Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

THE COHEN LAW FIRM, P.C. 6610 GUNPARK DRIVE, SUITE 202 BOULDER, COLORADO 80301

APRIL 20, 2015

MASTER INPECTOR CERTIFICATION BOARD, INC. 1750 30TH STREET, SUITE 301 BOULDER, CO 80301 ATTENTION: NICK GROMICKO, DIRECTOR

DEAR NICK:

ENCLOSED IS THE ORGANIZATION'S 2014 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE ARE ALSO ENCLOSING A STATEMENT FOR THE PREPARATION OF THE TAX RETURN.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

THE COHEN LAW FIRM, P.C.

IRS e-file Signature Authorization for an Exempt Organization

beginning	, 2014, and ending	

Department of the Treasury nternal Revenue Service	▶ Do not send to the IRS. Keep for your records.	
	► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.	
ame of exempt organiza		rer identification number
	ECTOR CERTIFICATION	4244062
SOARD, INC.		4344263
ame and title of officer		
ICK GROMIC	KU	
OIRECTOR Part Type	of Datum and Datum Information and a second	
	of Return and Return Information (Whole Dollars Only) return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the r	
n line 1a, 2a, 3a, 4a,	or 5a, below, and the amount on that line for the return being filed with this form was blank, then lea e, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line be	ve line 1b, 2b, 3b, 4b, or 5b ,
a Form 990 check h	ere b Total revenue, if any (Form 990, Part VIII, column (A), line 12)1	b
a Form 990-EZ chec	k here Σ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 12 k here	b 133,802
a Form 1120-POL ch	.	b
a Form 990-PF chec		
a Form 8868 check		
Part II Decla	ration and Signature Authorization of Officer	
debit) entry to the fina	. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electron ncial institution account indicated in the tax preparation software for payment of the organization's f	
-888-353-4537 no late processing of the elect payment. I have select	al institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasurer than 2 business days prior to the payment (settlement) date. I also authorize the financial institution tronic payment of taxes to receive confidential information necessary to answer inquiries and resolve ed a personal identification number (PIN) as my signature for the organization's electronic return and to electronic funds withdrawal.	y Financial Agent at ons involved in the e issues related to the
-888-353-4537 no late processing of the electrocyment. I have select programization's consent officer's PIN: check of the	er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution tronic payment of taxes to receive confidential information necessary to answer inquiries and resolve ded a personal identification number (PIN) as my signature for the organization's electronic return and to electronic funds withdrawal. The box only	ry Financial Agent at ens involved in the e issues related to the d, if applicable, the
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as my signar is being filed enter my PIN As an officer with an officer indicated wire and a series of the electron of the ele	er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution tronic payment of taxes to receive confidential information necessary to answer inquiries and resolve dead a personal identification number (PIN) as my signature for the organization's electronic return and to electronic funds withdrawal. THE COHEN LAW FIRM, P.C. ERO firm name ture on the organization's tax year 2014 electronically filed return. If I have indicated within this return with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the financial institution in the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program, I also authorize the content of the IRS Fed/State program of the IRS Fed/State progra	ry Financial Agent at the series involved in the electric issues related to the did, if applicable, the result is a series is a series in that a copy of the return the aforementioned ERO to sically filed return. If I have
-888-353-4537 no late rocessing of the electrocessing file enter my PIN As an officer indicated with program, I w	er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution tronic payment of taxes to receive confidential information necessary to answer inquiries and resolve deapersonal identification number (PIN) as my signature for the organization's electronic return and to electronic funds withdrawal. THE COHEN LAW FIRM, P.C. THE COHEN LAW FIRM, P.C. The ERO firm name The control of the organization's tax year 2014 electronically filed return. If I have indicated within this return with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the onthe return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed with a state agency(ies) regulating charities as it ill enter my PIN on the return's disclosure consent screen.	ry Financial Agent at the series involved in the electric issues related to the did, if applicable, the rmy PIN 12345 Enter five numbers, I do not enter all zeros in that a copy of the return the aforementioned ERO to ically filed return. If I have part of the IRS Fed/State
as my signar is being filed enter my PIN As an officer indicated wir program, I w	er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution tronic payment of taxes to receive confidential information necessary to answer inquiries and resolve de a personal identification number (PIN) as my signature for the organization's electronic return and to electronic funds withdrawal. THE COHEN LAW FIRM, P.C. THE COHEN LAW FIRM, P.C. The ERO firm name The turn on the organization's tax year 2014 electronically filed return. If I have indicated within this return with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the onthe organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed with a state agency(ies) regulating charities as ill enter my PIN on the return's disclosure consent screen. Date	ry Financial Agent at the series involved in the electric issues related to the did, if applicable, the rmy PIN 12345 Enter five numbers, do not enter all zero in that a copy of the return the aforementioned ERO to ically filed return. If I have part of the IRS Fed/State
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-888-353-4537 no late rocessing of the electrocessing for the electrocessing filed enter my PIN As an officer indicated with program, I wifficer's signature Part III Certification of the electrocessing filed enter my PIN As an officer indicated with program, I wifficer's signature Part III Certification of the electrocessing filed enter my PIN As an officer indicated with program, I wifficer's signature Part III Certification of the electrocessing of t	er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution tronic payment of taxes to receive confidential information necessary to answer inquiries and resolve de a personal identification number (PIN) as my signature for the organization's electronic return and to electronic funds withdrawal. THE COHEN LAW FIRM, P.C. THE COHEN LAW FIRM, P.C. The ERO firm name The turn on the organization's tax year 2014 electronically filed return. If I have indicated within this return with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the onthe organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed with a state agency(ies) regulating charities as ill enter my PIN on the return's disclosure consent screen. Date	ry Financial Agent at the series involved in the electric issues related to the did, if applicable, the rmy PIN 12345 Enter five numbers, I do not enter all zero in that a copy of the return the aforementioned ERO to ically filed return. If I have part of the IRS Fed/State
-888-353-4537 no late processing of the electropy of the	er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution tronic payment of taxes to receive confidential information necessary to answer inquiries and resolve de a personal identification number (PIN) as my signature for the organization's electronic return and to electronic funds withdrawal. THE COHEN LAW FIRM, P.C. THE COHEN LAW FIRM, P.C. THE COHEN LAW FIRM, P.C. The properties of the organization's tax year 2014 electronically filed return. If I have indicated within this return with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the on the return's disclosure consent screen. To the organization, I will enter my PIN as my signature on the organization's tax year 2014 electron thin this return that a copy of the return is being filed with a state agency(ies) regulating charities as it lenter my PIN on the return's disclosure consent screen. Date The program of the payment (settlement) do not enter all zeros and not enter all zeros. The properties of the payment (settlement) do not enter all zeros and not enter all zeros.	ry Financial Agent at the series involved in the electric issues related to the digital form. The series of the se
As an officer indicated wir program, I w Difficer's signature Part III Certification (EFIN) followed certify that the above signature above certify that the above certification can be considered to the certification of the certification certification can be considered to the c	er than 2 business days prior to the payment (settlement) date. I also authorize the financial institution tronic payment of taxes to receive confidential information necessary to answer inquiries and resolve de a personal identification number (PIN) as my signature for the organization's electronic return and to electronic funds withdrawal. THE COHEN LAW FIRM, P.C. THE COHEN LAW FIRM, P.C. THE COHEN LAW FIRM, P.C. The properties of the organization's tax year 2014 electronically filed return. If I have indicated within this return with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the on the return's disclosure consent screen. To the organization, I will enter my PIN as my signature on the organization's tax year 2014 electron thin this return that a copy of the return is being filed with a state agency(ies) regulating charities as it lenter my PIN on the return's disclosure consent screen. Date The program of the payment (settlement) do not enter all zeros and not enter all zeros. The properties of the payment (settlement) do not enter all zeros and not enter all zeros.	ry Financial Agent at the series involved in the electric issues related to the did, if applicable, the rmy PIN 12345 Enter five numbers, I do not enter all zeros in that a copy of the returnine aforementioned ERO to ically filed return. If I have part of the IRS Fed/State

LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14

Form **8879-EO** (2014)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2014

Open to Public

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

			· · · · · · · · · · · · · · · · · · ·						
		e 2014 calendar year, or tax year beginning	and ending						
B 	Check if applicab					Employer identification number			
	Addr	ess change MASTER INSPECTOR CERTIFICATION							
	Name	e change BOARD, INC.	20-4344263						
	Initia	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number						
	∏Final	return/ 1750 30TH STREET	03-2	258-7271					
Ē	_	City or town, state or province, country, and ZIP or foreign postal code	L		up Exer				
Ē	\neg	ation pending BOULDER, CO 80301			nber >	•			
G		nting Method: X Cash Accrual Other (specify)				X if the organization is			
		te: NWW.CERTIFIEDMASTERINSPECTOR.ORG			-	d to attach Schedule B			
		cempt status (check only one) $ 501(c)(3)$ \times $501(c)$ (6) \blacktriangleleft (insert no.)	4947(a)(1) or 527	ł	•	990-EZ, or 990-PF).			
			Other	(101	, , ,	000 22, 01 000 11).			
		les 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or		II					
					2	133,802.			
P	art I	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund	Balances (see the instri	uctions	for Part	11)			
	I	Check if the organization used Schedule O to respond to any question in this Part I							
_	1				1				
	'2	Program service revenue including government fees and contracts			2				
	3	Membership dues and assessments			3	133,802.			
	4	Investment income			4				
	5a	Gross amount from sale of assets other than inventory	5a		7				
	b	Less: cost or other basis and sales expenses	5b						
	"		I		5c				
	6	,			36				
	1 -	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than							
ĭ	a		6.						
Revenue	١.	\$15,000)	6a						
æ	"	Gross income from fundraising events (not including \$	of contributions						
		from fundraising events reported on line 1) (attach Schedule G if the sum of such	6b						
		gross income and contributions exceeds \$15,000)	6c						
	C	Less: direct expenses from gaming and fundraising events			0.4				
	0	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	l 1		6d				
	Ι.	Gross sales of inventory, less returns and allowances	7a						
	b	Less: cost of goods sold	7b						
	^c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
	8	Other revenue (describe in Schedule 0)			8	133,802.			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	133,002.			
	10	Grants and similar amounts paid (list in Schedule 0)			10				
	11	Benefits paid to or for members			11				
ses	12	Salaries, other compensation, and employee benefits			12	20 200			
Expenses	13	Professional fees and other payments to independent contractors			13	28,388.			
Ϋ́	14	Occupancy, rent, utilities, and maintenance			14	06 146			
_	15	Printing, publications, postage, and shipping	E COUEDIN E O		15	96,146.			
	16	Other expenses (describe in Schedule 0)			16	1,279.			
	17	Total expenses. Add lines 10 through 16		•	17	125,813.			
ţ	18	, , , , , , , , , , , , , , , , , , , ,			18	7,989.			
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				116 111			
ťΥ	1	(must agree with end-of-year figure reported on prior year's return)			19	116,441.			
Š	20	Other changes in net assets or fund balances (explain in Schedule 0)			20	0.			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		. ▶	21	124,430.			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Form 990-EZ (2014) **BOARD**, **INC**.

Pa	ırt II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to resp	ond to any question	n in this Part II				X
				A) Beginning of year		(B) E	nd of year	<u> </u>
22	Cash	, savings, and investments		66,441.	22		74.	430.
23		and buildings		,	23			
24	Othor	assets (describe in Schedule 0) SEE SCHEDULE O		50,000.	24		50	000.
				116,441.	25	\vdash	124,	
25	Total	assets		0.	-		14,	1 30.
26		liabilities (describe in Schedule 0)		• •	26		101	420
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)		116,441.	27		124,	430.
Pa	<u>irt III</u>	Statement of Program Service Accomplishmen	`	,		(Required	penses	n
		Check if the organization used Schedule O to resp	ond to any question	$_{ m l}$ in this Part III $_{ m L}$	X	501(c)(3)		
What is the organization's primary exempt purpose? SEE SCHEDULE O						organizatio		
Descr	ribe the c	organization's program service accomplishments for each of its three largest program s	services, as measured by expens	es. In a clear and concise		others.)		
mann	er, descr	ibe the services provided, the number of persons benefited, and other relevant information	ation for each program title.					
28	THE	ORGANIZATION IS DEDICATED TO PR	OMOTING EXCE	LLENCE IN				
	THE	INSPECTION INDUSTRY BY AWARDING	THE TOP PRO	FESSIONAL				
•	DES	IGNATION TO QUALIFYING INSPECTOR	S.					
	(Grants			N	_	28a		
29	(Grant) it this amount moldes foreign g	ranto, oncon noro			1200		
23								
					-			
	(Grants	s \$) If this amount includes foreign g	rants, check here	<u> </u>		29a		
30								
	(Grants	s \$) If this amount includes foreign g	rants, check here	> [30a		
31	Other	program services (describe in Schedule O)						
	(Grants					31a		
		. ()			▶	32		
		List of Officers, Directors, Trustees, and Key E	mplovees (list each one	even if not compensated - se	e the		or Part IV)	
		Check if the organization used Schedule O to resp	• •				,	
		Check if the organization asea conedate of to resp	(b) Average hours		<u>d)</u> не	alth benefits,	(e)Esti	mated
		(a) Name and title	per week devoted to	compensation (Forms	contr	ributions to byee benefit	amount	
		(a) Name and title	position	W-2/1099-MISC) (if not paid, enter -0-)	lans,	and deferred	comper	
NTT	OTZ /	GROMICKO	•		com	pensation	· ·	
			г оо			_		^
	REC'		5.00	0.		0.		0.
		MCKENNA						_
EX	ECU'	TIVE DIRECTOR	5.00	0.		0.		0.
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

20-4344263

Page 3

33 Did the organization engage in any significant activity not previously reported to the IRS7 If Yes, "provide a detailed description of each activity III Schedule 0 33 X 34 Were any significant changes made to the organization growning documents? If Yes," attach a conformed copy of the amended documents if they refect a change to the organization as man. Otherwise, explain the change on Schedule 0 (see instructions) 35 Inf the organization have unrealed instances gross income of \$1,000 or more during the year from business children to the completion of the season of the completion of the completion of the season of the completion of the season of the season of the season of the season of the completion of the season of the season of the season of the season of the completion of the season of the completion of the season of the season of the season of the season of the completion of the season of the completion of the completion of the completion of the completion of the season of the completion of the completion of the season of the completion of the season of the completion of the completio		instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	X
33 Dut the organization engage in any significant calcularly not previously reported to the IRER'2 If Yes, provide a detailed description of section of Schedule 0 34 Were any significant changes made to the organization in sums. Discovering the occurrence of the provided and commits if they relied a change to the organization in sums. Discovering the occurrence of the provided and commits if they relied a change to the organization in sums. Discovering the provided and organization of the organization have unreated business gross income of \$1,000 or more during the year from a usiness activities (such as those reported on lines 2, 68, and 78, among others 77 35 If Yes the organization have unreated business gross income of \$1,000 or more during the year if Yes, 5 more than 50 (10,41,50 (10,41				Yes	No
34 Were any significant changes made to the organization stane. Distriction, position of columns is 17 threy effect a change to the organization stane. Otherwise, epide the change on Schiebeld (see instructions) 35.9 If the organization have unrelated trusiness gross income of \$1,000 or more during the year from business activities (such as those reported on these 2, 46, and 72, among others?) 35.9 If I'vis's to line 32, 46, and 72, among others? 36.1 I'vis's to line 32, 46, and 72, among others? 37.0 If the organization ascende of (19/4), 501(9)(5), or 501(9)(6) organization subject to section 030(9)(9) more, reporting, and proxy tax requirements during the year? If "Yes," complete schedule 0, Part III organization of the organization undergo a liquidation, disolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule of Part III and enter the related in the instructions 37.0 If the organization before from, or make any loans to, any office, director, trustee, or key employee or were any such loans made in a prior year and sill outstanding of the end of the text year covered by this return? 38.0 If the organization before from, or make any loans to, any office, director, trustee, or key employee or were any such loans made in a prior year and sill outstanding of the end of the text year covered by this return? 38.0 If the organization before from, or make any loans to, any office, director, trustee, or key employee or were any such loans made in a prior year and scalable contributions included on line 9 Section 301(7)(7) organizations. Enter amount of tax indicates and calable contributions included on line 9 Section 301(7)(7) organizations. Enter amount of tax indicates and calable contributions included on line 9 Section 301(7)(3), 301(8)(4), and 301(7)(29) organizations. Enter amount of tax on line 40c embraced on any ordanization and organization amongs or desqualitation general contributions included on line 9 Section 301(7)(3), 301(8)(4), and 301(7	33		33		
35a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on files 2, 6s, and 7a, among others?) 55b I l'Yes' foi ine 35a, has the organization ified a Form 990-T for the year? II 'No,' provide an explanation in Schedule 0 55b IN/A 55b II 'Yes' foi ine 35a, has the organization ified a Form 990-T for the year? II 'No,' provide an explanation in Schedule 0 55b IN/A 55b II 'Yes' foi ine 35a, has the organization ined a Form 990-T for the year? II 'No,' provide an explanation in Schedule 0 55b IN/A 55b II 'Yes' complete Schedule (P, 2000 Provide Provided P	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	24		v
b If Yes' to line Sis, has the organization leted a Form 990-T for the year? If Yo, 'provide an explanation in Schedule 0	35 a		34		^
b If Yes' to line Sis, has the organization leted a Form 990-T for the year? If Yo, 'provide an explanation in Schedule 0		on lines 2, 6a, and 7a, among others)?	35a		Х
requirements during the year? If "Yes," complete Schedule C, Part III 8	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	N/	A
Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons of time angular to product and so the complete applications. A so the complete applications are not are of NTA. Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization shortes with the acopy of this return is fleet. Part I the states with which a copy of this return is fleet. Part I the states with which a copy of this return is fleet. Por I the state is a bank accountly of the state is a bank accountly of the reganization maintain any donor advised funds during the year? If Yes, 'Form 990 must be completed instead of Form 990-EZ. All bid the organization maintain any donor advised funds during the year? If Yes, 'Form 990 must be completed instead of Form 990-EZ. All bid the organization maintain any donor advised funds during the year? If Yes, 'Form 990 must be completed instead of Form 990-EZ. All bid the organization maintain any donor advised funds during the year and so the organization shall be completed instead of Form 990-EZ in I the organization shall be considered and interest on the organization of the properties of the prop	C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
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The Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization in IF orm 1120-PDL for this year?	36				
b lot the organization life Form 1120-POL for this year? 37 b X 38 a lot the organization horwor form, or make any bases to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 X 38 X 50 If Yes, complete Schedule L, Part II and either the total amount involved 38 b N/A 50 Section 50 (1c)/3 organizations. Enter: 51 A Gross receipts, included on line 9 39 a N/A 52 Section 50 (1c)/3 organizations. Enter amount of tax imposed on the organization during the year under: 53 Section 50 (1c)/3 organizations. Enter amount of tax imposed on the organization during the year under: 53 Section 50 (1c)/3 organizations. Enter amount of tax imposed on the organization during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of list prior forms 990 or 990-122 (1 **ex) complete Schedule L, Part I 6 Section 50 (1c)/3), 50 (1c)(4), and 50 (1c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A 6 Section 50 (1c)/3), 50 (1c)(4), and 50 (1c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization which which a copy of this return is flad NONE 40 A A A A A A A A A		complete applicable parts of Schedule N	36		Х
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	U		45h		
		STECON 1971 IT 1995 1 9111 999 Wild Gollowale It may need to be completed instead of Form 990 EZ (300 instructions)		90-E7	(2014)

									Yes	No
		ganization engage, directly or indirectly, in po				-				X
Pai	rt VI	omplete Schedule C, Part I Section 501(c)(3) organizations	only					4	6	Λ.
ı u		All section 501(c)(3) organizations must a		49b and 52, a	nd comple	te the tables for line	es 50 and 5	1.		
		Check if the organization used Schedule	•		· ·					
		<u> </u>		·					Yes	No
47	Did the or	ganization engage in lobbying activities or hav	ve a section 501(h) elec	tion in effect dur	ing the tax y	ear? If "Yes," complet	e Sch. C, Parl	t II 4	7	
		anization a school as described in section 170							8	
		ganization make any transfers to an exempt n							9a	
		as the related organization a section 527 orga							9b	
	-	this table for the organization's five highest co		•	ers, directo	rs, trustees and key e	mployees) wh	io each	received	more
	tnan \$ 100	0,000 of compensation from the organization.	it there is none, enter "N		no houro	(0) -	(d) Health be	nofito	(a) Eatin	notod
		(a) Name and title of each employee		(b) Averag per week de		(C) Reportable compensation (Forms	contribution employee be	s to 📗	(e) Estim amount of	
		N/A	\	positi		W-2/1099-MISC)	plans, and de compensat	ferred		
	Total num	nber of other employees paid over \$100,000		<u> </u>						
		this table for the organization's five highest co			ho each rece	eived more than \$100	000 of comp	ensatio	n from th	ρ
		ion. If there is none, enter "None." N/A		it dona actors wi	110 04011 1000	nvoa moro man φ roo	,000 01 00111p	onounc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O
		ame and business address of each independe			(b) Type of service		(c) Co	mpensatio	n
					-	-				
d	Total num	nber of other independent contractors each re	ceiving over \$100.000			•	I			
		ganization complete Schedule A? Note. All se								
		d Schedule A							Yes 🗌	No
Unde	r penalties	of perjury, I declare that I have examined this	return, including accon	npanying schedu	ules and stat	tements, and to the be	est of my kno	wledge	and belie	f, it is
true, o	correct, ar	nd complete. Declaration of preparer (other tha	an officer) is based on a	II information of	which prepa	arer has any knowledç	je.			
		Signature of officer					Date			
Sigr Her	ו וי	_	атор				Date			
пег		NICK GROMICKO, DIRE	CTOR							
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
		Filliv Type preparer S hame	Freparer 5 Signature		Date	self- emplo				
Paid		JEFFREY D. COHEN				J Son Simple	*	ากวา	50918	!
	parer	Firm's name THE COHEN LA	W FIRM P.	C.		Firm's EIM	1 ▶ 46-0			•
Use	Only	Firm's address \triangleright 6610 GUNPAR			2	Phone no				
		BOULDER, CO	-	-	_	[1 110110 110				
May t	he IRS dis	scuss this return with the preparer shown abo					>	X	Yes	No
		···							m 990-EZ	(2014)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

MASTER INSPECTOR CERTIFICATION BOARD, INC.

Employer identification number 20-4344263

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	927.
OFFICE EXPENSE	352.
TOTAL TO FORM 990-EZ, LINE 16	1,279.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF YEAR	END OF YEAR
TRADEMARKS 50,000.	50,000.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION	N IS
DEDICATED TO PROMOTING EXCELLENCE IN THE INSPECTION INDUSTRY.	ВУ
AWARDING THE CONTINUING EDUCATION/EXPERIENCE-BASED CERTIFIED MAS	STER
INSPECTOR PROFESSIONAL DESIGNATION, THE ORGANIZATION SUPPORTS THE	HE
INSPECTION INDUSTRY'S ADVANCED EDUCATION PROVIDERS AND ENCOURAGE	ES
EXPERIENCED INSPECTORS TO MAINTAIN EXCELLENCE.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONT	TRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, D	IRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, D	IRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

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