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ACEC

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public

| | _ | | | | | | py or trus return to s | | | unements | Inspection | | | | | |
|-----------------------------|--------------------------------------------------------|-------------|----------|-------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|------------------------|--------------|-------------------|-------------------|--------------------------------------------------|--|--|--|--|--|
| <u>A</u> | For the 2 | | | ar, or tax year beginni | | 01/09 , | | <u>/30/1</u> | U | _ | | | | | | |
| В | | | | | | | | | | | oloyer identification number | | | | | |
| f / | Address change use IRS COMPANIES OF NORTH CAROLINA | | | | | | | | | | | | | | | |
| Ι. | | | print or | Doing Business As | | | | | | コ 56 | -1334000 | | | | | |
| ' | Name chanç | ige | type | | | | | | | | | | | | | |
| 1 | nıtıal return | · | See | Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 919-781-7934 | | | | | | | | | | | | |
| 1 - | Termination | . (| Specific | 421 FAILTIE | FAITTE 21 | REET | | | 1111 | | | | | | | |
| , | emmaton | ' l | Instruc- | City or town, state or | country, and ZIP | + 4 | | | | G Gross re | eceipts \$ 520,855 | | | | | |
| / | Amended re | etum | tions | RALEIGH | | NC | 27601 | | | _ | | | | | | |
| | Application (| pending | F Name | and address of principal | officer | | | | | H(a) Is th | is a group return for | | | | | |
| | фриоссолт | penag | | | | | | | | affili | ates? Yes X No | | | | | |
| | | | | | | | | | | H(b) Are | | | | | | |
| | | ĺ | | | | | | | | | 7000 | | | | | |
| | | | v | 501(c) (6) | | | ' | _ | - | " N | lo," attach a list (see instructions) | | | | | |
| | | npt status | ^ | | (ınsert no) | 4947(a)(1) | or 527 | _ | | _ | | | | | | |
| | Website: | | | CECNC . ORG | (-1- | | | | | | up exemption number | | | | | |
| K | Type of org | ganization | X Cor | poration Trust | Association | Other > | | <u> L</u> | Year of formation | 1969 | M State of legal domicile NC | | | | | |
| P | art I | Sui | mmai | у | _ | | | | | | | | | | | |
| | 1 Br | nefly des | cribe t | e organization's missi | ion or most sia | nificant activit | ties | | | | | | | | | |
| | | - | | E THE BUSINE | | | | COMPAN | TES BY P | ROVIDIN | ic. | | | | | |
| ce | ļ | | | VE ADVOCACY | | - | | | 100 01 1 | | | | | | | |
| lan | | LEGIS |) TWI | VE ADVOCACI I | HIND BUSIN | ESS SERV | ICES. | | | | | | | | | |
| ern | | | | | | | | | | | | | | | | |
| Activities & Governance | 2 CI | heck this | box 🕨 | if the organization | n discontinued | its operation | s or disposed of moi | re than 25° | % of its net as: | sets | | | | | | |
| 8 | 3 No | umber of | f voting | members of the gove | rning body (Pa | rt VI, line 1a) | | | | 3 | <u> </u> | | | | | |
| S | 4 N | umber of | findep | endent voting member | s of the govern | ing body (Pa | rt VI, line 1b) | | | 4 | 11 | | | | | |
| * | 5 T | | - | mployees (Part V, line | _ | | ,, | | | 5 | 3 | | | | | |
| * | P | | | • • | • | | | | | | | | | | | |
| Ĭ, | 6 (| | | olunteers (estimate if | • • • | | EACH IED | | | 6 | 10.465 | | | | | |
| - | '7a ⊺d | otal gros | s unrel | ated business revenue | e from Part VIII, | , column (C) | 一個のアファア | 1 | | 7 <u>a</u> | | | | | | |
| | | et unrela | ted bus | iness taxable income | from Form 990 |)-T, line ₁ 34 | | 그일 | | 7b | | | | | | |
| בל | , | | | | | ിതി . | 10 1 1 D 2010 | 18 | Prior ' | Year | Current Year | | | | | |
| SCANREDENDER | 8 C | ontribution | ons and | grants (Part VIII, line | 1h) | 8 1 | 10V 18 2010 | RS-OS | | | | | | | | |
| 'nú | 9 Pr | rogram s | ervice | evenue (Part VIII, line | e 2g) | 101 | | <u> </u> | 7 | 15,718 | 499,780 | | | | | |
| 2 | 10 In | vestmen | t incon | e (Part VIII. column (A | A). lines 3, 4, ai | nd 7d) | ODEN UT | | | 913 | 6 | | | | | |
| R | 11 0 | ther reve | nue (P | art VIII. column (A) lir | nes 5 6d 8c 9 | c 10c and t | GUEN, UI | | | 6,617 | | | | | | |
| N | 40 T | -4-1 | anue (i | e (Part VIII, column (A art VIII, column (A), Iir dd Imes 8 through 11 | / | | - (A) line (D) | | 7 | 23,248 | | | | | | |
| 9 | 12 10 | 01011010 | | ad miles e uneagn 11 | (maor oqual r | art viii, oolulii | n (A), line 12) | _ | | 25,240 | 320,833 | | | | | |
| \mathcal{E} | 13 G | | | r amounts paid (Part I | , ,, | , | | | | | <u> </u> | | | | | |
| 90 | 14 Be | enefits p | aid to c | r for members (Part ۱) | <, column (A), I | ıne 4) | | | | | | | | | | |
| ý | 15 Sa | alaries, c | ther co | mpensation, employe | e benefits (Par | t IX, column (| A), lines 5–10) | | 2 | 57,782 | 234,410 | | | | | |
| nses | 16a Pr | rofession | al fund | raising fees (Part IX, o | column (A), line | 11e) | | | | | | | | | | |
| per | | | | expenses (Part IX, col | | • | | | | | | | | | | |
| Exper | l | | - | Part IX, column (A), lir | • • | • | | | 5 | 23,830 | 252,609 | | | | | |
| | l | • | | | | • | 25\ | | | 81,612 | | | | | | |
| | | • | | Add lines 13–17 (must | • | column (A), li | ne 25) | | | | | | | | | |
| | | evenue l | ess ex | enses Subtract line 1 | 18 from line 12 | | | _ | | 58,364 | | | | | | |
| Net Assets or Fund Balances | _ | | | | | | | | Beginning of 0 | | End of Year | | | | | |
| sset | 20 To | | | t X, line 16) | | | | | | 74,629 | | | | | | |
| id B | 21 To | otal liabil | ıtıes (P | art X, line 26) | | | | | | <u>07,582</u> | | | | | | |
| žā | 22 N | et assets | or fun | d balances Subtract I | ine 21 from line | 20 | | | 1 | 67,047 | 200,883 | | | | | |
| P | art II | Sig | natu | e Block | | | | | | | | | | | | |
| _ | | | | es of perjury, I declare that | at I have examine | d this return in | aludina accompositos e | | d statements or | nd to the hest | of my knowledge | | | | | |
| | | | | s true, correct, and compl | | | | | | | | | | | | |
| o:- | | | | • | | • | | | • | 1 | | | | | | |
| Sig | | | | -1: 1:: | | | | | | | | | | | | |
| Hei | re | | Signatu | e ol officet | CAPA | | 5. 1 | . 1 | | Dat | e 11/10 /2016 | | | | | |
| | | | | 11/WWW | wy, | | executive] | Directo | | | 11/12/2010 | | | | | |
| | | | Type or | print name and title | _ | | | - | · - | | × | | | | | |
| | | 1_ | | | / | 1 | | Date / | , Che | ck if | | | | | | |
| Pai | d | , | arers | 11.7 | - Mous | les // | PAA | | self- | | | | | | | |
| | parer' | 's signa | ature . | · w | | 11 1a_ | | | emp | loyed 🕨 | 56.000000 | | | | | |
| | - | 1 | 's name | (or yours COMF | | SULTIN | G SERVICES | P.A. | | EIN | ▶ 56-2230642 | | | | | |
| US | e Only | | f-employ | | OX 1808 | 8 | | | | Phone | e | | | | | |
| | | | ess, and | | IGH, NC | 2761 | 9 | | | no | ▶ 919-510-5105 | | | | | |
| Mar | the IDS | discuss | this ro | urn with the preparer | | | | | | | Yes No | | | | | |

Part III Statement of Program Service Accomplishments

| Briefly describe the org | anization's mission: |
|----------------------------------------------|----------------------|
|----------------------------------------------|----------------------|

| TO PROMOTE THE BUSINESS INTERESTS OF ENGINEERING COMPANIES BY PROV LEGISLATIVE ADVOCACY AND BUSINESS SERVICES. | /IDING |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. | Yes X No |
| 4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ LEGISLATIVE ADVOCACY - REPRESENT THE BUSINESS INTERESTS OF THE ENGINEERING INDUSTRY BEFORE THE NORTH CAROLINA GENERAL ASSEMBLY. |) |
| 4b (Code:)(Expenses \$ including grants of \$) (Revenue \$ AWARDS PROGRAMS - CONDUCT TWO ANNUAL AWARDS PROGRAMS, THE ENGINEERING EXCELLENCE AWARDS AND THE LEO CLIENT AWARDS, WHICH RECOGNIZE COMPANIES FOR OUTSTANDING ENGINEERING PROJECTS AND HONOR CLIENTS WHO DEMONSTRATE A COMMITMENT TO QUALIFICATIONS-BASED SELECTION, EXCELLENT COMMUNICATION AND ON-TIME PAYMENT OF FEES, RESPECTIVELY. |) |
| 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ CONFERENCES/SEMINARS - CONDUCT CONFERENCES AND SEMINARS ON TOPICS RELATED TO THE BUSINESS INTERESTS OF THE ENGINEERING INDUSTRY WHICH PROVIDE NETWORKING OPPORTUNITITES FOR OUR MEMBERSHIP AS WELL AS THE OPPORTUNITY TO EARN REQUIRED PROFESSIONAL DEVELOPMENT HOURS (PDHS). |) |

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

| 97777 | art IV Checklist of Required Schedules | | | ····· | age 3 |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|----------------|-------------|
| | | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | | |
| | complete Schedule A , , | | 1_ | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | | |
| | Schedule C, Part II | | 4_ | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | | | |
| | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | | 5 | X | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | | | | |
| | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | | | |
| _ | complete Schedule D, Part I | | _6_ | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | _ | | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | ٔ ۾ ا | | x |
| • | complete Schedule D, Part III | | 8 | | ^ |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | | |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | 9 | | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | | 10 | | x |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | | | |
| •• | VII, VIII, IX, or X as applicable | | 11 | х | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | | |
| • | Schedule D, Part VI. | | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | | |
| • | Did the organization report an amount for other assets related 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. | | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | | |
| | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | | |
| | Schedule D, Parts XI, XII, and XIII. | | 12 | | X |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. | 12A X | | 1 | |
| 13 | 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 | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | | v |
| 45 | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | 45 | | x |
| 16 | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | 15 | | |
| 10 | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | 16 | - | <u> </u> |
| ., | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | ⊢" | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | 18 | 1 | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | ٿ | | |
| | If "Yes," complete Schedule G, Part III | | 19 | | x |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | 20 | <u> </u> | X |
| | | | | | (0000) |

19? Note. All Form 990 filers are required to complete Schedule O.

| | 1 990 (2009) AMERICAN COUNCIL OF ENGINEERING 56-1334000 | | <u>Р</u> | age 4 |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|---------------|
| <u>P</u> | art IV Checklist of Required Schedules (continued) | | T | - |
| 21 | Did the examination report more than \$5,000 of grants and other equiptions to governments and examinations | | Yes | No |
| | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | <u>'</u> | | |
| | 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 | <u></u> | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | x |
| 24a | | | | |
| | \$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 25 | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| • | to defease any tax-exempt bonds? | 24c | ļ | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | | | | |
| | 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 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? | | 1 | |
| | If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | ŧ | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | and the second s | | | |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | | | |
| | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, | | | |
| | Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X_ |
| 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 | | ŀ | |
| | Schedule N, Part II | 32 | L | X |
| 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, Parts II, | | | <u> </u> |
| | III, IV, and V, line 1 | _34_ | <u> </u> | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | |
| | Schedule R, Part V, line 2 | 35 | <u> </u> | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | İ | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | ļ | L |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | 1 | |
| | Part VI . | 37 | <u> </u> | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | 1 | |

| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | ., | - | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | , | |
| | U.S. Information Returns. Enter -0- if not applicable | | | į |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | ĺ |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | İ |
| | gaming (gambling) winnings to prize winners? | 1c | | X |
| 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 2a 3 | | | į |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | Ė |
| | instructions) | | | Ĺ |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | | ĺ |
| | this return? | 3a | X | <u> </u> |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | _3b | X | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | Ė |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank | | | Í |
| | and Financial Accounts. | [] | | v |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | 20 | | |
| С | Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 30 | | _ |
| va | organization solicit any contributions that were not tax deductible? | 6a | | x |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or | <u> </u> | | |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | É |
| | and services provided to the payor? | 7a | | Ĺ |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b_ | | |
| С | 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 | | | Ė |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | Ė |
| | benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u> </u> |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | |
| | required? | <u>7h</u> | | |
| 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 | | 1 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | Ì | |
| b | 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 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | l |
| 11 | Section 501(c)(12) organizations. Enter: | | | l |
| а | Gross income from members or shareholders | | | ŧ |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | I |
| | amounts due or received from them.) | | | l |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> |
| _ <u>b</u> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | <u> </u> | <u> </u> |
| | | Fort | ո 990 | (2009) |

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.

| Sec | tion A. Governing Body and Management | | | |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|-------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent 1b 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | <u> </u> |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | v | |
| a | The governing body? | 8a | X | |
| Ъ | Each committee with authority to act on behalf of the governing body? | 8b | | _ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | 9 | | x |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal | 19 | | |
| | renue Code.) | | | |
| IXCV | ende Gode.) | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| - | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10ь | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | | X |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | : | | |
| | rise to conflicts? | 12b | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 1 | | |
| | describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X |
| 14 | Does 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 approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 4- | 1 | • |
| a | The organization's CEO, Executive Director, or top management official | 15a | | X |
| ь | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | 15b | | |
| 46- | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| 16a | with a taxable entity during the year? | 16a | | x |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | 100 | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | Ī |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ NC | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you make these available Check all that apply | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | | | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| D | organization: ► COMPASS CONSULTING SERVICES P.A. 8398 SIX FORKS ROAD, SUITE 102 ALEIGH NC 27615 919 | 9-51 | 0-5 | 105 |

56-1334000

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

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if the organization (A) | (B) | (C) Position (check all that apply) | | | | | | (D) | (E) | (F) | |
|----------------------------------------|------------------------------|-------------------------------------|-----------------------|------------|----------|----------|---------------|---------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| Name and Title | Average hours per week | individual trustee or director | Institutional trustee | de Officer | | | ि Former - | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations | |
| KATHRYN J. SAWYER | | x | | · | | | | 110 200 | 0 | 0.260 | |
| EXEC DIR THOMAS F. BURCHET | 40.00 | 1 | | | | \vdash | | 118,209 | 0 | 9,260 | |
| PRESIDENT | 6.00 | x | | | | | | 0 | 0 | o | |
| STEVEN L. THOMAS, | | | | | | | | | | | |
| PRES-ELECT | 2.00 | x | | | | | | 0 | 0 | 0 | |
| L. DEWAYNE BROWN, | | | | | | | | · | | - | |
| VICE-PRES | 2.00 | X | | | | | | 0 | 0 | 0 | |
| VALOREE ELKINAS, | P.E. | | | | | | | | | | |
| SEC/TREAS | 2.00 | X | | | | | | 0 | 0 | 0 | |
| BRYAN R ODOM, P.E | | | | | | | | _ | _ | _ | |
| NATIONAL DIR | 2.00 | X | | | | | | 0 | 0 | 0 | |
| RICK CATLIN, P.E. | 1 00 | | | | | | | | • | | |
| BOARD MEMBER | 1.00 | X | | _ | | \vdash | | 0 | 0 | 0 | |
| WES LOWDER, P.E. BOARD MEMBER | 1.00 | $ \mathbf{x} $ | | | | | | О | 0 | o | |
| DAN BOONE, P.E. | 1.00 | A | _ | | | \vdash | | | | <u></u> | |
| BOARD MEMBER | 1.00 | x | | | | | | o | 0 | d | |
| JEFF DOUGLAS, P.E | | + | | | | H | | | | | |
| BOARD MEMBER | 1.00 | X | ŀ | | |] | | 0 | 0 | 0 | |
| BILL HOOD, P.E. | | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | _0 | |
| GREG WELLS, P.E. | | | | | | | | | _ | _ | |
| BOARD MEMBER | 1.00 | X | ļ | <u> </u> | ļ | - | | 0 | 0 | 0 | |
| | | | | | | | | | | | |
| | | \vdash | \vdash | - | - | \vdash | | | | | |
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| | | \top | | | | | | - | | | |
| | | ot | | | <u> </u> | Ш | | | | | |
| | | | | | | | | | | | |
| | | \vdash | | \vdash | <u> </u> | | | | | | |
| | | | 1 | | | | • | | | | |
| | | 1 | ı | 1 | ı | 1 1 | | i | 1 | i . | |

| Part VI | Section A. Officers | , Directors, Trus | tees | , Ke | y En | nplo | yees | , and | d Highest Compensated E | mployees (continued) | |
|---------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|--------------------------|------------------------|-----------------------|------------------------------|----------------|-----------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------|
| | (A) Name and Title | (B) Average hours per | <u> </u> | _ | chec | | hat ap | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | • | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | - | |
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| | | | | - | | | | | : | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Tota | | <u> </u> | | | | | | | 118,209 | | 9,260 |
| | I number of individuals (inc rtable compensation from t | | | | ose | liste | abo | ve) | who received more than \$10 | 00,000 in | |
| 4 For a the coundry | loyee on line 1a? If "Yes," of any individual listed on line organization and related organization | complete Schedu 1a, is the sum of ganizations great | ile J f repo er th | for so ortab an \$ | uch i le co 150, | indiv ompe 0007 | idual ensat If "Y | ion a 'es," | ee, or highest compensated and other compensation fror complete Schedule J for su | | yes No 3 X 4 X |
| serv | any person listed on line 1a | zation? If "Yes," | | | | | | | | | 5 X |
| 1 Com | pensation from the organiz | e highest comper ation | nsate | ed inc | depe | nder | nt cor | ntrac | ctors that received more than | | |
| | Name and | (A) business address | | | | | | | Descrip | (B) tion of services | (C) Compensation |
| | | | | | | <u>.</u> | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | - | | - | |
| | | | _ | | | | to th | ose | listed above) who received | <u> </u> | |
| more DAA | e than \$100,000 in comper | sation from the c | orgar | uzatı | on 🕨 | | | | | | 0 Form 990 (2009) |

| Pa | rt V | II Staten | nent of Reve | nue | | | | | | |
|--------------------------------------------------------|----------|--------------------------------------------|--------------------------|---------|-------------|------------|----------------------|--------------------------------|-----------------------------------------|-----------------------------------------------|
| | | | | | | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | | | , p | ······ | | | | revenue | ievenuo | 512, 513, or 514 |
| Program Service Revenue Contributions, gifts, grants | 1a | Federated cam | | 1a | | | | | 1 | |
| gra | b | Membership de | ues | 1b | | | | | Ī | |
| ts, | С | Fundraising ev | ents | 1c | | | | | | |
| igi | đ | Related organi | zations | 1d | - | | | | 1 | |
| sim's | е | Government grants (| (contributions) | 1e | | | | | | |
| utio | f | All other contribution | | | | | | | 1 | |
| of the | | and similar amounts | not included above | 1f | | | | | 1 | |
| on | g | | ns included in lines 1a- | 1f | \$ | | 1 | | | |
| 5 8 | <u>h</u> | Total. Add line | s 1a–1f | | | | | | | |
| nue | | | | | | Busn. Code | | | | |
| eve | 2a | NORTH CA | AROLINA DUES | | | | 312,294 | 312,294 | | |
| e R | b | CONF, SI | EMINAR, TRAIN | ING M | rgs | | 159,516 | 159,516 | | |
| Ş | С | ACEC DUI | ES | | | <u> </u> | 27,970 | 27,970 | | |
| Se | d | | | | | | | | | |
| Гап | 6 | | | | | | | | | |
| rog | f | | am service rever | nue | | - | 400.700 | | | |
| <u> </u> | | Total. Add line | | | | | 499,780 | <u> </u> | | |
| | 3 | | ome (including d | ividend | is, interes | t, and | ے | | | 6 |
| | | other similar a | • | | | | 6 | | | - 6 |
| | 4 | | vestment of tax- | exemp | t bona pre | oceeas 🚩 | | | | |
| | 5 | Royalties | (ı) Real | | /u\ E | Personal | | | | |
| | e- | Cross Banta | (i) iveai | | (11) 1 | ersona | | | 1 | |
| | 6a | Gross Rents | | | | | | | 1 | |
| | D | Less rental exps | | | - | | | | I | |
| | d | Rental inc or (loss) Net rental inco | mo or (loss) | | | | ŧ | | † | |
| | | Gross amount from | (i) Securities | | (ii) | Other | | | | , |
| | | sales of assets | (,) 0000 | | () | | | | 1 | |
| | ь | other than inventory Less cost or other | | | - | | | | 1 | |
| | | basis & sales exps | | | | | | | | |
| | С | Gain or (loss) | | | | | | | | |
| | d | Net gain or (los | | | 1 | | Ī | | † | |
| | 8a | | om fundraising ever | nts | | | | | | |
| שת | | (not including \$ | , | | | | | | | |
| <u>8</u> | | • | eported on line 1c) | | | | | | | |
| Other Revenu | | See Part IV, line | • | а | | | | | | |
| the | ь | Less: direct ex | | b | | | | | | |
| Ò | С | | (loss) from fundi | aising | events | • | | | | |
| | 9a | | om gaming activitie | | | | | | - | |
| | | See Part IV, line | 19 | а | | | | | | |
| | ь | Less: direct ex | penses | b | | | | , ,, | | |
| | С | Net income or | (loss) from gami | ng acti | vities | • | | | | |
| | 10a | Gross sales of | inventory, less | | | | | , ., ., | | |
| | | returns and all | owances | а | | | | | | |
| | b | Less: cost of g | oods sold | b | | | | | | |
| | С | Net income or | (loss) from sales | of inv | entory | <u> </u> | | | | |
| | | Misc | ellaneous Revenue |) | | Busn. Code | | | | |
| | 11a | MEMBERSHI | P DIRECTORY | | | 323100 | 17,950 | | 17,950 | |
| | b | TAX REFUN | uò | | | <u></u> | 1,604 | | | 1,604 |
| | С | INSURANCE | DIVIDENDS | | | 524298 | 1,515 | | 1,515 | |
| | d | All other reven | ue | | | L | | | | |
| | 0 | Total. Add line | | | | ▶ | 21,069 | | | |
| _ | 12 | Total Revenu | e. See instruction | ns. | | | 520,855 | 499,780 | 19,465 | 1,610 |

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | | | | |
|---------|--------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|-------------------------------------------|--------------------------------|--|--|--|--|--|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to governments and | - | CAPONOGO | goneral expelleds | - CAPCITOCO | | | | | | |
| ' | - | | | | | | | | | | |
| _ | organizations in the U.S. See Part IV, line 21 | | | | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | | | |
| _ | the U.S. See Part IV, line 22 | | | | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | | | |
| | organizations, and individuals outside the | | | , | 1 | | | | | | |
| | U S. See Part IV, lines 15 and 16 | | <u></u> | ••••••••••••••••••••••••••••••••••••••• | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | |
| | trustees, and key employees | | | | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | 4.55 | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 127,469 | 127,469 | <u></u> | | | | | | | |
| 7 | Other salaries and wages | 70,181 | 70,181 | | | | | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | | | | | | | |
| | and section 403(b) employer contributions) | 5,042 | 5,042 | | | | | | | | |
| 9 | Other employee benefits | 17,093 | 17,093 | | | | | | | | |
| 10 | Payroll taxes | 14,625 | 14,625 | | | | | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | | | |
| а | Management | | | | | | | | | | |
| b | Legal | 8,542 | 8,542 | | | | | | | | |
| С | Accounting | 32,361 | 32,361 | | | | | | | | |
| d | Lobbying | | | | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | | | | | |
| f | Investment management fees | | | • | | | | | | | |
| g | Other | 12,073 | 12,073 | | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | | | |
| 13 | Office expenses | 25,146 | 25,146 | | | | | | | | |
| 14 | Information technology | | · · · · · · | | | | | | | | |
| 15 | Royalties | | | | | | | | | | |
| 16 | Occupancy | 18,882 | 18,882 | | | | | | | | |
| 17 | Travel | 10,734 | 10,734 | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | <u> </u> | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 79,239 | 79,239 | | | | | | | | |
| 20 | Interest | | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 4,049 | 4,049 | | | | | | | | |
| 23 | Insurance | 3,926 | 3,926 | · | | | | | | | |
| | | | 2,520 | | | | | | | | |
| 24 | Other expenses. Itemize expenses not | ` [| | | ‡ | | | | | | |
| | covered above. (Expenses grouped together | | | | | | | | | | |
| | and labeled miscellaneous may not exceed | Ī | | | 1 | | | | | | |
| | 5% of total expenses shown on line 25 below.) | I | | | | | | | | | |
| а | COUNCIL MEETING EXPENSES | 49,058 | 49,058 | ······································ | | | | | | | |
| a b | READERSHIP COSTS | 7,465 | 7,465 | | | | | | | | |
| | PRINTING AND PUBLICATIONS | 830 | 830 | | | | | | | | |
| c d | PROFESSIONAL DUES | 304 | 304 | | | | | | | | |
| _ | INVESTIGATION DOSS | 304 | 304 | | | | | | | | |
| 0 | All other eveness | | – | | | | | | | | |
| f or | All other expenses | 487,019 | 487,019 | | | | | | | | |
| 25 | Total functional expenses.Add lines 1 through 24f | 40/,019 | 40/,019 | | | | | | | | |
| 26 | Joint costs. Check here ► if following SOP 98-2. Complete this line only if the | | | | 1 | | | | | | |
| | organization reported in column (B) joint costs | | | | | | | | | | |
| | from a combined educational campaign and | | | | | | | | | | |
| - | fundraising solicitation | | | | - 000 | | | | | | |

| | | | (A) | | (B) | | | | |
|----------------------|-------------------------------------------------------------|----------------------------------------------------------|-------------------|---------|--------------|--|--|--|--|
| | | | Beginning of year | | End of year | | | | |
| 1 | Cash—non-interest bearing | | | 1 | | | | | |
| 2 | Savings and temporary cash investments | 226,655 | 2 | 249,173 | | | | | |
| 3 | Pledges and grants receivable, net | | | 3 | | | | | |
| 4 | Accounts receivable, net | | 41,031 | 4 | 20,462 | | | | |
| 5 | Receivables from current and former officers, directors, tr | ustees, key | | | | | | | |
| | employees, and highest compensated employees. Compl | , and highest compensated employees. Complete Part II of | | | | | | | |
| | Schedule L | | _5_ | | | | | | |
| 6 | Receivables from other disqualified persons (as defined u | ınder section | 1 1111 | | | | | | |
| | 4958(f)(1)) and persons described in section 4958(c)(3)(E | 3). Complete | | | | | | | |
| 1 | Part II of Schedule L | 6 | | | | | | | |
| 7 8 | Notes and loans receivable, net | | · · | 7 | - | | | | |
| 8 | Inventories for sale or use | | | 8 | | | | | |
| 9 | Prepaid expenses and deferred charges | · | 3,794 | 9 | 5,553 | | | | |
| 10a | Land, buildings, and equipment: cost or | [| | | | | | | |
| | other basis Complete Part VI of Schedule D | 10a 35,568 | | | | | | | |
| b | Less: accumulated depreciation | 10b 34,643 | 3,149 | 10c | 925 | | | | |
| 11 | Investments—publicly traded securities | | 11 | | | | | | |
| 12 | Investmentsother securities. See Part IV, line 11 | | 12 | | | | | | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | | | | | | |
| 14 | Intangible assets | | | 14 | | | | | |
| 15 | Other assets. See Part IV, line 11 | | | 15 | | | | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | , | 274,629 | 16 | 276,113 | | | | |
| 17 | Accounts payable and accrued expenses | 56,027 | 17 | 402 | | | | | |
| 18 | Grants payable | | • | 18 | | | | | |
| 19 | Deferred revenue | | | 19 | | | | | |
| 20 | Tax-exempt bond liabilities | | | 20 | | | | | |
| 21 | Escrow or custodial account liability. Complete Part IV of | Schedule D | | 21 | | | | | |
| 21 22 | - | | | | | | | | |
| | employees, highest compensated employees, and disqua | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | persons. Complete Part II of Schedule L | | | 22 | | | | | |
| 23 | · | parties · | | 23 | | | | | |
| 24 | Unsecured notes and loans payable to unrelated third par | | | 24 | | | | | |
| 25 | Other liabilities. Complete Part X of Schedule D | | 51,555 | 25 | 74,828 | | | | |
| 26 | Total liabilities. Add lines 17 through 25 | , | 107,582 | 26 | 75,230 | | | | |
| | Organizations that follow SFAS 117, check here ▶ 3 | and | | | | | | | |
| 27 28 | complete lines 27 through 29, and lines 33 and 34. | _ | | | | | | | |
| 27 | Unrestricted net assets | | 167,047 | 27 | 200,883 | | | | |
| 28 | Temporarily restricted net assets | | | 28 | | | | | |
| 29 | Permanently restricted net assets | · | | 29 | | | | | |
| 1 | Organizations that do not follow SFAS 117, check her | re ▶ 📋 | , ., | | | | | | |
| 1 | and complete lines 30 through 34. | <u> </u> | | | | | | | |
| 30 | Capital stock or trust principal, or current funds | | | 30 | | | | | |
| 31 | Paid-in or capital surplus, or land, building, or equipment | fund | | 31 | | | | | |
| 32 | Retained earnings, endowment, accumulated income, or | | | 32 | | | | | |
| 30 31 32 33 | Total net assets or fund balances | | 167,047 | 33 | 200,883 | | | | |
| 34 | Total liabilities and net assets/fund balances | · | 274,629 | | 276,113 | | | | |

Form **990** (2009)

56-1334000

Page 12

| Pa | rt XI Financial Statements and Reporting | | | | | | | |
|----|------------------------------------------------------------------------------------------------------------------|----|-----|----|--|--|--|--|
| | | | 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 O. | | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X | | | | |
| C | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | | | |
| | the audit, 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 | | | | | | | |
| | Schedule O. | | | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | | | | | |
| | issued on a consolidated basis, separate basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | | | |
| | the Single Audit Act and OMB Cırcular A-133? | 3a | | X | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | | | | | |

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Nar | e of organization AMERICAN COUNCIL OF COMPANIES OF NORTH | Employer Identification number 56-1334000 | | | | | | | | | |
|----------|----------------------------------------------------------------|-------------------------------------------|------------------------|------------------------------------------------|-----------------------------------------------------|--|--|--|--|--|--|
| Par | 1-A Complete if the organization is exe | 27 organization. | | | | | | | | | |
| 1 | Provide a description of the organization's direct and indire | ect political campaign activities in I | Part IV. | | | | | | | | |
| 2 | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| 3 | Volunteer hours | | | | | | | | | | |
| Par | I-B Complete if the organization is exe | mpt under section 501(c)(| 3). | | | | | | | | |
| 1 | Enter the amount of any excise tax incurred by the organi | zation under section 4955 | | > \$ | | | | | | | |
| 2 | Enter the amount of any excise tax incurred by organizati | on managers under section 4955 | | ▶ \$ _ | | | | | | | |
| 3 | If the organization incurred a section 4955 tax, did it file F | orm 4720 for this year? | | | Yes No | | | | | | |
| 4a | Was a correction made? | | | | Yes No | | | | | | |
| <u>b</u> | If "Yes," describe in Part IV | | <u> </u> | | | | | | | | |
| Par | t I-C Complete if the organization is exe | mpt under section 501(c), | except section | 501(c)(3). | | | | | | | |
| 1 | Enter the amount directly expended by the filing organiza | tion for section 527 exempt function | n | | | | | | | | |
| | activities | | | ▶\$ | | | | | | | |
| 2 | Enter the amount of the filing organization's funds contrib | uted to other organizations for sect | ion | | | | | | | | |
| | 527 exempt function activities | | | ▶ \$ | | | | | | | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. En | nter here and on Form 1120-POL, | | | | | | | | | |
| | line 17b | | | ▶ \$ | | | | | | | |
| 4 | Did the filing organization file Form 1120-POL for this year | ar? | | | Yes No | | | | | | |
| 5 | Enter the names, addresses and employer identification r | number (EIN) of all section 527 poli | tical organizations to | which payments | | | | | | | |
| | were made For each organization listed, enter the amount | nt paid from the filing organization's | funds Also enter th | e amount of political | | | | | | | |
| | contributions received that were promptly and directly del | , , | | parate segregated | | | | | | | |
| | fund or a political action committee (PAC). If additional sp | ace is needed, provide information | in Part IV. | | - · · · · · · · · · · · · · · · · · · · | | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political | | | | | | |
| | | | | filing organization's funds If none, enter -0- | contributions received and promptly and directly | | | | | | |
| | | | | idilds il florie, enter -0- | delivered to a separate | | | | | | |
| | | | | | political organization If none, enter -0- | | | | | | |
| | | | <u> </u> | | none, enter -0- | | | | | | |
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| Schedulė C (Form 990 or 990-EZ) 2009 AN | ERICAN COUN | CIL OF ENG | INEERING | 56-13340 | 00 Page 2 |
|--------------------------------------------------------------|-----------------------------|---------------------------|---------------------|---------------------|---------------|
| Part II-A Complete if the organ | ization is exempt | under section 50 | 1(c)(3) and filed | Form 5768 (electi | |
| under section 501(h)). | | | | | |
| A Check $ ightharpoonup$ \square if the filing organiza | • | • • | | | |
| B Check ▶ ☐ if the filing organiza | ation checked box | A and "limited co | ntrol" provisions | apply. | |
| Limits on Lo | bbying Expendite | ures | | (a) Filing | (b) Affikated |
| (The term "expenditures | | | org | ganization's totals | group totals |
| 1a Total lobbying expenditures to influence p | ublic opinion (grass roo | its lobbying) | | | · |
| b Total lobbying expenditures to influence a | | lobbying) | | | |
| c Total lobbying expenditures (add lines 1a | and 1b) | | | | |
| d Other exempt purpose expenditures | | | | | |
| e Total exempt purpose expenditures (add | | | | | · |
| f Lobbying nontaxable amount. Enter the a | mount from the following | g table in both | | | |
| columns. | T | | | | |
| if the amount on line 1e, column (a) or (b) is: | The lobbying nontar | xable amount is: | | . | |
| Not over \$500,000 | 20% of the amount or | line 1e | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of | the excess over \$500,00 | <u> </u> | | |
| Over \$1,000,000 but not over \$1,500,000 | | the excess over \$1,000,0 | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of t | he excess over \$1,500,00 | 0 | | |
| Over \$17,000,000 | \$1,000,000 | | | <u> </u> | |
| g Grassroots nontaxable amount (enter 25% | • | | | | |
| h Subtract line 1g from line 1a. If zero or les | | ; ·. | | | |
| I Subtract line 1f from line 1c. If zero or less | • | | | | |
| j If there is an amount other than zero on e | ither line 1h or line 1i, d | id the organization file | Form 4720 reporting | | П., П., |
| section 4911 tax for this year? | | | | | Yes No |
| | 4-Year Averagir | ng Period Under | Section 501(h) | | |
| (Some organizations th | at made a section | 501(h) election | do not have to co | mplete all of the | five |
| columns be | elow. See the inst | ructions for lines | 2a through 2f or | n page 4.) | |
| Lol | bying Expenditu | res During 4-Yea | r Averaging Perio | od | |
| Calendar year (or fiscal year | | | | | |
| beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| | | | | | |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount | | | | | |
| (150% of line 2a, column(e)) | . , , | , ,, <u>,</u> | | | |
| c Total lobbying expenditures | | • • | | | |
| d Grassroots nontaxable amount | | t | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2009

| rai | (election under section 501(b)). |) i filea Fa | orm 57 | 08 |
|-----|-----------------------------------------------------------------------------------------------------|--------------|--------|----------------------------------------|
| | | (2 | 1) | (b) |
| | • | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local | | | ······································ |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | |
| | referendum, through the use of: | | Į | |
| а | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1ı)? | | | |
| С | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| е | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | | - |
| i | Other activities? If "Yes," describe in Part IV | | | |
| j | Total. Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|---|--------------------------------------------------------------------------------------------------|----|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1_ | | X |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2_ | | X |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | X |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

| 1 | Dues, assessments and similar amounts from members | 1 | 312,294 |
|---|--------------------------------------------------------------------------------------------------------|----|---------|
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political | | |
| | expenses for which the section 527(f) tax was paid). | | |
| а | Current year | 2a | 6,398 |
| b | Carryover from last year | 2b | |
| С | Total | 2c | 6,398 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | |
| | and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | 6,398 |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedulė C (Form 990 or 990-EZ) 2009 AMERICAN COUNCIL OF ENGINEERING

56-1334000

Page 4

Part IV Supplemental Information (continued)

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number Name of the organization AMERICAN COUNCIL OF ENGINEERING COMPANIES OF NORTH CAROLINA 56-1334000 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Sche | dulè D (Form 990) 2009 AMERICAN (| | | | | -1334000 | Page 2 | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------|-------------|--------------------------------------------------|-------------------|------------------------|---------------------------------------|--|--|--|--|
| Pa | rt III Organizations Maintaining (| Collections of | Art, Hi | storical Treasu | ires, or Oth | er Similar Assets | (continued) | | | | |
| 3 | Using the organization's acquisition, accession, collection items (check all that apply): | and other records | s, check a | ny of the following t | that are a signif | icant use of its | | | | | |
| а | Public exhibition | d 🗍 | Loan or | exchange program | s | | | | | | |
| b | Scholarly research | e T | Other | 0.0 | | | | | | | |
| С | Preservation for future generations | | • | | . . | | | | | | |
| 4 | Provide a description of the organization's coller Part XIV. | ctions and explain | how they | further the organiz | ation's exempt | purpose in | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | | | |
| Pa | rt IV Escrow and Custodial Arrar | ngements. Co | omplete | if the organiza | | red "Yes" to Form | 990, Part | | | | |
| _ | IV, line 9, or reported an amo | | | | | | · ··-· | | | | |
| па | Is the organization an agent, trustee, custodian | or other intermedi | ary for co | ntributions or other | assets not | | | | | | |
| _ | included on Form 990, Part X? | | | | | | Yes No | | | | |
| þ | If "Yes," explain the arrangement in Part XIV an | d complete the fol | lowing tat | ole: | | | A | | | | |
| | | | | | | | Amount | | | | |
| | Beginning balance | | | | | 1c | | | | | |
| d | Additions during the year | | | | | 1d | | | | | |
| е | Distributions during the year | | | | | 1e | · · · · · · · · · · · · · · · · · · · | | | | |
| f | Ending balance | | | | | <u> 1f </u> | | | | | |
| 2a | Did the organization include an amount on Form | n 990, Part X, line | 21? | | | | Yes No | | | | |
| | If "Yes," explain the arrangement in Part XIV. | | | | | | | | | | |
| Pa | rt V Endowment Funds. Comple | te if organizat | tion ans | wered "Yes" to | | | | | | | |
| | | (a) Current yea | ar | (b) Pnor year | (c) Two years | back (d) Three years b | ack (e) Four years back | | | | |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| c | Net investment earnings, gains, | | | | | · | | | | | |
| | and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | , | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| а | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the year er | nd balance held as | | | | | | | | | |
| а | Board designated or quasi-endowment ▶ | % | | | | | | | | | |
| b | Permanent endowment ▶ % | | | | | | | | | | |
| c | Term endowment ▶ % | | | - | | | | | | | |
| | Are there endowment funds not in the possession | on of the organiza | tion that a | re held and adminis | stered for the | | | | | | |
| | organization by: | | | | | | Yes No | | | | |
| | (i) unrelated organizations | | | | | | 3a(i) | | | | |
| | (II) related organizations | | | | | | 3a(li) | | | | |
| h | If "Yes" to 3a(ii), are the related organizations lis | sted as required o | n Schedu | le R? | | | 3b | | | | |
| | Describe in Part XIV the intended uses of the or | • | | | | | | | | | |
| ****** | ert VI Investments—Land, Buildin | | | | Part X lin | e 10 | ··· | | | | |
| | Description of investment | (a) Cost or other | | (b) Cost or oth | | (c) Accumulated | (d) Book value | | | | |
| | accompliant of information | (investmen | | basis (other) | | depreciation | (-, , | | | | |
| 4- | Land | , | • | 1 | | | | | | | |
| | Land . | | | | | <u> </u> | | | | | |
| b | • | | | | | | | | | | |
| _ | Leasehold improvements | | | - | 956 | 956 | | | | | |
| d | Equipment | | | 24 | ,612 | 33,687 | 925 | | | | |
| | Other | al Form 000 Pc-1 | Y colum | | , 012 | | 925 | | | | |
| ota | I. Add lines 1a through 1e. (Column (d) must equ | ai Fuitti 990, Part | A, Wiumi | ii (□), iiii⊎ 10(C).) | | <u>▶</u> _ | 925 | | | | |

| Schedule D (Form 990) 2009 AMERICAN COUNCIL OF EN | IGINEERING | 56-1334000 | Page 3 |
|---------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------|---------------------------------------|
| Part VII Investments—Other Securities. See Form 990 | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| Financial derivatives . | | | |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments—Program Related. See Form 990 | , Part X, line 13. | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| | - | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
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| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part X Other Assets. See Form 990, Part X, line 15. | | | |
| (a) Description | | (b) Boo | ok value |
| | | | |
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| | • | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | <u> </u> | |
| Part X Other Liabilities. See Form 990, Part X, line 25 | | | |
| 1. (a) Description of liability | (b) Amount | | |
| Federal income taxes ACEC NATL DUES PAYABLE | 41,189 | | |
| NCDOT HIGHWAY GEOPHYSICS CONFERENCE | 21,696 | | |
| | 6,222 | | |
| NC QBS FACILITATOR PAYABLE | | | |
| PAYROLL LIABILITIES | 5,721 | | |
| | | | |
| | | • | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) | 74,828 | | |
| (5) | | that rangets the | |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization | auon s ilhanciai statements t | mai reports the | |

organization's liability for uncertain tax positions under FIN 48.

| Sche | dule D (Form 990) 2009 AMERICAN COUNCIL OF ENGINEERING 56-13340 | 000 | Page 4 |
|--------|----------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten | nents | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | |
| Pa | Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn | |
| 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: | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities 2b | | |
| C | Recovenes of prior year grants 2c | | |
| d | Other (Describe in Part XIV.) | | |
| е | 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: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIV.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | . 5 | |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I | Return | |
| 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: | | |
| а | Donated services and use of facilities 2a | _ | |
| b | Prior year adjustments 2b | _ | |
| С | Other losses 2c | | |
| d | Other (Describe in Part XIV.) | | |
| е | 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: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | _ | |
| b | Other (Describe in Part XIV.) | _ | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| | ert XIV Supplemental Information | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b | | |
| | 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete | | |
| this p | part to provide any additional information. | | |
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| Part XIV | Supple | mental | Inform | nation | (conti | nued) | | | | | | | | | _ | |
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ACEC

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

AMERICAN COUNCIL OF ENGINEERING COMPANIES OF NORTH CAROLINA

Employer Identification number 56-1334000

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION SCHEDULE C LINE 19 - THE GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION VIA THE ORGANIZATION'S WEBSITE.