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Form **990**

Department of the Treasury

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

2009

OMB No 1545-0047

Open to Public

							Inspection	
		long late	c Name of organization	-01-2009 and ending 09-30-201	U	D Employer ider	ntification number	
	eck if ap Iress ch	pplicable Please use IRS	NATIONAL COUNCIL OF EXAM: ENGINEERING AND SURVEYIN			57-034119!		
_		label or	Doing Business As	G		E Telephone nu		
_	ne char	type. Se	e			(864) 654-6	824	
Inıt	ıal retur	n Specific Instruc-		ox if mail is not delivered to street addre	ess) Room/suite	G Gross receipts \$		
Ter	mınated		PO BOX 1686			d Gloss receipts 4	24,550,524	
- Am	ended r	return	City or town, state or country	, and ZIP + 4		1		
– Apr	lication	pending	CLEMSON, SC 29633					
		F N	ame and address of principal	officer	H(a) Ta Ab	.	£	
			Y T CARTER			ıs a group return ates?	⊤Yes ▼No	
			SENECA CREEK ROAD 1SON,SC 29633					
			130 N, 3C 29033		1 ' '	ll affiliates include	· ·	
Ta	x-exem	pt status 🔽 501	(c) (3) ◀ (insert no)	a)(1) or		o," attach a list up exemption nur	(see instructions)	
		:► WWW NCEE] H(c) GIOC	ap exemption har	iibei F	
			ration Trust Association O	ithor 🌬	l Voor of fo	ormation 1938 M	State of legal domicile So	
	rt I	Summary	ration Trust Association O	uner 🕶	L Year of 10	rmation 1938 M	State of legal domicile. Si	
		•	the organization's mission or	most significant activities				
	1	•	<u> </u>	F PRO FESSIONAL CERTIFICAT	ION EXAMS	FOR ENGINEER	S	
:								
)	_	Charlether have			-f th	250/ 25:52 225		
			•	tinued its operations or disposed			ssets	
	1			oody (Part VI, line 1a)				
	4	Number of indep	endent voting members of the	e governing body (Part VI, line 11	o)	. 4		
	5	Total number of	employees (Part V , line 2a)			5		
	6	Total number of	volunteers (estimate if neces	ssary)		6	7!	
1		-		Part VIII, column (C), line 12		7a		
	b	Net unrelated bu	siness taxable income from	Form 990-T, line 34		7b		
				Pric	or Year	Current Year		
_	8	Contributions a	nd grants (Part VIII, line 1h		529,165	(
<u> </u>	9	Program servic	e revenue (Part VIII, line 2g		16,358,708	17,736,410		
	10	Investment inc	ome (Part VIII, column (A),		-783,455	540,34		
İ	11	Other revenue	(Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total revenue-	-add lines 8 through 11 (mus	e				
						16,104,418	18,276,750	
	13			olumn (A), lines 1-3)			62,500	
	14	•		lumn (A), line 4)				
Ø	15	•	compensation, employee ber	nefits (Part IX, column (A), lines !	5 –	4,888,956	5,047,119	
Expenses	16a	10) Professional fui	ndraising fees (Part IX) colur	nn (A), line 11e)		1,000,530	3,3 17,111	
Φ ⊕	ь		xpenses (Part IX, column (D), line				•	
ם	17	=		23) F 11d, 11f-24f)		9,120,813	8,923,72	
	18			ual Part IX, column (A), line 25)		· · · · · · · · · · · · · · · · · · ·		
	19					2,094,649	14,033,34	
. e?	13	Kevenue less e	Apenses Subtract lifte to ITC	om line 12	Reginnin	g of Current	4,243,409	
Fund Balances						ear	End of Year	
4	20	Total assets (P	art X, line 16)			21,420,357	26,551,270	
	21					3,124,875	3,542,13:	
	22			1 from line 20		18,295,482	23,009,139	
	t II	Signature E		<u> </u>		,,	,-	
. «		_		nined this return, including accompanying	schedules and s	tatements and to th	ne hest of my knowledge	
				n of preparer (other than officer) is base				
					1			
ign Iere		***** Signature of off	icer		2011- Date	-02-09		
CIE	-	'			Date			
		JERRY T CARTE	ER EXECUTIVE DIRECTOR					
		Type or print na	inic and title			T		
	-	i .			Check If self-	Preparer's identify (see instructions)	ving number	
		Preparer's			J-11 -	(ace manuchons)		
Paid		Preparer's signature Amy	Bibby		empolyed 🕨 🦵			
	arer's				empolyed 🕨 🦵			
		Firm's name (or your fiself-employed),	urs DIXON HUGHES PLLC		empolyed • F	EIN Þ		
repa		signature Amy	urs DIXON HUGHES PLLC		empolyed 🕨 🦵	EIN P		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MISSION OF THE NCEES IS TO - ASSIST MEMBER BOARDS IN THE PROMOTION AND PROMULGATION OF REGULATORY PROCESSES FOR ENGINEERING AND SURVEYING LICENSURE WHICH DEMONSTRATE HIGH STANDARDS OF KNOWLEDGE, COMPETENCE, PROFESSIONAL DEVELOPMENT, AND ETHICS - PROVIDE TO MEMBER BOARDS SERVICES THAT PROMOTE UNIFORM LICENSING PROCEDURES WHICH EMPHASIZE QUALITY EDUCATION, EXAMINATION, PROGRESSIVE QUALIFYING EXPERIENCE, AND CONTINUING PROFESSIONAL COMPETENCY - COORDINATE WITH DOMESTIC AND INTERNATIONAL ORGANIZATIONS TO PROMOTE LICENSURE OF ALL ENGINEERS AND SURVEYORS

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 gran allocations to others, the total expenses, and revenue, if any, for each program service reported	nts and 196,026) OF ENGINEERING EXAMINATIONS USED GONAL MOBILITY FOR
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AND SURVEYING LICENSING BOARDS REPRESENTING ALL STATES AND U S TERRITORIES NCEES DEVELOPS, SCORES, AND ADMINISTERS THE E FOR ENGINEERING AND SURVEYING LICENSURE THROUGHOUT THE UNITED STATES NCEES ALSO PROVIDES SERVICES FACILITATING PROFESSI	EXAMINATIONS USED SIONAL MOBILITY FOR
4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
Ad. Other management (December of Cabe data O.)	
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses►\$ 12,270,825	

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	Julieuules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 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	Yes	
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	Į	ļ	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

art V	Statements	Regarding	Other TRS	Filinas	and Tax	Compliance
	ota to illoilto	itegai ailig	Other Tite	,go	ana iax	Compilation

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		N.o.
h	return?	3a 3b		Νο
la	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		Νο
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

280 SENECA CREEK RD CLEMSON, SC 29633 (864) 654-6824

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a b	Enter the number of voting members of the governing body 1a 8 Enter the number of voting members that are independent 1b 8			
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee?	2		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►SC			
18	Section 6104 requires an organization to make its Form 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. 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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨
	JEANNIE VAN DER ZALM			

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, and current key employees 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, or 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 did r	not compens	ate any	curr	ent d	or fo	rmer o	ffıc e	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	rage Position (check all urs that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee		organization (W- or 2/1099-MISC) (V		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
LEONARD J TIMMS PRESIDENT	1 00	х		х				0	0	0
DALE JANS PRESIDENT ELECT	1 00	х		х				0	0	0
DAVID WHITMAN PAST PRESIDENT	1 00	х		Х				0	0	0
GENE DINKINS TREASURER	1 00	х		х				0	0	0
DAVID WIDMER VP (DIRECTOR)	1 00	х		Х				0	0	0
GOVIND NADKARNI VP (DIRECTOR)	1 00	х		Х				0	0	0
NANCY GAVLIN VP (DIRECTOR)	1 00	х		х				0	0	0
PATTY MAMOLA VP (DIRECTOR)	1 00	х		х				0	0	0
PATRICK TAMI VP (DIRECTOR)	1 00	х		Х				0	0	0
HENN REBANE PAST PRESIDENT	1 00	х		х				0	0	0
JERRY CARTER EXECUTIVE DIRECTOR	40 00			х				290,321	0	30,168
JEANNIE VAN DER ZALM DIR OF FINANCE	40 00			х				166,310	0	19,366
SUSAN WHITFIELD ASSOC EXEC DIRECTOR	40 00				х			152,396	0	7,000
DAVY MCDOWELL ASSOC EXEC DIRECTOR	40 00					Х		111,340	0	17,325
TIM MILLER DIR OF EXAM SERVICES	40 00					х		113,083	0	18,232
DONNA MOSS DIR OF HUMAN RESOURCES	40 00					х		100,770	0	16,825

For	n 990 (2009)			Page 8
1b	Total	0		108,916
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶6			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		Compe	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{E} \)0			
		F	orm 99	0 (2009)

Form 99	•	,						Page 9
Part \	<u>/1111</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
필드	ь	Membership du	es 1b					
S, g	c	Fundraising eve	ents 1c					
<u>#</u>	d	Related organiz	zations 1d					
E, S	e	Government grants	s (contributions) 1e					
rtíon er s	f	All other contribution	ons, gifts, grants, and 1f					
Contributions, gifts, grants and other similar amounts	g		butions included in					
Ĕ	_			_				
ें ल	h	Total. Add lines	s 1a-1f					
e			-	Business Code				
ven	2a	EXAMINATION FEES	-	611,710	8,443,855	8,443,855		
Program Serwce Revenue	Ь	EXAM ADMINISTRA CERTIFICATION OF		611,710	4,778,198	4,778,198		
Š	d	STUDY MATERIALS	-	611,710	2,281,518	2,281,518		
Š	e e	MEMBERSHIP DUES		453,000 900,099	1,193,998	1,193,998 540,390		
Ē	F		am service revenue	900,099	540,390 498,457	498,457		
Ď	'				498,437	498,457		
<u>~</u>	g		s 2a-2f		17,736,416			
	3		ome (including dividend	. F	251,102			251,102
	4		ar amounts) stment of tax-exempt bond	· · ·	,			
	5			` ` <u>` </u>				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)	🕨				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	6,549,406					
		assets other than inventory						
	Ь	Less cost or other basıs and	6,260,168					
	_ ر	sales expenses Gain or (loss)	289,238					
	ď		(ss)		289,238			289,238
	8a	Gross income f						
Ē		events (not inc \$	luding					
Other Revenue		of contributions	reported on line 1c)					
Ř		See Part IV, lin	ne 18 a					
je.	Ь	Less directex	penses b					
ᅙ	c		· (loss) from fundraising (events 📂				
	9a		rom gaming activities					
		See Part IV, III	ne 19 a					
	ь	Less direct ex	penses b					
	С		loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	с		(loss) from sales of inve	entory 📂				
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reven						
	е	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions	▶	18,276,756	17,736,416	0	540,340

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations mu	•			
	l other organizations must complete column (A) but are not required to		s (B), (C), and (B)	(D). (C)	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$	62,500	62,500		
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 U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	539,341		539,341	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,414,203	2,965,158	449,045	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	421,316	315,987	105,329	
9	Other employee benefits	371,943	278,957	92,986	· · ·
10	Payroll taxes	300,316	225,238	75,078	
11	Fees for services (non-employees)				
а	Management				
b	Legal	42,191		42,191	
c	Accounting	33,500		33,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,660,260	1,642,893	17,367	
12	Advertising and promotion	757,563	757,563		
13	Office expenses	1,951,113	1,951,113		
14	Information technology	204,696	204,696		
15	Royalties				
16	Occupancy	925,818	908,659	17,159	
17	Travel	1,927,014	1,787,283	139,731	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,016,793	780,314	236,479	
20	Interest	1,073	1,073		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	354,860	354,860		
23	Insurance	48,847	34,531	14,316	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a					
b					
c					
d					
e					
f 	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	14,033,347	12,270,825	1,762,522	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 9,439,569 2 9.756.953 2 3 3 4 626.935 4 779.437 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 4.676 16,296 408,154 364,989 Land, buildings, and equipment cost or other basis Complete 7.210.520 10a 10a Part VI of Schedule D 10b 3.193.830 4,034,505 **10c** 4.016.690 b Less accumulated depreciation 6.894.898 11 11.628.525 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 21,420,357 16 26,551,270 1,255,200 17 1,572,256 17 Accounts payable and accrued expenses . 18 18 1,550,254 19 1,638,915 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 16,278 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 319,421 25 Other liabilities Complete Part X of Schedule D 25 314.682 26 **Total liabilities.** Add lines 17 through 25 3,124,875 3,542,131 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 18.295.482 23.009.139 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 18,295,482 33 33 23,009,139 34 Total liabilities and net assets/fund balances 21.420.357 34 26,551,270

Part XI Financial Statements and Reporting

			Yes	No			
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo			
b	b Were the organization's financial statements audited by an independent accountant?						
c	If "Yes," to 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? 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 separated basis						
3а	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 Circular A-133?	3a		No			
b	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						

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization NATIONAL COUNCIL OF EXAMINERS FOR

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

ENGINEERING AND SURVEYING 57-0341195

Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All organizations	must complete this pa	art.) See instruc	tions			
						h 11, check only one bo					
1	Г	A churc	h, conventio	on of churches, or as:	sociation of churches se	ection 170(b)(1)(A)(i).					
2	\sqcap	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Attach Schedu	le E)					
3	\sqcap	A hospi	tal or a coop	perative hospital serv	/ıce organızatıon descril	oed in section 170(b)(1)(A)(iii).				
4	Γ		cal research I's name, cıt	•	ed in conjunction with a l	nospital described in sect	ion 170(b)(1)(A)	(iii). Ente	r the		
5	Г	An orga	nızatıon ope	rated for the benefit	of a college or universit	y owned or operated by a	governmental uni	t describe	- ed in		
	•			A)(iv). (Complete Pa		, , ,	•				
6	Г		eral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	r	An orga describ	n organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in es								
8	Γ	A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Com	plete Part II)					
9						fits support from contrib	utıons, membersh	ııp fees, aı	nd gro	ss	
						to certain exceptions, ar					
		ıts supp	ort from gro	ss investment incom	ne and unrelated busines	s taxable income (less s	ection 511 tax) fr	om busin	esses		
		acquire	d by the org	anızatıon after June 3	30, 1975 See section 5	09(a)(2). (Complete Part	III)				
10	굣					ublic safety See section !					
11	Γ	one or r	more publicly	supported organiza	tions described in section orting organi <u>za</u> tion and c	fit of, to perform the func on 509(a)(1) or section 5 omplete lines 11e throug - Functionally integrated	09(a)(2) See sec h 11h		a)(3).	Check	
e	Γ	other th				olled directly or indirectly icly supported organizati					
f			-	eceived a written det	termination from the IRS	that it is a Type I, Type	II or Type III su	pporting o	rganız	ation,	
_		check t		006 has the sussession			. 4			J	
g			g persons?	006, nas the organiz	ation accepted any gift	or contribution from any o	ortne				
				ectly or indirectly co	ntrols, either alone or to	gether with persons desc	ribed in (ii)		Yes	No	
		and (111)	below, the g	overning body of the	the supported organiza	tion?		11g(i)			
		(ii) a fa	mily membe	r of a person describ	ed ın (ı) above?			11g(ii)			
		(iii) a 3	5% controll	ed entity of a person	described in (i) or (ii) al	oove?		11g(iii)			
h		Provide	the followin	g information about t	he supported organizati	on(s)					
	(i) Namo suppo	e of orted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above	(iv) Is the organization in col (i) listed in your governing	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization col (i) organiz	e d	A mo	vii) ount of oport?	

(i) Name of supported organization	Name of (ii) (described on supported EIN lines 1- 9 above		Is th organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493040012001

OMB No 1545-0047

SCHEDULE D (Form 990)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	NAL COUNCIL OF EXAMINERS FOR EERING AND SURVEYING			57-0	0341195
Part	Organizations Maintaining Donor Ac		her Similar Fu		
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advis	od funds	,	(b) Funds and other accounts
L T	otal number at end of year	(a) Dollor advis	eu iulius		Funds and other accounts
	ggregate contributions to (during year)				
	ggregate grants from (during year)				
	ggregate value at end of year				
	old the organization inform all donors and donor advi unds are the organization's property, subject to the			or advı	Yes No
u	ed the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit	-	_	•	
art	II Conservation Easements. Complete	ıf the organızatıon an	swered "Yes" to	o Forn	n 990, Part IV, line 7.
Г Г	urpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space	on or pleasure)	reservation of an	ertifie	ically importantly land area d historic structure
	asement on the last day of the tax year	med conservation contin	sacron in the form	01 4 66	on servacion
			[Held at the End of the Year
a T	otal number of conservation easements			2a	
b T	otal acreage restricted by conservation easements			2b	
: N	umber of conservation easements on a certified his	toric structure included	ın (a)	2c	
ı N	umber of conservation easements included in (c) ac	cquired after 8/17/06		2d	
tl	umber of conservation easements modified, transfe			a by th	ne organization during
D	umber of states where property subject to conserva loes the organization have a written policy regarding nforcement of the conservation easements it holds?	the periodic monitoring	•	— Iling of	violations, and Yes No
	taff and volunteer hours devoted to monitoring, insp		nservation easem	ents d	,
Δ	mount of expenses incurred in monitoring, inspecti	na and enforcing conser	vation easements	durina	the year b r \$
D	loes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				Yes No
I b	n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of t he organization's accounting for conservation easen	he footnote to the organ			se statement, and
art 1	Organizations Maintaining Collection Complete if the organization answered '			or Otl	her Similar Assets.
а	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	for public exhibition, edu	ıcatıon or researd	:h ın fu	
- h	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for j rovide the following amounts relating to these items	public exhibition, educat			•
(i) Revenues included in Form 990, Part VIII, line 1				▶ \$
(ii) Assets included in Form 990, Part X				- \$
I	f the organization received or held works of art, histo ollowing amounts required to be reported under SFA			r finan	'
a _R	evenues included in Form 990, Part VIII, line 1				► \$

Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	Hections of Ar	t, HIS	tori	<u>саі і</u>	reasu	ires, or Ut	nei	Sillillai Asse	: LS (C	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	owing	that ar	e a sıgnıfıcar	it us	e of its collectio	n	
а	Public exhibition		d	Γ	Loan	orexcl	hange progra	ms			
b	Scholarly research		e	Γ	O the	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furth	er the c	organization's	ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Pari	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	"Ye	es" to Form 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontribi	utions o	or other asse	ts n	ot _	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able				A		
_	Danish a language						-	_	A mou	ant.	
c d	Beginning balance							.c .d			
u e	Additions during the year							.a .e			
_	Distributions during the year										
f n-	Ending balance	000 5					<u> </u>	f	-	Y	
	Did the organization include an amount on Fo		e 217						ı	Yes	No
	If "Yes," explain the arrangement in Part XIV				1 1137-	!! !	Fa 000 I	.	T) / line 10		
Par	t V Endowment Funds. Complete	(a)Current Year)Prior						•)Four Y	ears Back
1a	Beginning of year balance	(a) carrette rear	(3	y	· car	(6)	o rears back	(4).	The real Back (e	.,. ou	cars back
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as						-		
а	Board designated or quasi-endowment	%									
ь	Permanent endowment - %										
c	Term endowment ► %										
	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and a	dministered	for t	he		
	organization by									Yes	No
	(i) unrelated organizations		•					•	3a(i)		<u> </u>
	(ii) related organizations			•				•	3a(ii)		
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	·						•	3b		
	t VI Investments—Land, Buildings					990 Pa	art X line 1	n			
		o, una Equipina) Cost o		(b)Cost or oth		(c) Accumulated		
	Description of investment					stment)	basis (other)		depreciation	(d) Bo	ook value
	and		•					4			
	Buildings		•				5,639,2	276	2,497,863		3,141,413
c L	_easehold improvements		•				113,2	273	50,173		63,100
	Equipment		•				1,457,9	71	645,794		812,177
	Other		•	<u> </u>							
Total	.Add lines 1a-1e (Column (d) should equal Fo	rm 990. Part X. colu	mn (R) line	10(0))			▶		4,016,690

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, col (B) line 13)		
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	

	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	1115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,276,756
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,033,347
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,243,409
4	Net unrealized gains (losses) on investments	4	470,248
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 - 8	9	470,248
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,713,657
Part		er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	18,747,004
2	A mounts 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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	470,248
3	Subtract line 2e from line 1	3	18,276,756
4	A mounts 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 . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	18,276,756
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	14,033,347
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	14,033,347
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 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	14,033,347

Complete 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 and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier

Return Reference | Explanation

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DLN: 93493040012001

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	SINEERING AND SURVEY					57-0341195	5
Pa	General Infor			de the United State	s. Complete	ıf the organ	nization answered
1	For grantmakers. Do assistance, the grante	es the organiza ees' eligibility fo	ition maintain r or the grants or	records to substantiate assistance, and the se	election criter		
2	For grant makers. Descri United States	ibe in Part IV the	organization's pr	ocedures for monitoring t	he use of grant	t funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a progra describe spe	y listed in (d) m service, ecific type of) in region	(f) Total expenditures for region
	th A merica	0	0	PROGRAM SERVICES	SHIPPED TE MATERIALS CANADA, PA PROCTOR TO ADMINISTE	TO AID O	6,254
Mid	dle East and North Africa	0	0	PROGRAM SERVICES	SHIPPED TE MATERIALS AND SAUDI PAID PROCT ADMINSITE	TO EGYPT ARABIA, OR TO	53,562
Eas	t Asia and the Pacific	0	0	PROGRAM SERVICES	SHIPPED TE MATERIALS AND SOUTH PAID PROCT ADMINISTE JAPAN ONLY	TO JAPAN KOREA, OR TO R EXAMS IN	82,668

Totals ▶

142,484

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.						
Identifier	ReturnReference	Explanation				
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 THE ORGANIZATION IS PAID TO DEVELOP, USE, SCORE, AND ADMINISTER OUR ENGINEERING EXAMS IN FOREIGN COUNTRIES EXPENSES PRESENTED IN SCHEDULE FINCLUDE SHIPPING, SITE RENTALS, TRAVEL, AND PROCTORING, TYPICALLY TWICE PER YEAR EXPENSES RELATED TO THE DEVELOPMENT AND SCORING OF THE EXAMS IS NOT PRESENTED HERE, AS THESE ACTIVITIES ARE DONE WITHIN THE UNITED STATES NCEES HAS NO OFFICES OR EMPLOYEES IN COUNTRIES OTHER THAN THE UNITED STATES				

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493040012001

Department of the Treasury Internal Revenue Service

UNIVERSITY OF NEW

CIVIL ENGINEERING

MSC01 1070

MEXICO DEPARTMENT OF

ALBUQUERQUE, NM 87131

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Inspection

Name of the organization Employer identification number NATIONAL COUNCIL OF EXAMINERS FOR 57-0341195 ENGINEERING AND SURVEYING Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

501(C)(3)

the selection criteria used Describe in Part IV the org	to award the grants o	rassistance?					✓ Yes
Form 990, Part I\	/, line 21 for any re	ecipient that receive	d more than \$5,000	. Check this box if i	s. Complete if the orno one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DELAWARE DEPARTMENT OF CIVIL & ENVIRONMENTAL ENGINEERING301 DUPONT HALL NEWARK, DE 19716		501(C)(3)	25,000				ENGINEERING PROJECT AWARD
CALIFORNIA POLYTECHNIC STATE UNIVERSITY1 GRAND AVENUE SAN LUIS OBISPO, CA 93407		501(C)(3)	7,500				ENGINEERING PROJECT AWARD
CALIFORNIA STATE UNIVERSITY401 GOLDEN SHORE LOS ANGELES, CA 90802		501(C)(3)	7,500				ENGINEERING PROJECT AWARD
CLEMSON UNIVERSITY CLEMSON UNIVERSITY CLEMSON,SC 29634		501(C)(3)	7,500				ENGINEERING PROJECT AWARD
UNIVERSITY OF MARYLAND DEPARTMENT OF CIVIL & ENVIRONMENTAL ENGINEERING1173 GLENN L MARTIN HALL 088 COLLEGE PARK, MD 20742		501(C)(3)	7,500				ENGINEERING PROJECT AWARD

7,500

2	Enter total number of section 501(c)(3) and government organizations	6
3	Enter total number of other organizations	0

ENGINEERING

PROJECT AWARD

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation			
Procedure for Monitoring Grants in the U S	Part I, Line 2	Explanation Schedule I, Part I, Line 2 IN 2009, NCEES INTRODUCED AN AWARD THAT REWARDS COLLEGE ENGINEERING PROGRAMS FOR ENGAGING THEIR STUDENTS IN COLLABORATIVE PROJECTS WITH LICENSED PROFESSIONAL ENGINEERS THE NCEES ENGINEERING AWARD FOR CONNECTING PROFESSIONAL PROGRAMS FOR ENGAGING THEIR STUDENTS IN COLLABORATIVE PROJECTS WITH LICENSED PROFESSIONAL ENGINEERS THE NCEES ENGINEERING AWARD FOR CONNECTING PROFESSIONAL PRACTICE AND EDUCATION WAS ESTABLISHED TO PROMOTE UNDERSTANDING OF THE VALUE OF LICENSURE AND TO ENCOURAGE COLLABORATION BETWEEN THE ENGINEERING PROFESSION AND EDUCATION ALL EAC/ABET-ACCREDITED ENGINEERING PROGRAMS ARE INVITED TO SUBMIT PROJECTS THAT DEMONSTRATE A MEANINGFUL PARTNERSHIP BETWEEN PROFESSIONAL PRACTICE AND EDUCATION TO BE CONSIDERED, ENTRIES MUST BE RECEIVED AT NCEES HEADQUARTERS BY EACH YEAR'S ESTABLISHED DEADLINE ELIGIBLE ENTRIES WILL INCLUDE THE FOLLOWING - A COMPLETE DENTRY FORM, SIGNED BY YOUR DEAN (OR SIMILAR TITLE) - AN ABSTRACT (MAXIMUM ONE PAGE) - A PROJECT DESCRIPTION (MAXIMUM SEVEN PAGES) ORGANIZED AS FOLLOWS - PROJECT DESCRIPTION - COLLABORATION OF FACULTY, STUDENTS, AND LICENSED PROFESSIONAL ENGINEERS - BENEFIT TO PUBLIC HEALTH, SAFETY, AND WELFARE - MULTIDISCIPLINE AND/OR ALLIED PROFESSION PARTICIPATION - KNOWLEGGE OR SKILLS GAINED - DEVELOPMENT SINCE PREVIOUS SUBBISSION (FOR RESUBMITTED ENTRIES) - MINIMUM 12-POINT TYPE AND 1" MARGINS (ALL SIDES) FOR BOTH THE ABSTRACT AND PROJECT DESCRIPTION - A GRAPHIC AND/OR TEXT DISSPLAY, MOUNTED ON ONE 30" X 30" FOAM CORE BOARD - ELECTRONIC COPIES OF THE ABSTRACT AND PROJECT DESCRIPTION (WORD OR PDF) AND DISPLAY BOARD (AS A 300 DPI JPG, TIF, OR EPS OR A HIGH-QUART TYPE AND THE DISPLAY BOARD (AS A 300 DPI JPG, TIF, OR EPS OR A HIGH-QUART TYPE AND THE DISPLAY BOARD (AS EASOLATIONS A SECONDARY) A HORSE SENTATIVE FROM EACH GEOGRAPHIC ZOLOW A HORSE BERRING DEATH OF PROFESSIONAL ENGINEERING DASSOCIATIONS AS FOLLOWS 4 NCEES MEMBERS (ONE FROM EACH GEOGRAPHIC ZONE) 4 ENGINEERING DEFINED FROM EACH OF PROFESSIONAL ENGINEERING PROFESSIONAL ENGINE			

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DLN: 93493040012001

OMB No 1545-0047

Open to Public Inspection

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization NATIONAL COUNCIL OF EXAMINERS FOR ENGINEERING AND SURVEYING

Employer identification number

57-0341195

Рa	Tall Questions Regarding Compensati	on				
				Yes	Νo	
la		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items				
	First-class or charter travel	Housing allowance or residence for personal use				
	Travel for companions	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)				
b		organization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Execution	o reimbursing or allowing expenses incurred by all we Director, regarding the items checked in line 1a?	2			
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	·				
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensation committee				
1	During the year, did any person listed in Form 990 or a related organization	, Part VII, Section A, line $f 1a$ with respect to the filing organizat	ion			
a Receive a severance payment or change-of-control payment?						
b	Participate in, or receive payment from, a supplen	ental nonqualified retirement plan?	4b	Yes		
c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only	nust complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section a compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any				
а	The organization?		5a		Νo	
ь	Any related organization?		5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III					
5	For persons listed in form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any				
а	The organization?		6a		Νo	
b						
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,	A , line 1a, did the organization provide any non-fixed ' describe in Part III	7		No	
3	- · · · · · · · · · · · · · · · · · · ·	, paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III		8		Νo	
•	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	he rebuttable presumption procedure described in Regulations	9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
JERRY CARTER (I)	194,780	= - / · · -	69,771 0	22,668 0		320,489 0	68,906 0	
JEANNIE VAN DER ZALM (II	111,886	11,000 0	43,424 0	12,366 0		185,676 0	42,749 0	
SUSAN WHITFIELD (1)	126,777	12,500 0	13,119 0	0 0	. ,	159,396 0	12,23 4 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	, and the second	THE ORGANIZATION MAINTAINS A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN FOR TOP EXECUTIVES AND SENIOR MANAGEMENT THE GENERAL PURPOSE OF THE PLAN IS TO PROVIDE CERTAIN BENEFIT AMOUNTS, THE RECEIPT AND TAXATION OF WHICH SHALL BE DEFERRED THE ORGANIZATION MAKES ANNUAL CONTRIBUTIONS TO THE PLAN BY CREDITING PARTICIPANT'S ACCOUNT WITH SUCH CONTRIBUTION FOR EACH PLAN YEAR THAT A PARTICIPANT IS EMPLOYED BY THE ORGANIZATION THE AMOUNT OF SUCH ANNUAL CONTRIBUTION SHALL BE DETERMINED BY THE ADMINISTRATIVE COMMITTEE, IN ITS SOLE DISCRETION FOR EACH PARTICIPANT VESTING DATES ARE DETERMINED BY THE ADMINISTRATIVE COMMITTEE (THE ADMINISTRATIVE COMMITTEE IS THE COMMITTEE, CONSISTING OF SUCH INDIVIDUALS AS ARE DESIGNATED BY THE BOARD, WHICH ACT ON BEHALF OF THE ORGANIZATION TO ADMINISTER THE PLAN, AS PROVIDED BY THE PLAN'S AGREEMENT GENERALLY, THE ADMINISTRATIVE COMMITTEE IS THE EXECUTIVE DIRECTOR OF THE ORGANIZATION, THE DIRECTOR OF FINANCE, THE ASSISTANT TO THE EXECUTIVE DIRECTOR, AND A FOURTH INDIVIDUAL THAT IS NOT COVERED BY THE PLAN) JERRY CARTER DEFERRED \$ 22,668 IN COMPENSATION AS PART OF THE PLAN JEANNIE VAN DER ZALM DEFERRED \$ 12,366 IN COMPENSATION AS PART OF THE PLAN AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN C OF THIS OR A PRIOR PERIOD'S FORM 990

Schedule J (Form 990) 2009

OMB No 1545-0047

SCHEDULE 0 Supplemental Information to Form 990

(Form 990) Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization NATIONAL COUNCIL OF EXAMINERS FOR ENGINEERING AND SURVEYING **Employer identification number**

57-0341195

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		A MEMBER BOARD OF NCEES SHALL BE A STATE BOARD, AS DEFINED IN ARTICLE 1, SECTION 1 02 OF THE BYLAWS, WHICH IS A MEMBER OF THE COUNCIL ACCEPTANCE OF A MEMBER BOARD SHALL BE BY MAJORITY VOTE OF THE COUNCIL A MEMBER OF NCEES SHALL BE A PERSON WHO IS A MEMBER OF A MEMBER BOARD
Form 990, Part VI, Section A, line 7a		THE BOARD OF DIRECTORS SHALL CONSIST OF THE PRESIDENT, THE PRESIDENT-ELECT, THE TREASURER, THE IMMEDIATE PAST PRESIDENT, AND THE FOUR VICE PRESIDENTS (ONE FROM EACH ZONE) THE PRESIDENT-ELECT SHALL BE ELECTED BY THE COUNCIL AT EACH ANNUAL BUSINESS MEETING IN THE MANNER PRESCRIBED IN THE BY LAWS THE TREASURER SHALL BE ELECTED AT EACH ANNUAL BUSINESS MEETING HELD IN AN ODD-NUMBERED YEAR, IN THE MANNER PRESCRIBED IN THE BY LAWS VICE PRESIDENTS FROM THE SOUTHERN AND NORTHEAST ZONES SHALL BE ELECTED AT THEIR INTERIM ZONE MEETING IN ODD-NUMBERED YEARS VICE PRESIDENTS FROM THE CENTRAL AND WESTERN ZONES SHALL BE ELECTED AT THEIR INTERIM ZONE MEETING IN EVEN-NUMBERED YEARS THE EXECUTIVE DIRECTOR IS APPOINTED AS PROVIDED IN THE BY LAWS
Form 990, Part VI, Section A, line 7b		A GRIEVANCE COMMITTEE SHALL BE APPOINTED TO ADDRESS THE REMOVAL OR SANCTION RECOMMENDED BY THE BOARD OF DIRECTORS THE GRIEVANCE COMMITTEE MEMBERS SHALL BE SELECTED AS FOLLOWS TWO MEMBERS OF THE BOARD OF DIRECTORS, SELECTED BY THE BOARD, ONE MEMBER FROM EACH ZONE, SELECTED BY THE ASSISTANT ZONE VICE PRESIDENT OF EACH RESPECTIVE ZONE, AND THREE MEMBERS OF THE ADVISORY COMMITTEE ON COUNCIL ACTIVITIES, SELECTED BY SAID COMMITTEE IF BY A MAJORITY VOTE OF ITS MEMBERS, THE GRIEVANCE COMMITTEE CONCURS WITH THE BOARD-RECOMMENDED REMOVAL OR SANCTION, THE BOARD OF DIRECTORS SHALL IMPLEMENT SUCH REMOVAL OR SANCTION
Form 990, Part VI, Section B, line 11		THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND INFORMATION PROVIDED BY MANAGEMENT UPON COMPLETION AND REVIEW BY MANAGEMENT, THE RETURN WAS DELIVERED TO ALL VOTING BOARD MEMBERS AND REVIEWED PRIOR TO FILING WITH THE IRS
Form 990, Part VI, Section B, line 12c		AT THE BEGINNING OF EACH SCHEDULED BOARD MEETING, THE BOARD OF DIRECTORS REVIEWS THE AGENDA FOR POTENTIAL CONFLICTS OF INTEREST WITH ANY BOARD MEMBER OR OFFICER
Form 990, Part VI, Section B, line 15a		COMPENSATION FOR OFFICERS IS BASED ON COMPENSATION SURVEYS OF SIMILAR ORGANIZATIONS COMPILED BY THE COUNCIL OF ENGINEERING AND SCIENTIFIC SOCIETY EXECUTIVES (CESSE) AND BY THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES (ASAE) THE ORGANIZATION ALSO REVIEWS FORMS 990 FILED BY SIMILAR ORGANIZATIONS FOR COMPARISON FINAL DECISION ON COMPENSATION PACKAGES FOR TOP EXECUTIVE OFFICER IS MADE BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS
Form 990, Part VI, Section C, line 18		PHOTOCOPIES OF RECENT FILINGS OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW GUIDESTAR ORG
Form 990, Part VI, Section C, line 19		PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE IN ADDITION, SELECT FINANCIAL PUBLICATIONS ARE PROVIDED TO VOLUNTEERS AND SOME ORGANIZATIONS, AND PUBLISHED IN THE ORGANIZATION'S ANNUAL REPORT

Additional Data

Software ID: Software Version:

EIN: 57-0341195

Name: NATIONAL COUNCIL OF EXAMINERS FOR

ENGINEERING AND SURVEYING

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
EXAMINATION FEES	611,710	8,443,855	8,443,855		
EXAM ADMINISTRATION FE	611,710	4,778,198	4,778,198		
CERTIFICATION OF RECOR	611,710	2,281,518	2,281,518		
STUDY MATERIALS	453,000	1,193,998	1,193,998		
MEMBERSHIP DUES	900,099	540,390	540,390		