**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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Open to Public ► Information about Form 990 and its instructions is at www.irs.gov/form990 tax vear beginning JUL 1, 2013 and ending JUN 30, 2014 Inspection

A F	or the	2013 calendar year, or tax year beginning $\mathrm{JUL}1,2013$	JŬN 30, 2014	
B	Check if applicable:	C Name of organization THE SOCIETY OF HISPANIC PROFESSIONAL	D Employer identific	cation number
	Address			
$\vdash$	change Name		23_7	419867
-	change Initial	Doing Business As		
	return Termin- ated			)725-3970
	Amende return Applica- tion	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,024,126.
	tion pending	F Name and address of principal officer:DAVID GONZALES	H(a) Is this a group re for subordinates	
		13181 CROSSROADS PARKWAY NORTH, SUITE 450,		
	Tay ayar			list. (see instructions)
		WWW.SHPE.ORG	H(c) Group exemptio	·
			ear of formation: 1974	State of legal domicile: CA
	The second second	Summary	car of formation. 1971	of Otale of legal doffficile. C21
nous nous		briefly describe the organization's mission or most significant activities: SHPE CHA	NGES LIVES BY	EMPOWERING
Activities & Governance	'	THE HISPANIC COMMUNITY TO REALIZE ITS FULLES	T POTENTIAL A	ND TO
nar		Check this box X if the organization discontinued its operations or disposed of m		
Ver	ľ	lumber of voting members of the governing body (Part VI, line 1a)		14
င္ပ	1	lumber of voting members of the governing body (Part VI, line 1a)		$\frac{11}{14}$
•ජ ග		otal number of individuals employed in calendar year 2013 (Part V, line 2a)		18
itie	1	otal number of volunteers (estimate if necessary)		150
ζį		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		0.
Ă	1	let unrelated business taxable income from Form 990-T, line 34		0.
	51	let unrelated business taxable income from 1 orn 930-1, line 34	Prior Year	Current Year
	8 0	Contributions and grants (Part VIII, line 1h)	0.	174,106.
Revenue		Program service revenue (Part VIII, line 2g)	4,581,615.	3,846,124.
, ve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	267.	385.
Ä		Other revenue (Part VIII, column (A), lines 5, 4, 8c, 9c, 10c, and 11e)	26,068.	3,511.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,607,950.	4,024,126.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
w	1	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	773,872.	910,448.
Expenses			0.	0.
per	b T	Professional fundraising fees (Part IX, column (A), line 11e)  otal fundraising expenses (Part IX, column (D), line 25)  270,358.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,674,876.	3,419,553.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,448,748.	4,330,001.
	1	Revenue less expenses. Subtract line 18 from line 12	159,202.	-305,875.
or es	<u> </u>	overlad local dispersions. Gastrade line to from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	2,590,263.	1,009,794.
Ass J Ba	21 T	otal liabilities (Part X, line 26)	3,054,311.	2,126,034.
E E	22 N	let assets or fund balances. Subtract line 21 from line 20	-464,048.	-1,116,240.
Pa	art II	Signature Block		
Und	ler penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
-				CONTRACTOR AND AN ART OF THE STATE OF T
Sig	n	Signature of officer	Date	
Her		DAVID GONZALES, DIRECTOR OF FINANCE		
		Type or print name and title		
-		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		VILLIAM H. HRANCHAK	05/15/15 if self-employ	P00641665
Pre	parer	Firm's name TEMO ARJANI LLP	Firm's EIN	95-4149172
Use	Only	Firm's address 301 EAST COLORADO BLVD., #426		
		PASADENA, CA 91101	Phone no. 62	6-578-1978
May	v the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

ENGINEERS, INC. 23-7419867 Page 2 Form 990 (2013) Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SHPE CHANGES LIVES BY EMPOWERING THE HISPANIC COMMUNITY TO REALIZE ITS FULLEST POTENTIAL AND TO IMPACT THE WORLD THROUGH STEM [SCIENCE, TECHNOLOGY, ENGINEERING AND MATH] AWARENESS, ACCESS, SUPPORT AND DEVELOPMENT. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 2,506,514.) 1,545,101. including grants of \$ ) (Expenses \$ ) (Revenue \$ THE ANNUAL CONFERENCE PROGRAM'S MISSION IS TO BE BRING TOGETHER STUDENTS, PROFESSIONALS, AND EMPLOYERS FROM THE PRIVATE AND PUBLIC SECTOR IN THE FIELDS OF SCIENCE, TECHNOLOGY, ENGINEERING AND MATH. THE SERVICES OFFERED INCLUDE CAREER EXPO, INTERVIEW OPPORTUNITIES WITH POTENTIAL EMPLOYERS, NETWORKING OPPORTUNITIES, EDUCATIONAL EVENTS AND PROFESSIONAL DEVELOPMENT WORKSHOPS LEAD BY PROMINENT SPEAKERS. 474,522 including grants of \$ 438,504.) ) (Revenue \$ THE NATIONAL INSTITUTE FOR LEADERSHIP ADVANCEMENT (NILA) IS ANNUAL SYMPOSIUM FOR THE CHAPTER AND REGIONAL LEADERS OF THE ORGANIZATION. NILA PROVIDES EDUCATIONAL AND PROFESSIONAL DEVELOPMENT WORKSHOPS AS WELL AS PROMINENT SPEAKERS IN THE FIELDS OF SCIENCE, TECHNOLOGY, ENGINEERING AND MATH. 247,811. including grants of \$ ) (Revenue \$ THE MEMBERSHIP DEVELOPMENT PROGRAMS IS INTENDED TO PROVIDE MEMBERSHIP SERVICES, SUPPORT, EDUCATION AND PROFESSIONAL DEVELOPMENT & NETWORKING OPPORTUNITIES TO THE MEMBERS OF THE ORGANIZATION. Other program services (Describe in Schedule O.)

403,418.)

1,173,764. including grants of \$

Total program service expenses ► 3,441,198.

Page 3 Part IV | Checklist of Required Schedules

### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 Χ similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b 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 X 15 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 X 16 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 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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? If "Yes," complete			
	Schedule J	23		X
24a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3) and 501(c)(4) 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		
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		
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 so,			,
	complete Schedule L, Part II	26		X
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	ļ	X
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):			-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	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		X
34	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	
35a	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<sub>v</sub>
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O	<u> 38</u>	7 27	

### Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V Yes No 31 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 18 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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age 6

Part VI 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.

E102EANAMANAMAN	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				
	officer, director, trustee, or key employee?			2	Marine Education and	X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	L	5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or				
	more members of the governing body?		L	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:		10.00		
а	The governing body?		L	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the	ſ			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	***************************************	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		[	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		L	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the for	m?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		L	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " describe				
	in Schedule O how this was done		L	12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		[	14	X	
15	Did the process for determining compensation of the following persons include a review and approv	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı				
а	The organization's CEO, Executive Director, or top management official	.,		15a	X	
	Other officers or key employees of the organization			15b	X	
	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 arrange	ment with a				
	taxable entity during the year?		L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s o	only) av	/ailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
		in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest polic	cy, and	finar	ncial	
	statements available to the public during the tax year.	·	-			
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the org	anizati	on: 🕨	•	
	DAVID GONZALES - (323)725-3970	,				
	13181 CROSSROADS PARKWAY NORTH, SUITE 450, CITY OF	INDUSTRY,	CA	9	174	: 6

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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

- 1a 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.

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

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

(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average		not c	Posi heck i	more	than		Reportable	Reportable	Estimated
	hours per			ss pei id a d				compensation	compensation	amount of
	week (list any	10.						from the	from related organizations	other compensation
	hours for	direct	-			-0		organization	(W-2/1099-MISC)	from the
	related	9e 0r	stee			nsate		(W-2/1099-MISC)	(** = *********************************	organization
	organizations	trus	nal tru		oyee	ошре				and related
	below	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	puj	Isu	011	Key	E Hig	교			
(1) BARRY CORDERO	2.00									^
NATIONAL PRESIDENT & CHAIR OF BOARD	0 00	X				ļ		0.	0.	0.
(2) YULIANA PORRAS MENDOZA	2.00					1.				•
NATIONAL VP & BOARD OF DIRECTOR		X						0.	0.	0.
(3) NICOLYN D. HERNANDEZ	2.00								_	
NATIONAL SECRETARY & BOARD OF DIRECT		X						0.	0.	0.
(4) MICHAEL GUITERREZ	2.00								_	
NATIONAL TREASURER & BOARD OF DIRECT		X						0.	0.	0.
(5) MARIA MAGDALENA REYES	2.00									
REGIONAL VP & BOARD OF DIRECTOR		X						0.	0.	0.
(6) HEIDY MUNOZ	2.00									
REGIONAL VP & BOARD OF DIRECTOR		X						0.	0.	0.
(7) OSCAR MARQUINA	2.00									
REGIONAL VP & BOARD OF DIRECTOR		X			<u> </u>			0.	0.	0.
(8) EDWARD MONTENEGRO	2.00									
REGIONAL VP & BOARD OF DIRECTOR		X						0.	0.	0.
(9) CLARISSA NAOMI HERNANDEZ	2.00									
REGIONAL VP & BOARD OF DIRECTOR		X						0.	0.	0.
(10) CLAUDIA GOGGIN	2.00									
REGIONAL VP & BOARD OF DIRECTOR		X						0.	0.	0.
(11) JAY FLORES	2.00									
REGIONAL VP & BOARD OF DIRECTOR		X						0.	0.	0.
(12) KAREM COURT	2.00									
NATIONAL GRADUATE REPRESENTATIVE & B		X						0.	0.	0.
(13) SYLVANA AZANA	2.00									
NATIONAL UNDERGRADUATE REPRESENTATIV		X						0.	0.	0.
(14) MARINA REYNAGA	2.00									
VICE NATIONAL UNDERGRADUATE REPRESEN		X						0.	0.	0.
(15) MARIA DEL PILAR MOLANO MONTOYA	20.00									
CHIEF EXECUTIVE OFFICER		X		X		<u> </u>		99,679.	0.	0.
			-	<del>                                     </del>			<del>                                     </del>			
		1								
		سسسم				dayani.		L		

23-7419867

Page 7

Form 990 (2013)

rar	t VII   Section A. Officers, Directors, Trus		ploy	ees			ighe	st C					4 mm *	
	(A)	(B)			<b>()</b> Posi	-	1		(D)	(E)		<b>,</b>	(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation			timate ount o	
		week					or/trus		from	from related			other	
		(list any	ector						the	organizations			oensa	
		hours for related	or dir	aa			sated		organization	(W-2/1099-MISC	)		om the	
		organizations	trustee	l trust		99/	mpen		(W-2/1099-MISC)			_	anizati I relate	
		below	Individual trustee or director	Institutional trustee	-E-	Key employee	Highest compensated employee	1er					nizatio	
		line)	μģ	Insti	Officer	Key	High	Former						
		NAMES AND ADDRESS OF THE PERSON OF THE PERSO	1											
			-	<del> </del>			-	_			_			
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			╁	$\vdash$		$\vdash$	+	$\vdash$			$\dashv$			***************************************
			1											
-														attoures and a second
				<u> </u>										
			<u> </u>	ļ		-	-							
			-											
Contractor Contractor			$\vdash$	$\vdash$		$\vdash$	+	$\vdash$		AND THE PROPERTY OF THE PROPER		***************************************	<del></del>	
			1											
								T						
													***************************************	
			1											
			<u> </u>	<u></u>	<u> </u>	<u></u>	<u></u>	Ļ	99,679.		0.			0.
	Sub-total								99,079.		0.	· Von Annander von		0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								99,679.		0.			0.
2	Total number of individuals (including but i							ho r	<del></del>					
	compensation from the organization						,			,				0
											-		Yes	No
3	Did the organization list any former officer			e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on				
_	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	•							'	· ·		4		х
5	Did any person listed on line 1a receive or											4	4 September 1	
Ŭ	rendered to the organization? If "Yes," con										أ	5		X
Sec	tion B. Independent Contractors							***********						OCCUPANT NAME OF THE OCCUPANT
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	tract	ors :	that received more than	\$100,000 of comp	ensa	ation f	rom	
	the organization. Report compensation for	the calendary	/ear	end	ing ι	with	or v	/ithi		year.				
	(A) Name and business	s address	ТХТ	ON:	CT.				(B)  Description of s	services	Cr	(C omper	i) nsatio	า
	Name and Basiness		TA	OIV.					Docomption of the					
											**************************************			
														**************
******************														
***************************************											<del></del>		····	
2	Total number of independent contractors	(including but i	not I	imite	d to	tho	ose l	ste	d above) who received n	nore than		***************************************	******	····
(mayaqayaya)	\$100,000 of compensation from the organ	ization 🕨			***************		0	one and the						
												- 1	200 //	

23-7419867 ENGINEERS, INC. Page 9 Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (**D**) Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 174,106. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 174,106 h Total. Add lines 1a-1f Business Code 3,004,202.3,004,202. 2 a CONFERENCE Program Service Revenue b NILA 438,504. 438,504. 403,418. OTHER PROGRAM SERVICE 403,418. е f All other program service revenue 3,846,124 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 385. 385. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 3,511 6 a Gross rents **b** Less: rental expenses ...... 0. 3,511. c Rental income or (loss) ..... 3,511 3,511. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b С d All other revenue

4,024,126.3,846,124.

Total. Add lines 11a-11d

Total revenue. See instructions.

3,896.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			н. '	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	,			
5	Compensation of current officers, directors,				
	trustees, and key employees	99,679.	80,508.	13,059.	6,112.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	627,476.	379,645.	145,688.	102,143.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	124,077.	78,927.	26,884.	18,266.
10	Payroll taxes	59,216.	37,668.	12,830.	8,718.
11	Fees for services (non-employees):	200 600	200 854	45 600	22 242
а	Management	390,690.	309,754.	47,693.	33,243.
b	9				
	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	105,686.	69,241.	30,803.	5,642.
14	Information technology	164,985.	58,890.	93,895.	12,200.
15	Royalties		30,0300	33,0331	
16	Occupancy	98,125.	58,235.	29,968.	9,922.
17	Travel	1,403,821.	1,264,297.	69,262.	70,262.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	801,001.	800,609.	392.	
20	Interest	92,132.	46,067.	46,065.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,100.	23,102.	18,319.	1,679.
23	Insurance	13,877.	7,711.	4,382.	1,784.
24	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 0.)  MARKETING EXPENSE	74,061.	74,061.		
a	MERCHANT FEES AND BANK	53,803.	33,151.	20,652.	
b	MARKETING EXPENSE	6,477.	6,254.	223.	
c d	MISCELLANEOUS	545.	257.	288.	
	All other expenses	171,250.	112,821.	58,042.	387.
25	Total functional expenses. Add lines 1 through 24e	4,330,001.	3,441,198.	618,445.	270,358.
26	Joint costs. Complete this line only if the organization	_,,	-,,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
security to decrease					

Form 990 (2013)
Part X | Balance Sheet

Pa	ırt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
	1111				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			129,360.	1	535,455.
	2	Savings and temporary cash investments			4,936.	2	12,488.
	3	Pledges and grants receivable, net		r		3	
Assets	4	Accounts receivable, net			399,835.	4	393,243.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens			1197		
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali		· · · ·			
		section 4958(f)(1)), persons described in section		· .			
		employers and sponsoring organizations of sec		- 1			
Assets		employees' beneficiary organizations (see instr)				6	•
Set	7	Notes and loans receivable, net		ľ		7	
Ass	8	Inventories for sale or use				8	
	9				305,024.	9	60,591.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	227,867.			일하다 경험하는 경찰을 다
	b	Less: accumulated depreciation		227,867. 223,584.	1,743,060.	10c	4,283.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
DM: October 1860	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			8,048.	15	3,734.
	16	Total assets. Add lines 1 through 15 (must equ			2,590,263.	16	1,009,794.
······································	17	Accounts payable and accrued expenses			416,798.	17	509,022.
	18	Grants payable		18			
	19	Deferred revenue		1,286,803.	19	1,617,012.	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		ï		21	
S	22	Loans and other payables to current and forme	r officers,	directors, trustees,			
Ξ		key employees, highest compensated employe	es, and dis	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel			1,350,710.	23	0.
	24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on line	s 17-24). C	Complete Part X of			
		Schedule D				25	
Normanical	26	Total liabilities. Add lines 17 through 25			3,054,311.	26	2,126,034.
		Organizations that follow SFAS 117 (ASC 958	3), check l	here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc	27	Unrestricted net assets			-464,048.	27	-1,116,240.
39	28	Temporarily restricted net assets				28	
pu	29	•				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	NSC 958),	check here ⊳ 📖 📗			
ō		and complete lines 30 through 34.				Para di P	parameter projection (1997) (1997)
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ea				31	
let,	32	Retained earnings, endowment, accumulated in			1.7.1	32	4 44 6 6 6 6
4	33	Total net assets or fund balances			-464,048.	33	-1,116,240.
(Contractor)	34	Total liabilities and net assets/fund balances .			2,590,263.	34	1,009,794.

THE SOCIETY OF HISPANIC PROFESSIONAL ENGINEERS, INC.

orm	990	(2013	ENGINEERS,	
-	ACCRECATE VALUE OF THE PARTY.	Market Control of the Control		,

23-7419867 Page **12** 

Pai	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		1,02		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	.,33		
3	Revenue less expenses. Subtract line 2 from line 1	3		-30	· · · · · · · · · · · · · · · · · · ·	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-46	4,0	48.
5	Net unrealized gains (losses) on investments	5	National Conference of the Con			
6	Donated services and use of facilities	6	Control of the Contro			
7	Investment expenses.	7		anno menina indicativati	ALL DESCRIPTION OF THE PARTY OF	
8	Prior period adjustments	8		-34	6,3	17.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	PRINTED TO STATE OF THE PRINTE		***************************************	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		Marabina hay da sasanananan			
	column (B))	10	_1	L,11	6,2	40.
Pai	rt XII Financial Statements and Reporting			4		and the second s
	Check if Schedule O contains a response or note to any line in this Part XII					
			The state of the s		Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	Environment Conferences			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				114.4
	separate basis, consolidated basis, or both:			1 1 1 1 1		1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired a	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to 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 Open to Public Inspection

Name of the organization

THE SOCIETY OF HISPANIC PROFESSIONAL ENGINEERS, INC.

Employer identification number 23-7419867

Pa			s or Accounts.Complete if the
-	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor davided failed	(b) Farias and strict associates
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)  Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	liting that the assets hold in depar advi	inad funda
3	are the organization's property, subject to the organization's	<del>-</del>	[
6	Did the organization inform all grantees, donors, and donor ac		
U	for charitable purposes and not for the benefit of the donor or		•
	• •		
Pa			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		istorically important land area
	Protection of natural habitat	´	rtified historic structure
	Preservation of open space	i reservation or a cer	tilled filstofic structure
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a concentation assembnt on the last
-	day of the tax year.	ed conservation contribution in the form	Tot a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of consequation accompate		
a	Total number of conservation easements  Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic stru	vaturo includad in (a)	· · · · · · · · · · · · · · · · · · ·
d	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired a	* / ***********************************	
u			1 1
3	listed in the National Register	eased extinguished or terminated by th	on organization during the tay
Ü	year	based, extinguished, or terminated by tr	ie organization during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		•
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		***************************************
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	<del>-</del>	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		o. ga <u></u> . o dooodg .o.
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or (	Other Similar Assets.
L	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	· · · · ·	· ·
	relating to these items:	,	71
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
			h
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		VIET - 1101-
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>\$</b>

Schedule D (Form 990) 2013 ENGINEERS, INC.

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43.	- / 4	19	o c	١/	Page	~

Pai	t III   Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures, o	r Othe	r Simi	lar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a sig	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	ms				
b	Scholarly research	е								
С	Preservation for future generations			MONTH OF THE PROPERTY OF THE P						
4	Provide a description of the organization's co	ollections and explain	n how th	ev further t	he organizatio	n's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	•		-	-					
	to be sold to raise funds rather than to be ma							$\square$	Yes	□ No
Pai	t IV Escrow and Custodial Arran								ine 9, or	
les es e	reported an amount on Form 990, Par	t X, line 21.	~	•						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	ns or other ass	sets not	included		del Ciril del des en en construencia de entre de la construencia de la construencia de la construencia de la c	et la cità control la publication de la contraction de la contraction de la contraction de la contraction de l
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	3	,	3						Amount	
С	Beginning balance						1c			
d	Additions during the year									
e	Distributions during the year								· · · · · · · · · · · · · · · · · · ·	
f	Ending balance									
	Did the organization include an amount on Fo	orm 990 Part Y line	212						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									
Pai							n			
13: 73:	Table 1 and 1 displayed	(a) Current year		rior year	(c) Two years			years back	(a) Four	vears hack
10	Paginning of year balance	(a) Current year	(10) 1	nor year	(C) Two years	J Back 1	u) moo	yours back	(e) i oui	yours back
1a	Beginning of year balance		***************************************	· · · · · · · · · · · · · · · · · · ·						
b	Contributions							**************************************		
C	Net investment earnings, gains, and losses									**************
d	Grants or scholarships							······································		
е	Other expenditures for facilities					l				
_	and programs									
f	Administrative expenses									
g	End of year balance							O feer her process process from the latter by the feet of the latter by the feet of the latter by the feet of the latter by the		·
2	Provide the estimated percentage of the curr	•	•	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	and administer	red for th	ne organ	ization	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds.	samput 600-250050000 shows 504-450y- 464000000	Madata in North Marian Sansan an				
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a. S	See Form 990,	Part X, I	ine 10.		WWW.Marriage.	www.lovenseason.co.
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulat	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation	י		
1a	Land							: 1 - 1		
b	Buildings									
С	Leasehold improvements									
d	Equipment	227	867.			2	223,5	84.	4	1,283
е	Other									
SACKED STREET	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B), line	10(c).)			<b>&gt;</b>	4	1,283

ENGINEERS, INC. 23-7419867 Page 3

·	Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11b. See Form 990,	Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
I) Financi	al derivatives	***************************************			
	held equity interests			ADDITION OF THE PROPERTY OF TH	~
3) Other	Tiold oquity intologic				
(A)					
(B)					
(C)					
(D)		-		4	
(E)					
(F)					
(G)					
(H)					
otal. (Col. (	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990. Part IV. lin	e 11c. See Form 990.	Part X. line 13.	
	(a) Description of investment	(b) Book value		valuation: Cost or end	d-of-year market value
(1)					
·		A COLOR COLO		9-4-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
1 otal. (Col. (	b) must equal rollin 330, rait A, col. (b) line 13.)				
Part IX	Other Assets.				
CANADA STATE OF THE PARTY OF TH		to Form 990, Part IV, lir	e 11d. See Form 990	, Part X, line 15.	
CHARLEST CO.	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11d. See Form 990	, Part X, line 15.	(b) Book value
Part IX	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
Part IX	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2)	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"	Description	e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columbia)	Other Assets.  Complete if the organization answered "Yes"  (a)	Description	e 11d. See Form 990	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columbia)	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.	Description  ne 15.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columnation of Columnation of Column	Other Assets.  Complete if the organization answered "Yes" (a)	Description  ne 15.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columbata X	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  ne 15.)	ue 11e or 11f. See For	m 990, Part X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columna X  I. (1) Fed	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"	Description  ne 15.)	ue 11e or 11f. See For	m 990, Part X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columna X  I. (1) Fec. (2)	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  ne 15.)	ue 11e or 11f. See For	m 990, Part X, line 25	
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(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columnation of Columnation of Column	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  ne 15.)	ue 11e or 11f. See For	m 990, Part X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columnation of Columnation of Column	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  ne 15.)	ue 11e or 11f. See For	m 990, Part X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columnation of Columnation of Column	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  ne 15.)	ue 11e or 11f. See For	m 990, Part X, line 25	
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) Part X  I. (1) Fecal (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) lin  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  ne 15.)	ue 11e or 11f. See For	m 990, Part X, line 25	
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Schedule D (Form 990) 2013

23-7419867 Page 4 ENGINEERS, INC.

Schedule D (Form 990) 2013 ENGINEERS, INC.		23-7419867 <sub>Page</sub> 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With Rever	ue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.	
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 on investments	2a	174 N
<b>b</b> Donated services and use of facilities		4/8/7
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	Link .
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part XII Reconciliation of Expenses per Audited Financial		nses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV		
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	t I	
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	Later and the second se
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	,	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18.)	5
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	de any additional information.	

### **SCHEDULE J** (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

THE SOCIETY OF HISPANIC PROFESSIONAL ENGINEERS, INC.

Employer identification number 23-7419867

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract X Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

ENGINEERS,

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

23-7419867

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B)	(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred	benefits	(B)(I)-(D)	reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
		AND THE RESERVE OF THE PERSON	-	•				
	€							
	(ii)							
	(i)							
	(ii)					and special control of the special control of		S. Daniel
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23-7419867

ENGINEERS, INC. Schedule J (Form 990) 2013

Part III Supplemental Information

additional information.											Schedule J (Form 990) 2013
t II. Also complete this part for any						,			•		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.											
Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a											
ation, or descriptions required for F											
Provide the information, explans											

# Employer identification number Liquidation, Termination, Dissolution, or Significant Disposition of Assets ► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. ► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE SOCIETY OF HISPANIC PROFESSIONAL Attach certified copies of any articles of dissolution, resolutions, or plans. Attach to Form 990 or 990-EZ. INC. ENGINEERS, Name of the organization (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service SCHEDULE N

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional

Part

OMB No. 1545-0047	

Open to Public Inspection

23-7419867

ŝ (g) IRC section of recipient(s) (if tax-exempt) or type of entity Yes 20 20 2a 29 (f) Name and address of recipient d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses b Become an employee of, or independent contractor for, a successor or transferee organization? (c) Fair market value of asset(s) distributed or amount of transaction expenses Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization: a Become a director or trustee of a successor or transferee organization? distribution (b) Date of (a) Description of asset(s) distributed or transaction expenses paid space is needed.

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

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

Schedule N (Form 990 or 990-EZ) (2013)

A

Page 2

Schedule N (Form 990 or 990-EZ) (2013) ENGINEERS, INC.

Ž ŝ tax-exempt) or type of entity (g) IRC section of Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Yes recipient(s) (if Yes 2a 20 **2**d 4a **2**p 4p **6**a 9 ល n Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal ·0· (f) Name and address of recipient b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III (e) EIN of recipient c If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III. Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III (d) Method of determining FMV for asset(s) distributed or transaction expenses Become an employee of, or independent contractor for, a successor or transferee organization? 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? (c) Fair market value of asset(s) distributed or amount of transaction 825,000, 798,500 Form 990-EZ, line 36. Part II can be duplicated if additional space is needed 6a Did the organization have any tax-exempt bonds outstanding during the year? Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization: Become a director or trustee of a successor or transferee organization? Liquidation, Termination, or Dissolution (continued) (b) Date of distribution 04/25/14 06/19/14 b If "Yes," did the organization provide such notice? (a) Description of asset(s) distributed or transaction 1444 DUKE STREET BUILIDNG 1442 DUKE STREET BUILDING expenses paid Part 43 ᢐ O

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### 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.

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

2013
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SOCIETY OF HISPANIC PROFESSIONAL ENGINEERS, INC.

Employer identification number 23-7419867

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IMPACT THE WORLD THROUGH STEM [SCIENCE, TECHNOLOGY, ENGINEERING AND AWARENESS, ACCESS, SUPPORT AND DEVELOPMENT. MATH ] FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS INCLUDES MINOR PROGRAMS SUCH AS EVENTS, CAREER CENTER ONLINE, ETC.. EXPENSES \$ 1,173,764. INCLUDING GRANTS OF \$ 0. REVENUE \$ 403,418. FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE ORGANIZATION IS A MEMBERSHIP ASSOCIATION THEREFORE IT HAS MEMBERS. THE MEMBERS OF THE ORGANIZATION VOTE TO ELECT THE BOARD OF DIRECTORS AS DOCUMENTED IN THE BYLAWS OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: THE ORGANIZATION IS A MEMBERSHIP ASSOCIATION THEREFORE IT HAS MEMBERS. THE MEMBERS OF THE ORGANIZATION VOTE TO ELECT THE BOARD OF DIRECTORS AS DOCUMENTED IN THE BYLAWS OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE ORGANIZATION'S POLICY IS FOR THE BOARD OF DIRECTORS TO

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION REQUIRES BOARD OF DIRECTORS TO ANNUALLY

COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND MONITORS COMPLIANCE

REVIEW AND APPROVE THE FORM 990 BEFORE FILING.

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization THE SOCIETY OF HISPANIC PROFESSIONAL ENGINEERS, INC.	Page 2 Employer identification number 23-7419867
REGULARLY. SHOULD ANY QUESTIONABLE CONFLICTS ARISE THE OR	GANIZATION
INVESTIGATES THEM ON A TIMELY FASHION.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE ORGANIZATION'S MANAGEMENT COMMITTEE OF T	
DIRECTORS REVIEWS AND APPROVES THE CEO'S COMPENSATION. AN	NUALLY THE BOARD
OF DIRECTORS CONDUCTS A PERFORMANCE REVIEW OF THE CEO AND	COMPENSATION.
SIMILARLY, ANY KEY EMPLOYEES' SALARY IS REVIEWED AND APPR	OVED BY THE BOARD
OF DIRECTORS. THE BOARD OF DIRECTORS UTILIZES SALARY SURV	EYS, COMPARABLE
SALARY DATA, AND THIRD PARTY CONSULTANTS, IF NEEDED.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES AVAILABLE ITS GOVERNI	NG DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON	REQUEST.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

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.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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2013 2013	Open to Pub

OMB No. 1545-0047

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

THE SOCIETY OF HISPANIC PROFESSIONAL

ENGINEERS, INC.

Employer identification number 23-74.19867Ë Inspection

Ď		in the state of th		Section 512(b)(13) controlled entity?	°N	×	
(f) Direct controlling entity			empt	Section	Yes		
			e related tax-exe	(f) Direct controlling entity			
(e) End-of-year assets			had one or more	(e) Public charity Status (if section	501(c)(3))		
			ecause it	Public status (i	501	LINE 9	
(d) Total income			Part IV, line 34 b	(d) Exempt Code section		501(C)(3)	
(c) Legal domicile (state or foreign country)			swered "Yes" on Form 990,	(c) Legal domicile (state or foreign country)		VIRGINIA	
<b>(b)</b> Primary activity			ions Complete if the organization and	(b) Primary activity		FURTHER EDUCATION & PROFESSIONAL DEVELOPMENT IN SCIENCE TECH MATH & V	
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II organizations during the tax year.	(a) Name, address, and EIN of related organization		THE SOCIETY OF HISPANIC PROFESSIONAL  ENGINEERS FOUNDATION - 72-1549994, 1444 DUKE P STREET, ALEXANDRIA, VA 22314	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2013

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INC.

ENGINEERS, Schedule R (Form 990) 2013

Identification of Related Organizations Taxable as a Partnership Complete if 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. Part III

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Schedule R (Form 990) 2013 General or Percentage managing ownership ĝ Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Yes Percentage ownership Yes No 9  $\epsilon$ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 3 <u>6</u> Disproportionate Yes No allocations? Ê Share of total income Ē Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) (e) Share of total income  $\in$ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ð <u>e</u> Legal domicile (state or foreign country) <u>်</u> (d)
| Direct controlling | entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 332162 09-12-13 Part IV

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ENGINEERS, INC. Schedule R (Form 990) 2013 Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	Š
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?	is with one or more re	elated organizations listec	I in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			41	<u>e</u>		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				10	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
				19	×	
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				<del></del>		×
g Sale of assets to related organization(s)				19		×
				4		×
i Exchange of assets with related organization(s)				=		×
i Lease of facilities, equipment, or other assets to related organization(s)				=		×
					- ; :	;
k Lease of facilities, equipment, or other assets from related organization(s)				半		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			7		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			ᄩ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			ţ.		×
				ç	×	_
				2		
a Dojimburcomant najd to related overnigation(e) for evnances				ŧ	×	
				2 5		×
4 Hellibul sellient paid by related organization(s) for expenses				?		
r Other transfer of cash or property to related organization(e)				- dp	:	×
				Ş		×
,	1 T T T T T T T T T T T T T T T T T T T			2		
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.	who must complete t	nis line, including covered	relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	nvolved		
	0	. 679, 66				
THE SOCIETY OF HISPANIC PROFESSIONAL (2) ENGINEERS FOUNDATION	D	478,745.				
THE SOCIETY OF HISPANIC PROFESSIONAL (3) ENGINEERS FOUNDATION	Δι	229,641.				
THE SOCIETY OF HISPANIC PROFESSIONAL (4) ENGINEERS FOUNDATION	щ	386,100.				
(5)						
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THE SOCIETY OF HISPANIC PROFESSIONAL

ENGINEERS, INC. Schedule R (Form 990) 2013 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

tage thip					9	013
(k) Percent owners						2 (066
General or managing partner?						(Form
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No					-	Schedule R (Form 990) 2013
por- ate amo	a					
Disproportionate allocations?						
(g) Share of end-of-year assets						
Share of total income						
(e) Are all partners sec. 501(c)(3) orgs.? 4) Yess No						
ome par 36, 514) <b>Ye</b>						
(d) Predominant income (related, unrelated, excluded from tax under section 512-514) y						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
			·			
(a) Name, address, and EIN of entity						

Part VII   Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
THE SOCIETY OF HISPANIC PROFESSIONAL ENGINEERS FOUNDATION
PRIMARY ACTIVITY: FURTHER EDUCATION & PROFESSIONAL DEVELOPMENT IN SCIENCE
TECH MATH & ENGINEER