets (describe in Schedule O)			<u> </u>	24	<del></del>
25	Total assets			74,247		54,97
26	Total liabilities (describe in Schedule O)			7 112.77	26	04,07
27	Net assets or fund balances (line 27 of column			74,247	27	54,97
Pa	t III Statement of Program Service Accom	•		Part III)		
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III .	(Bec	Expenses uired for section
Wha	t is the organization's primary exempt purpose?				501(	c)(3) and 501(c)(4)
as r	cribe the organization's program service accompli- neasured by expenses. In a clear and concise no ons benefited, and other relevant information for e-	nanner, describe the			orgai other	nizations, optional for 's)
28	<del> · · · · · · · · · · · · · · · ·</del>		<del></del>			
	(Grants \$ ) If this amount	t includes foreign gra	ints, check here .	🕨 🗌	28a	
29						
	/O				200	İ
30	(Grants \$ ) If this amount		•		29a	
30		••••				
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	t f Dt 1) A
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule					_
	Check if the organization used Schedule	(b) Average	(c) Reportable	(d) Health benefits,	Ť	· · · · ⊔
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-		01	Estimated amount of ther compensation
					1	
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Part	·					
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	$\overline{}$	<u>.                                     </u>		
			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	33		<b>✓</b>		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		/		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-	<b></b>		
c						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>✓</b>		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0					
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<b>✓</b>		
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a				
39	Section 501(c)(7) organizations. Enter:	1	•			
а	Initiation fees and capital contributions included on line 9					
b	Gross receipts, included on line 9, for public use of club facilities	1				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶					
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	40b		<b>✓</b>		
С	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					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	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				
41	List the states with which a copy of this return is filed ▶ Iowa					
42a	The organization's books are in care of ▶ Greg Parker  Telephone no. ▶	319-35	6-6046	3		
	Located at ► 4810 Melrose Avenue West, Iowa City, Iowa ZIP + 4 ►	52246	-9401			
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	Yes	No ✓		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
С	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		✓		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>\Delta 43</b>		. •	<b></b>		
			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	_	<u> </u>		
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		<b>\</b>		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>		
-	explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>		
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	45h				

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46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities o	n behalf	of or	ın opposi	tion			
	to ca	ndidates for public office? If "Yes," o	omplete Schedule C						46		$\overline{\checkmark}$
Part \		Section 501(c)(3) Organizations									
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	d 52, and	d con	nplete th	e tab	les fo	or line	es
		50 and 51.									_
		Check if the organization used Sch	nedule O to respond	I to any question in	this Parl	t VI	<u> </u>	<u> </u>	<del></del>		
	<b>-</b>			. 504(1) 1	"			. 1		Yes	No
		he organization engage in lobbying If "Yes," complete Schedule C, Part								ĺ	
	•	•							47		
		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule and the organization make any transfers to an exempt non-charitable related organization?.							48 49a	-+	
		es," was the related organization a se							49b		
		olete this table for the organization's								s, and	d ke
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org	anızatıon.	. If the	ere is non	e, ent	er "N	one "	·
	<u> </u>		(b) Average	(c) Reportable	(d) H	lealth b	enefits,				
	(a)	Name and title of each employee	hours per week	compensation	honofit n	contributions to employee benefit plans, and deferred					
		İ	devoted to position	(Forms W-2/1099-MISC		mpens					
					1						
			<del></del>								
		······									
f	Total	number of other employees paid over	er \$100,000	. >							
		olete this table for the organization'			t contrac	 ctors	who each	n rece	eived	more	thar
	\$100,	000 of compensation from the orga	nization. If there is no	one, enter "None."							
	(a)	Name and business address of each independ	ent contractor	(b) Type of service			(c) Compensation				
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				<u> </u>							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶						
		he organization complete Schedu	le A? <b>Note:</b> All se								
	<u> </u>	oleted Schedule A							Yes		
Under pe	nalties ect. and	of perjury, I declare that I have examined this r	eturn, including accompan officer) is based on all info	ying schedules and stater ormation of which prepare	nents, and t r has any kn	o the b lowled	est of my ki ge	nowled	ge and	belief, i	t is
	1	1 /0 /7									
Sign	Signature of officer						1/0				
Here		▲ Greg S Parker, Iowa County Engine	iry								
		Type or print name and title		<u> </u>							
Paid		Print/Type preparer's name	Preparer's signature	<u> </u>	Date	-	Check	l ıf F	PTIN	-	
Paid Prepa	ırer						self-emplo				
Use C		Firm's name ▶				Firm's	s EIN ▶				
		Firm's address ▶				Phon					
Mayth	2 IDC	discuse this return with the property	chave above See	netructione				<b>■</b> i l	Vac	I I N	10