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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 **2013** Open to Public Inspection

		calendar year, or tax year beginning $06/01/13$ , and ending $05/31/14$			
_ A	Check if applicable	C Name of organization AMERICAN COUNCIL OF ENGINEERING	□	Emplo	yer identification number
	Address change	COMPANIES OF PENNSYLVANIA			
$\square$ N	Name change	Doing Business As			7293484
$\overline{\Box}_{\nu}$	nitial return	Number and street (or P O box if mail is not delivered to street address)  Room/si	uste E	•	one number
吕		800 NORTH THIRD STREET 301		<u>800</u>	-651-1946
T	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
A	Amended return	HARRISBURG PA 17102	G	Gross rec	eipts\$ 757,75
$\overline{\Box}_{\Delta}$	Application pending	F Name and address of principal officer			
ш^	application pending	ERIC MADDEN	ls this a group	return for	subordinates Yes X N
		800 NORTH THIRD STREET, SUITE 301	Are all subord	inates inc	luded? Yes N
		HARRISBURG PA 17102	If "No," att	ach a list	(see instructions)
	Tax-exempt status	501(c)(3) <b>X</b> 501(c) ( <b>6</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527			
			Group exempt	uon numb	ar D
	Form of organization				M State of legal domicile P
		· <del></del>	nauon 1 2 7	<u>,                                    </u>	M State of legal dofflicite E
<u> </u>		ımmary			
اہ		escribe the organization's mission or most significant activities			
[일		ROMOTE THE PUBLIC WELFARE AND ENHANCE THE REPUTATION			
na		NEER BY ENCOURAGING THE MAINTENANCE OF THE HIGHEST ST	<b>L'ANDARI</b>	os of	,
Governance		ESSIONAL ETHICS AND PRACTICE;			
ĝ.	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 25% o	fits net as	sets.	
<b>∞</b>	3 Number	of voting members of the governing body (Part VI, line 1a)		3	19
es es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	19
Activities &		nber of individuals employed in calendar year 2013 (Part V, line 2a)		5	3
늉		The state of the s		6	19
۷		nber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12		7a	
		lated business taxable income from Form 990-T, line 34		7b	· · · · · · · · · · · · · · · · · · ·
$\dashv$	D Net unite	الخارية .	Prior/Year	+ 10	Current Year
	8 Contribu	tions and grants (Part VIII, line 1h)		695	
ž		service revenue (Part VIII, line 2g)	608,		625,67
Revenue	_		9,		26,58
8				387	
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			13,64
$\dashv$		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	635,		665,90
		nd similar amounts paid (Part IX, column (A), lines 1–3)	8,	000	
ŀ		paid to or for members (Part IX, column (A), line 4)			
S S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	_204,		258,86
Expenses	16aProfession	onal fundraising fees (Part IX, column (A), line 11e)	471,	902	
ğ۱	<b>b</b> Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0			
ω̈́	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			509,40
	18 Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	684,	018	768,27
	19 Revenue	less expenses Subtract line 18 from line 12	-48,		-102,37
		Beginni	ng of Curren	t Year	End of Year
<u> </u>		ests (Post V. line 46)	990,	583	549,17
sets or	1 20 Total as:	iels (Part A, line 16)			
Assets or d Balances	20 Total as: 21 Total liab	sets (Part X, line 16)		546	207,45
Net Assets or und Balances	20 Total as: 21 Total liab 22 Net asse	pilities (Part X, line 26)	537,		
<u></u>	22 Net asse	ts or fund balances. Subtract line 21 from line 20			
<u></u>	art II Si	illities (Part X, line 26) ts or fund balances. Subtract line 21 from line 20 gnature Block	537, 453,	037	341,72
<u></u>	art II Sinder penalties of	bilities (Part X, line 26)  Its or fund balances. Subtract line 21 from line 20  gnature Block  perjury, I declare that I have examined this return, including accompanying schedules and statements	537, 453,	037 best of	341,72
<u>-</u> =	art II Sinder penalties of	illities (Part X, line 26) ts or fund balances. Subtract line 21 from line 20 gnature Block	537, 453,	037 best of	341,72
Pa Un true	art II Sinder penalties of ue, correct, and o	initities (Part X, line 26)  Its or fund balances. Subtract line 21 from line 20  gnature Block  perjury, I declare that I have examined this return, including accompanying schedules and statements complete. Declaration of preparer (other than officer) is based on all information of which preparer has	537, 453,	037 best of	341,72
Pa Un true Sig	art II Sinder penalties of the, correct, and of	initities (Part X, line 26) Its or fund balances. Subtract line 21 from line 20  gnature Block  perjury, I declare that I have examined this return, including accompanying schedules and statements complete. Declaration of preparer (other than officer) is based on all information of which preparer has signature of officer.	537, 453, s, and to the any knowle	e best of edge	my knowledge and belief
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DAA

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III  1 Briefly describe the organization's mission SEE SCHEDULE O  2 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  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported  4a (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ TO AID CONSULTING ENGINEERS IN THE BETTERMENT OF THEIR PROFESS MEETINGS AND EDUCATION FOR THE MEMBERS.	Page <b>2</b>
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MEETINGS AND EDUCATION FOR THE MEMBERS.	ION THROUGH
4b (Code.) (Expenses \$including grants of \$) (Revenue \$	)
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	·
	•
Ad Other assessment (December in Schodule O.)	
4d Other program services (Describe in Schedule O) (Expenses \$including grants of\$ ) (Revenue \$	
4e Total program service expenses ►	1

Form **990** (2013)

Forn	n 990 (2013) AMERICAN COUNCIL OF ENGINEERING 23-7293484		P	age 3
	art IV Checklist of Required Schedules			
•		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			l
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		٠,,
	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, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<del>                                     </del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<b>├</b>		
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Ι,
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			:
	complete Schedule D, Part VI	11a	X	
þ	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	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	١		.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
124	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		┝┻
12a	Schedule D, Parts XI and XII	12a		х
<b>h</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		┢┻╌
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		L X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		LX_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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 (see instructions)	17	<u> </u>	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	X	
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	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<b>—</b>	X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	I	Ī

Part IV Checklist of Required Schedules (continued)  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United State on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? do the desa any tax-exempt bonds?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization and the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a proper 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 I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, t	22 23 242 244 246		X X
government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United State on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  23 Did the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule K If "No," go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transact with a disqualified person during the year? If "Yes," complete Schedule L, Part II  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pinyear, 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 II  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A current or former officer	23 24a 24b 24c		
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	ns		
	33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, II	1,	1	
or IV, and Part V, line 1	34	1	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	4	<u> </u>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	j		
related organization? If "Yes," complete Schedule R, Part V, line 2	36	↓	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	n		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	l		
Part VI	I	ļ	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b ar	37	1	
19? Note. All Form 990 filers are required to complete Schedule O	<del></del>	X	i

Part V   Statements Regarding Other IRS Fillings and Tax Compilance   Check if Schedule O contains a response or note to any line in this Part V   1	Form	990 (2013) AMERICAN COUNCIL OF ENGINEERING 23-7293484		P	age <b>5</b>
18 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  5 Enter the number of Forms W.ZG included in line 1s. Enter -0- if not applicable  5 Did the organization comply with backy withholding rules for reportable payments to vendors and reportable gaming (gamthing) without payment backy withholding rules for reportable payments to vendors and reportable gaming (gamthing) withing the payment with the payment of the organization have unreaded in the payment of the payment of the organization have unreaded that are not organization have unreaded that are not organization that organization have are not organization that organization have are not organization or the organization have are not organization or the organization have are not organization that organization that organization have are not organization or the organization have are not organization or the organization have are not organization that organization have are not organization have are not organization that was organization that the organization that was organized that are normally greater than \$100,000, and did the organization organization that was organized to organization that was organized to the organization that the organization that was organized to organize that organized that are normally greater than \$100,000, and did the organization that organization the popular organization organization that may receive deductible contributions under section \$100,000, and did the organization secti	Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance			
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b Enter the number of Forms W-2G included in line 1s. Enter -0.1 float applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winness?  25. Enter the number of employees reported on from W-3, Transmitted of Wage and Tax Statements, flied for the calendard year ending with or within the year covered by this neture.  It is a least one is reported on line 2s, did the organization file all required federal employment as returnes?  26. X  Note. If the sum of lines is and 2s is greater than 250, you may be required to e-file (see instructions)  37. What is may be sum of lines is and 2s is greater than 250, you may be required to e-file (see instructions)  38. X  39. If It Yes, 'fast the all form 950 The fire year? If Nho' to line 3b, provide an explanation in Schedule O  40. At any time during the calendar year, did the organization of have an interest it, or a signature or other authority over, a financial account, is organization and any time during the tax year?  40. If Yes, 'enter the name of the foreign country   See entructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial accounts.  50. If Yes, 'enter the name of the foreign country   See entructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  51. If Yes, 'enter the name of the foreign country   See entructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  52. X  53. X  54. X  55. X  56. X  57. Was the organization have annual gross receipts that are normally greater than \$100,000, and dothe organization should are organization than the organization foreign and dothe organization should are than the organization and the organization organization and the org				Yes	No
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Sa   X   b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?   5b   X   c if Yes' to line 5a or 5b, did the organization file Form 8885-1?   5c   Sa   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any continuous that were not tax deductible as charitable contributions?   5c   Sa   X   5c   Sa   Sa   X   5c   Sa   Sa   X   5c   Sa   Sa   Sa   Sa   Sa   5c   Sa   Sa   Sa   Sa   Sa   Sa   Sa   S	b	• • •	1		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  14b  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					,
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b 13c 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b Improvided the organization is licensed to issue qualified health plans  13b Improvided in the organization receives any payments for indoor tanning services during the tax year?  13a Improvided in the organization is certain the organization in Schedule O  13b Improvided in the organization is certain the organization in Schedule O  14a Improvided in the organization is certain the organization in Schedule O  15c Improvided in the organization is certain the organization in Schedule O  16c Improvided in the organization is certain the organization in Schedule O  17c Improvided in the organization is certain the organization in the organization is certain the organizatio					
against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a X  14b  17e  17e  18			1		,
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	U	·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	12a		122	-	
Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		124		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a		· · · · · · · · · · · · · · · · · · ·	1		
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13a		$\vdash$
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  100  11c	а				$\vdash$
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  170  180  190  190  190  190  190  190  19	ь	•			
c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  100	J	·			
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	_	· · · · · · · · · · · · · · · · · · ·	1		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		· · · · · · · · · · · · · · · · · · ·	14a		x
2 n just made a communication polymentary made proposed and expension of the communication of			_		<del></del>
	DAA	- 1 - 25, 11-25 to miles to 1 of the 125 to report and to payments; if 110, provide an explanation in obviousle o		n 990	(2013)

	,		_	•
_	996 (2013) AMERICAN COUNCIL OF ENGINEERING 23-7293484			age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below			
-	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C Check if Schedule O contains a response or note to any line in this Part VI	). See	msuc	X
500	check if Schedule O contains a response of note to any line in this Part Vi			A
Sec	tion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 19	_	163	140
1a	If there are material differences in voting rights among members of the governing body, or	1		
	If the governing body delegated broad authority to an executive committee or similar	1		ŀ
		ļ		
	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent  1b 19	1	1	
Ъ		┥		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
2	any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customanly performed by or under the direct	1		<del>  ^</del>
3		3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 950 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6	х	<u> </u>
6 7-	Did the organization have members or stockholders?	1	^	<del>                                     </del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70	x	
_	one or more members of the governing body?	7a	^	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follows:		<del> </del>	^
8		8a	X	
a	The governing body?	8b	x	
р	Each committee with authority to act on behalf of the governing body?	- 00	<u> </u>	
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		x
500	tion B. Policies (This Section B requests information about policies not required by the Internal Reversal Reve		ode '	
Sec	tion b. Policies (This Section b requests information about policies not required by the internal rever	iuc O	Yes	
100	Did the erganization have local chanters, branches, or affiliates?	10a	163	X
10a	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		- 22
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<del>                                     </del>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1110	1	
b 120	and the second s	12a	X	
12a			<u> </u>	х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
42	describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written document retention and destruction policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by		-	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	<b> </b> -	X
a b	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	<del>                                     </del>	<u> </u>
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		X
<b>h</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		1
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	ļ		
	organization's exempt status with respect to such arrangements?	16b		
Sec	otion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	١		
.0	available for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d		
	financial statements available to the public during the tax year.	-		

State the name, physical address, and telephone number of the person who possesses the books and records of the

800 NORTH THIRD STREET

PA 17102

800-651-1946

HARRISBURG

20

organization: ▶ THE ORGANIZATION

<u></u>										
7						,		1		
•										
Form 990 (2013) <b>AMERICAN</b>	COINCII	. ^	ম	EN	СT	NE	R D	ING 23-729	3484	Page <b>7</b>
										ited Employees, and
Independent C		,			-, .			o, itoy Employees,	goct oopoi.ioc	itou Employees, and
•		ns a	re	spo	nse	or	not	e to any line in this F	Part VII	
·								est Compensated Empl		
1a Complete this table for all personganization's tax year.	•						-	-	-	
<ul> <li>List all of the organization's occupensation</li> <li>Enter -0- in column</li> </ul>	current officers, s (D), (E), and (	dıre F) ıf	no c	s, tru comp	iste ens	es (w atior	heth wa	ner individuals or organiza s paid	tions), regardless of amo	ount of
<ul> <li>List all of the organization's</li> </ul>	• •	-			-					
<ul> <li>List the organization's five cu who received reportable compensa organization and any related organization</li> </ul>	ation (Box 5 of F	omp orm	ensa W-2	ated 2 and	emp d/or	oloye Box	es ( 7 of	other than an officer, dired Form 1099-MISC) of mor	ctor, trustee, or key emplore than \$100,000 from the	oyee)
<ul> <li>List all of the organization's f</li> <li>\$100,000 of reportable compensa</li> </ul>									ees who received more th	an
<ul> <li>List all of the organization's forganization, more than \$10,000 of List persons in the following order compensated employees; and form</li> </ul>	ormer director f reportable con individual truste	s or open	trus sati	stees	tha om	at red the c	ceive	ed, in the capacity as a foi nization and any related o	rganizations	the
Check this box if neither the or	•		elate	ed or	aan	ızatı	ons	compensated any current	officer, director, or truste	e
	ĭ	<u> </u>			C)			(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any	box	k, unle	Pos check ess pe	ition more	than is both or/trus	n an lee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)DAVID LOWDERMII	K				┢	╁			<u> </u>	
(.,====================================	1.00									
PRESIDENT	0.00_	X		X				0	0	0
(2) BARRY EPLEY	1.00						,			
PRESIDENT ELECT	0.00	X		x				0	0	0
(3) SEAN HENDERSON										
	1.00								_	_
VICE PRESIDENT	0.00	X	_	X	<u> </u>	ļ		0	0	0
(4) MATTHEW CUMMING	i .									
mnes comen	1.00			x					0	_
TREASURER (5) JOSEPH O'NEIL	0.00	X	H	^				0	0	0
(3) COBEFII O REIE	1.00									
SECRETARY	0.00	$ \mathbf{x} $	ł	x				l o	0	0
(6) THOMAS RIESTER		T	T		Г	T		<u> </u>	<u> </u>	
•	1.00									
PAST PRESIDENT	0.00	x		х	L	<u> </u>		0	0	0
(7) CHRISTOPHER BOR										
	1.00	ŀ	l	!	ı	1	]			

0.00 X ACEC DIRECTOR 0 0 0 (8) JILL THOMPSON 1.00 0 0 DIRECTOR 0.00 X 0 (9) PERRY SCHWEISS 1.00 0.00 0 0 DIRECTOR X 0

0

0.00

X

Form **990** (2013)

0

0

DIRECTOR

Part VIII Section A. Officer	s, Directors, 1	rusti	es,	ney		ipioy	ees	s, and Highest Compens	ateu Employees (contint	Jeu)
` (A) Name and title	(B) Average hours per week (list any	bo	c, unle	Pos heck ss pe	erson	than one of the contract that	n an	(D)  Reportable  compensation  from  the  organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N-21033-NIISC)	organization and related organizations
(12) SCOTT STERNBERG	ER									
	1.00	l								•
DIRECTOR (13) ROSELINE MARSTO	0.00	X	$\vdash$		<u> </u>	$\vdash$		0	0	0
(13)ROBELLINE MARSIC	1.00			ŀ						
DIRECTOR	0.00	x						0	0	0
(14)YASSMIN GRAMIAN										
DIRECTOR	1.00	x						o	0	0
(15)K.P. CHOPRA	0.00	┢		$\vdash$				<u> </u>	0	<u>_</u>
(,	1.00									
DIRECTOR	0.00	X				L.		0	0	0
(16)ERIC FRAY	1.00									
DIRECTOR	0.00	x						l ol	0	0
(17) EDWARD REESE	1									
	1.00							_		_
DIRECTOR	0.00	X	<u> </u>	├	-			0	0	0
(18)TROY HOLLOWAY	1.00									
DIRECTOR	0.00	x						0	0	0
(19)MATTHEW MARQUAR										
DIRECTOR	1.00	x						0	0	0
1b Sub-total	0.00	1		L	_		▶	0	<u> </u>	<u> </u>
c Total from continuation sh	eets to Part Vi	, Se	ctio	n A			<b>•</b>	145,750		6,123
d Total (add lines 1b and 1c)							▶	145,750		6,123
Total number of individuals (     reportable compensation from				to th	ose	liste	d at	pove) who received more t	nan \$100,000 in	Yes   No
3 Did the organization list any employee on line 1a? If "Yes									ensated	3 X
4 For any individual listed on li organization and related organization.	ne 1a, is the su	m of	repo	ortab	ole c	omp	ens	ation and other compensa		The State of the S
<ul> <li>individual</li> <li>Did any person listed on line for services rendered to the</li> </ul>									on or individual	4 X ************************************
Section B. Independent Contrac										
Complete this table for your to compensation from the organization.										tax year
Name and	(A) Name and business address								(B) tion of services	(C) Compensation
	-					-				
	<del> </del>						<u> </u>			
			•				<u> </u>		<del> </del>	
							<del> </del>			
2 Total number of independen										
received more than \$100,000	u ot compensat	ion fi	om	tne (	orga	nızai	ion	<u> </u>	0	Form <b>990</b> (2013)

Form 990 (2013) AMERICAN COUNCIL OF ENGINEERING

Pa	rt VII Section A. Office	rs, Directors, T	rust	ees,	Key	/ Em	ploy	yee	s, and Highest Compens	sated Employees (contin	ued)
	(A) Name and title	(B) Average hours per week (list any hours for	bo:	x, unle icer a	Pos check ess pe nd a c	erson	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2 1000 11100)	organization and related organizations
(12)]	ERIC MADDEN	40.00									
	CUTIVE VICE PRES	1			x	<u> </u>	ļ		145,750	0	6,123
(13)											
(14)	. <u>.</u>										
(15)											
(16)											
(17)											
(18)											
(19)											
1b	Sub-total		<u> </u>		ــــــــــــــــــــــــــــــــــــــ	ـــــ	٠, ,,,	<b></b>	145,750		6,123
c d	Total from continuation shat Total (add lines 1b and 1c)		l, Se	ctio	n A			<b>&gt;</b>			
2	Total number of individuals reportable compensation from	`			to th	ose	liste	d a	bove) who received more	than \$100,000 in	
3	Did the organization list any									ensated	Yes No
4	employee on line 1a? If "Yes For any individual listed on longanization and related org	ine 1a, is the su	m of	rep	ortab	ole c	omp	ens	ation and other compensation	ation from the or such	4
5	Individual  Did any person listed on line for services rendered to the									on or individual	5 5
Sect 1	ion B. Independent Contrac Complete this table for your		npen	sate	ed in	depe	ende	nt c	contractors that received m	nore than \$100.000 of	
	compensation from the orga								lendar year ending with oi		(C) Compensation
	Name ar	id dusiness address						T	Descri	puon of services	Compensation
								$\dagger$			
								<del> </del>			
								$\dagger$			
						•				• .	
2	Total number of independer received more than \$100,00										Fa 990 (2012
											c qun (204.0

	ITE V	Check if Schedule			e or note to any li	ne in this Part VII	I	П
			•	· · · · · · · · · · · · · · · · · · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants Program Service Revenues	1a	Federated campaigns	1a			Tevende	· · · ·	012 014
Gra	b	Membership dues	1b	-				
ts, An	С	Fundraising events	1c	-				
igif iar	d	Related organizations	1d					
is,	е	Government grants (contributions)	1e					
e iti	f	All other contributions, gifts, grants,						
έξ		and similar amounts not included above	1f					ļ
dat	g	Noncash contributions included in lines 1	a-1f	<b>5</b>				
<u> </u>	<u>h</u>	Total. Add lines 1a-1f		▶			-	-
en	•			Busn Code	AGA 017	ACA 017		
Re	2a	MEMBERSHIP DUES		900099	464,817 160,858	464,817 160,858		
<u>ic</u>	b	MEETING REVENUE		300033	100,636	100,636	<del>.</del>	
ŞΕΛ	c d							
Ē	e							
gus	f	All other program service rev	enue					
P	д	Total. Add lines 2a-2f		<b></b>	625,675			
	3	Investment income (including	divide	ends, interest,				
		and other similar amounts)		▶	8,143			8,143
	4	Income from investment of ta	x-exer	npt bond proceed				
	5	Royalties	—	<b>•</b>	1,035			1,035
	6-	(i) Real		(II) Personal				
	6a	Gross rents Less rental exps						
	D	Rental inc or (loss						
	d		1	•				
		Gross amount from (i) Securities		(ii) Other				
		sales of assets other than inventory 102,	000	80		:		
	b	Less cost or other						
			013	1,629				
	С	Gain or (loss) 19,	987	-1,549				
		Net gain or (loss)	r	<b>•</b>	18,438			18,438
Ð	8a	Gross income from fundraising even	ents					
venue		(not including \$	,					
æ		of contributions reported on line 10		20 017				ļ
Other Re	L.	See Part IV, line 18 Less direct expenses	a b	20,817 8,207				ŀ
ŏ		Net income or (loss) from fun			12,610			12,610
		Gross income from gaming activiti		ig Croins				22,010
	•	See Part IV, line 19	a					
	b	Less. direct expenses	ь					
		Net income or (loss) from gar	ning a	ctivities	"			_ ` .
	10a	Gross sales of inventory, less	; [		- '			
		returns and allowances	a					
		Less cost of goods sold	b					
	С	Net income or (loss) from sal	es of i					
	44-	Miscellaneous Revenue	-	Busn. Code				
	11a b			<del>                                     </del>				
	C			- <del> </del>			<del> </del>	
	d	All other revenue						
	_	Total. Add lines 11a–11d		<b></b>			-	
		Total revenue. See instruction	ons	<b>_</b>	665,901	625,675	0	40,226
					-			

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23-7293484

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Form 990 (2013)

following SOP 98-2 (ASC 958-720)

DAA

**Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S See Part IV, line 22 Grants and other assistance to governments organizations, and individuals outside the U S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 145,750 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 82,815 Other salaries and wages Pension plan accruals and contributions (include 2,600 section 401(k) and 403(b) employer contributions) 11,006 9 Other employee benefits 16,695 10 Payroll taxes Fees for services (non-employees) a Management 8,267 **b** Legal 16,730 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column <u>41,05</u>3 (A) amount, list line 11g expenses on Schedule O) 11,248 12 Advertising and promotion 33,617 13 Office expenses 14 Information technology 15 Royalties 37,098 16 Occupancy 19,504 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 160,303 19 Conferences, conventions, and meetings 20 105,542 21 Payments to affiliates 25,245 Depreciation, depletion, and amortization 22 6,164 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) BAD DEBT EXPENSE 30,031 6,976 DUES & SUBSCRIPTIONS b STATE SALES & USE TAXES 6,954 C BANK FEES 451 224 e All other expenses 768,273 0 0 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ if

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 127,317 163,913 Cash-non-interest bearing 179,249 2 Savings and temporary cash investments 75,345 2 3 3 Pledges and grants receivable, net 325,025 9,983 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 3,081 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 148,938 other basis. Complete Part VI of Schedule D 10a 97,920 10c 78,118 10b 70,820 b Less accumulated depreciation 114,835 359,976 Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 5,000 15 15 Other assets See Part IV, line 11 990,583 16 549,179 Total assets. Add lines 1 through 15 (must equal line 34) 16 82,677 67,312 17 Accounts payable and accrued expenses 17 18 18 Grants payable 454,869 140,145 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 537,546 207,457 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ►X and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 404,972 281,047 27 Unrestricted net assets 48,065 60,675 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 453,037 33 Total net assets or fund balances 990,583 549,179 Total liabilities and net assets/fund balances

Form 990 (2013)

	n 990 (2013) AMERICAN COUNCIL OF ENGINEERING 23-7293484				Pag	ge <b>12</b>
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				901
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 273</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	_	<u>-10</u>	2,:	<u>372</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		45	3,6	037
5	Net unrealized gains (losses) on investments	5			8,5	<u>943</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		34	1,	722
Pa	art XII; Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990 🗌 Cash 🔀 Accrual 📗 Other					1 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis		_			
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis		_			
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?		L	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			l		
	Schedule O.		<u> </u>			ئـــــا
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 Circular A-133?		L	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	(2013)

### **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.

Department of the Treasury

► See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its

Internal Revenue Service

instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

	ne of organization AMERICAN COUNCIL OF COMPANIES OF PENNSY	LVANIA		Employer identification	184
Pa	THA Complete if the organization is exc	empt under section 50°	l(c) or is a se	ction 527 organi	zation.
1	Provide a description of the organization's direct and in	direct political campaign activi	ties in Part IV		
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa	t I-B Complete if the organization is exe	empt under section 50°	1(c)(3).		
1	Enter the amount of any excise tax incurred by the orga			▶\$	
2	Enter the amount of any excise tax incurred by organization	ation managers under section	4955	▶ \$	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
	tilic Complete if the organization is exe			ection 501(c)(3).	
1	Enter the amount directly expended by the filing organization	zation for section 527 exempt	function		
_	activities			▶ \$	
2	Enter the amount of the filing organization's funds contr	ibuted to other organizations f	or section	▶ ↑	
3	527 exempt function activities  Total exempt function expenditures Add lines 1 and 2	Enter here and an Earn 1120	BOL	▶ \$	
3	line 17b	Enter here and on Form 1120	-POL,	<b>▶</b> \$	
4	Did the filing organization file Form 1120-POL for this y	ear?		Ψ Φ	Yes No
5	Enter the names, addresses and employer identification		27 political organi	zations to which the f	
	organization made payments For each organization list				
	the amount of political contributions received that were				
	as a separate segregated fund or a political action comi			_	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
<del></del>		_			
(2)					
(3)					
(4)					
(5)					
(6)					

· · · · · · · · · · · · · · · · · · ·	TONN COINCT	T OF FMCTM	PPD TNC	23-7293484	Page <b>2</b>
Schedule C (Form 990 or 990-EZ) 2013 AMER  Part II-A Complete if the organization	ICAN COUNCI				
section 501(h)).	inization is excit	ipt under scotto	11 00 1(0)(0) u.	.aca . 0 0, 00	(Ciconon anaci
	ation belongs to a	an affiliated group	(and list in P	art IV each affiliate	d group member's
name, address, E					- <b>3</b> ,
B Check ▶ ☐ If the filing organiz				· ·	
	obbying Expend		<del></del> -	(a) Filing	(b) Affiliated
(The term "expenditures	" means amounts	paid or incurred.)		organization's totals	group totals
1a Total lobbying expenditures to influence					
<b>b</b> Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures			<u></u>		
e Total exempt purpose expenditures (a	dd lines 1c and 1d)		<u> </u>		
f Lobbying nontaxable amount Enter th	e amount from the fol	lowing table in both			
columns.		_			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
Not over \$500,000	20% of the amount on	line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of th	ne excess over \$1,500,000	I		
Over \$17,000,000	\$1,000,000		<del></del>		
g Grassroots nontaxable amount (enter	•		<u> </u>		
h Subtract line 1g from line 1a. If zero or			$\vdash$	-	_
i Subtract line 1f from line 1c If zero or		. 4			· · · · · ·
j If there is an amount other than zero o		e 11, did the organizati	on file Form 4/20	,	☐Yes ☐ No
reporting section 4911 tax for this yea	· · · · · · · · · · · · · · · · · · ·			<u> </u>	i les i lio
		ing Period Under S			
(Some organizations					five
columns	below. See the ins	structions for lines	3 2a through 2f	on page 4.)	
	obbying Expendit	ures During 4-Yea	r Averaging Pe	eriod	
Calendar year (or fiscal year					
beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))			ļ		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Part II-B	990 or 990-EZ) 2013 AMERICAN COUNCIL OF ENGINEERING 23  Complete if the organization is exempt under section 501(c)(3) and ha	-7293 s NOT fi				Page 3
•	(election under section 501(h)).	1 1	. I	//	<del></del>	
	es," response to lines 1a through 1i below, provide in Part IV a detailed	(8	''		<u>)</u>	
description of	f the lobbying activity.	Yes	No	Amo	ount	
1 During t	he year, did the filing organization attempt to influence foreign, national, state or local					
legislati	on, including any attempt to influence public opinion on a legislative matter or					
referenc	um, through the use of					
a Volunte	ers?					
<b>b</b> Paid sta	ff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media a	dvertisements?					
d Mailings	to members, legislators, or the public?					
e Publicat	ions, or published or broadcast statements?					
f Grants t	o other organizations for lobbying purposes?					
g Direct c	ontact with legislators, their staffs, government officials, or a legislative body?					
h Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other a	ctivities?					
j Total A	dd 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					
c If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912					
	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A		n 501(c)	(5), c	or section		
	501(c)(6).				Т	T
				_	Yes	No
	bstantially all (90% or more) dues received nondeductible by members?			1	<b>├</b>	X
	organization make only in-house lobbying expenditures of \$2,000 or less?			2	<del>                                     </del>	X
	organization agree to carry over lobbying and political expenditures from the prior year?	F04/-\	/E\ -	3	X	
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if sides (c) ROTH Part III. A. lines 1 and 2 are an exercised (c)					2 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	'NO, CI	K (D)	Part III-A	ıme	3, 18
1 Dues. a	ssessments and similar amounts from members		1	3	42,	338
•	162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	expenses for which the section 527(f) tax was paid).					
a Current	·		2a		59,	901
a Cantill	, vu.		-			

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

**b** Carryover from last year

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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

43,507

95,341

103,408

2b

2c

Schedule C (Form 990 or 990-EZ) 2013

AMERICAN COUNCIL OF ENGINEERING

23-7293484

Page 4

Part IV Supplemental Information (continued)

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	of the organization		Employer identification number
	MERICAN COUNCIL OF ENGINEERING		
_ C	OMPANIES OF PENNSYLVANIA	<u> </u>	23-7293484
Pa	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" to	unds or Other Similar Funds Form 990, Part IV, line 6	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	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 e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply)	
	Preservation of land for public use (e.g., recreation or education	) Preservation of an historically ii	mportant land area
	Protection of natural habitat	Preservation of a certified histo	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	servation contribution in the form of a c	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure i	ncluded in (a)	2c
	Number of conservation easements included in (c) acquired after 8/		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the
	tax year ▶		
4	Number of states where property subject to conservation easement	is located ▶	
5	Does the organization have a written policy regarding the periodic m	nonitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and ent	forcing conservation easements during	the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	ng conservation easements during the y	vear ear
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfied	fy the requirements of section 170(h)(4	A)(B)
	(i) and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation eas	ements in its revenue and expense stat	tement, and
	balance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statements t	that describes the
	organization's accounting for conservation easements		
_Pa	art III Organizations Maintaining Collections of All Complete if the organization answered "Yes" to		her Similar Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958		and balance sheet
	works of art, historical treasures, or other similar assets held for pub		
	public service, provide, in Part XIII, the text of the footnote to its fina		
ь	If the organization elected, as permitted under SFAS 116 (ASC 958		
_	works of art, historical treasures, or other similar assets held for put		
	public service, provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures	or other similar assets for financial na	•
-	following amounts required to be reported under SFAS 116 (ASC 9)	<del>-</del>	
9	Revenues included in Form 990, Part VIII, line 1	to aloo name.	<b>▶</b> \$
	Assets included to Form 000. Doct V		<b>.</b> •

Schedule D (Form 990) 2013 AMERICAN					29348		Page <b>2</b>
Part III Organizations Maintaini	ng Collections	of Art, Historic	al Treasur	es, or C	Other Sin	nilar As	sets (continued)
<ol> <li>Using the organization's acquisition, acce collection items (check all that apply).</li> </ol>	ssion, and other rec	ords, check any of t	he following t	hat are a	significant u	ise of its	
a Public exhibition	d 🗌	Loan or exchange	programs				
b Scholarly research	e 🗍	Other	_				
c Preservation for future generations	_						
4 Provide a description of the organization's XIII	s collections and exp	lain how they furthe	er the organiza	ation's exe	empt purpo	se in Part	,
5 During the year, did the organization solid	it or receive donation	ns of art. historical t	reasures, or o	ther simil	ar		
assets to be sold to raise funds rather tha							Yes No
Part IV Escrow and Custodial A							
Complete if the organization 990, Part X, line 21.	on answered "Y	es" to Form 990	), Part IV, li	ne 9, or	reported	an am	ount on Form
1a Is the organization an agent, trustee, cust	odian or other intern	nediary for contribut	ons or other	assets no	t		
included on Form 990, Part X?							Yes No
b If "Yes," explain the arrangement in Part >	(III and complete the	following table					
							Amount
c Beginning balance					_1	С	
d Additions during the year					_1	d	
<ul> <li>Distributions during the year</li> </ul>						е	
f Ending balance					_1	f	
2a Did the organization include an amount or	·						Yes No
b If "Yes," explain the arrangement in Part X	III Check here if the	explanation has be	een provided	ın Part XII	I		
Part V Endowment Funds.							
Complete if the organizati	on answered "Y	es" to Form 990	<u>), Part IV, lı</u>	<u>ne 10.</u>			_
-	(a) Current year	(b) Pnor year	(c) Two ye	ars back	(d) Three	ears back	(e) Four years back
1a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and							
losses						-	<del>- </del>
d Grants or scholarships			<del></del>	-			
e Other expenditures for facilities and							
programs							-
f Administrative expenses			+				+
g End of year balance			- (-)) b -1-1		<u> </u>		
<ul><li>2 Provide the estimated percentage of the c</li><li>a Board designated or quasi-endowment ▶</li></ul>	urrent year end bala %	ince (line 1g, colum	n (a)) neid as				
b Permanent endowment > %	70						
c Temporarily restricted endowment	%						
The percentages in lines 2a, 2b, and 2c si							
3a Are there endowment funds not in the pos	•	nization that are held	d and adminis	tered for i	the		
organization by:	occonon or the organ	inzation that are new	a ana aaminio	itorea ior i	a i c		Yes No
(i) unrelated organizations							3a(i)
(ii) related organizations							3a(ii)
b If "Yes" to 3a(ii), are the related organizati	ons listed as require	d on Schedule R?					3b
4 Describe in Part XIII the intended uses of							
Part VI Land, Buildings, and Eq							
Complete if the organizati	•	es" to Form 990	<u>, Pa</u> rt IV, li	<u>ne</u> 11a.	See Form	n 990, I	Part X, line 10
Description of property	(a) Cost or other		or other basis		Accumulated		(d) Book value
	(investment)	(0	other)	de de	epreciation	_ }	
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment			148,938		70,8	20	78,118
e Other							
Total. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, I	Part X, column (B),	line 10(c).)			<u> </u>	78,118

DAA

_	Form 990) 2013 AMERICAN COUNCIL OF Investments—Other Securities.	ENGINEERING	23-7293484	Page <b>3</b>
Part VII	Complete if the organization answered "Yes" to	o Form 990 Part IV	line 11h See Form 990 Pa	rt X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(b) book value	Cost or end-of-year market	
(1) Financial		<u> </u>		
• •	eld equity interests			
(3) Other	and equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				-
(F)				
(G)				
(H)				· ·
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	<del>!</del>	·	
	Complete if the organization answered "Yes" t	o Form 990 Part IV	line 11c See Form 990 Pai	rt X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(-,,	(-,	Cost or end-of-year market v	
(1)			·	
(2)	,			
(3)				
(4)	<del></del>			
(5)				
(6)		1		
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.  Complete if the organization answered "Yes" t	o Form 990, Part IV,		
	(a) Description		(	b) Book value
_(1)				
(2)		· · · · · · · · · · · · · · · · · · ·	,	
_(3)				
(4)	<del></del>			
(5)		<del></del>		
(6)			· · · · · · · · · · · · · · · · · · ·	
(7)			<del></del>	
(8)				
(9)	(1) 15 000 D 11/1 1/D) 1 1/1 1/5			
	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		<u> </u>	
Part X	Complete if the organization answered "Yes" to line 25.	to Form 990, Part IV,	line 11e or 11f. See Form 9	90, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes		1	
(2)			1	
(3)				
(4)			1	
(5)			]	
(6)			]	
(7)			]	
(8)			]	
(9)			]	
	n (b) must equal Form 990, Part X, col. (B) line 25 ) ▶			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization	n's financial statements that reports	the
organization's	liability for uncertain tax positions under FIN 48 (ASC 740)	. Check here if the text of	the footnote has been provided in F	Part XIII

Schedule D (Form 990) 2013

Sche	edule D (Form 990) 2013 AMERICAN COUNCIL OF ENGINEER	RING	23-7293484	Page 4
	art XI Reconciliation of Revenue per Audited Financial State	ments V	Vith Revenue per F	Return.
•	Complete if the organization answered "Yes" to Form 990,			
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	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		[
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	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		<u>_</u>	4c
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5
Pa	art XII Reconciliation of Expenses per Audited Financial Stat			r Return.
	Complete if the organization answered "Yes" to Form 990	<u>, Part IV</u>	, line <u>12a.</u>	
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		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		<u></u> :	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	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		<u>_</u>	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2013 AMERICAN COUNCIL OF ENGINEERING Part XIII Supplemental Information (continued)

23-7293484

Page 5

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Ferm 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 AMERICAN COUNCIL OF ENGINEERING Employer identification number COMPANIES OF PENNSYLVANIA 23-7293484

<del></del>						
Part Fundraising Activities. Complete Form 990-EZ filers are not required	f the organiza	tion his r	ans art.	wered "Yes" to Fo	orm 990, Part IV,	line 17.
1 Indicate whether the organization raised funds through				es Check all that app	ply	
a Mail solicitations	Solicitation	of no	on-go	vernment grants		
b Internet and email solicitations	Solicitation	of go	vern	ment grants		
c Phone solicitations	g 🔲 Special fun	drais	ıng e	vents		
d In-person solicitations						
<ul> <li>Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity if "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization</li> </ul>	in connection wi	th pro suant	ofess to ag	ional fundraising servi	ices?	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo cont	d fund- have dy or rol of utions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						
otal			▶			
3 List all states in which the organization is registered or	licensed to solic	t con	tobut	ions or has been notif	ied it is exempt from	

registration or licensing.

OMB No 1545-0047

	<ul> <li>more than \$15</li> </ul>	Events. Complete if the org 5,000 of fundraising event coss receipts greater than \$	ontributions and gross	res" to Form 990, Part	
•	evente with gr	(a) Event #1  GOLF TOURNAMENT (event type)	(b) Event #2	(c) Other events  NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	20,817			20,817
	2 Less Contributions 3 Gross income (line 1 minus line 2)	20,817			20,817
	4 Cash prizes				
	5 Noncash prizes		<del></del>		
enses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				<del></del>
Dice	8 Entertainment				
	9 Other direct expenses	8,207			8,207
P	11 Net income summary. Sart III Gaming. Com	y Add lines 4 through 9 in column ubtract line 10 from line 3, column iplete if the organization an	(d)	990, Part IV, line 19, o	8,207 12,610 r reported more
Revenue	than \$15,000	on Form 990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	Cash prizes     Noncash prizes				
Direct Ex	4 Rent/facility costs				
_	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes S	% Yes No	%
	7 Direct expense summar	y Add lines 2 through 5 in column	(d)		<b>&gt;</b>
	8 Net gaming income sum	mary Subtract line 7 from line 1,	column (d)		<b>&gt;</b>
			atuut aa		
	• • •	ne organization operates gaming a to operate gaming activities in ead			Yes No

Sch	edule G (Form 990 or 990-EZ) 2013 AMERICAN COUNCIL OF ENGINEERING	23-729348	4 F	age 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12 .	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?	1 1	Yes	No
13	Indicate the percentage of gaming activity operated in			•
a	The organization's facility	13a		<u>%</u>
b	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	records.			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			<b>п.</b> .
	revenue?	1 Ab	Yes	∐ No
b	If "Yes," enter the amount of gaming revenue received by the organization shall be and	tne		
_	amount of gaming revenue retained by the third party ►\$ If "Yes," enter name and address of the third party			
С	in Tes, enter name and address of the time party			
	Name ▶			
	Address ▶			
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation ▶\$			
	Gaining manager compensation P4			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		т.,	<b></b>
	retain the state gaming license?		∐ Yes	∐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Pa	spent in the organization's own exempt activities during the tax year ▶ Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (iii) ar	ıd (v) ar	nd .
<u> </u>	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this			
	additional information (see instructions).	<b>F</b> • • • • • • • • • • • • • • • • • • •		

SCHEDULE J (Form 990) Compensation Information

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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

AMERICAN COUNCIL OF ENGINEERING

Employer identification number

23-7293484 COMPANIES OF PENNSYLVANIA Part I **Questions Regarding Compensation** Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions X Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to X explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line Х 2 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6a compensation contingent on the net earnings of a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53 4958-6(c)?

Page 2

23-7293484

Schedule J (Form 990) 2013 AMERICAN COUNCIL OF ENGINEERING 23-7293484

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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 Section A, line 1a, applicable column (D) and (E) amounts for that individual Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Cor	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Tite	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)(ı)(a)	reported as deferred in pnor Form 990
	145,75		0	2,600	3,523	151,87	0
1 EXECUTIVE VICE PRES.	(II)	0	0	0	0	0	0
	(II)					•	
	(u) (u)			7			
	(0)						
4	. (11)						
	8 3					•	
n	(8)			•			
9	(#)						
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	(u) (t)						
	(n)			•			
	(0)					•	
16							-

. . . .

Schedule J (Form 990) 2013

23-7293484 Schedule J (Form 990) 2013 AMERICAN COUNCIL OF ENGINEERING Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION

THE ORGANIZATION PAYS THE COUNTRY CLUB DUES OF THE EXECUTIVE VICE PRESIDENT

FOR THE SOLE PURPOSE OF HAVING THE FACILITIES AVAILABLE FOR MEETINGS OF

THE ORGANIZATION.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

AMERICAN COUNCIL OF ENGINEERING COMPANIES OF PENNSYLVANIA

Employer identification number

OMB No 1545-0047

2013

23-7293484

FORM 990 - ORGANIZATION'S MISSION

TO PROMOTE THE PUBLIC WELFARE AND ENHANCE THE REPUTATION OF THE CONSULTING ENGINEER BY ENCOURAGING THE MAINTENANCE OF THE HIGHEST STANDARDS OF PROFESSIONAL ETHICS AND PRACTICE; TO ENCOURAGE THE INTELLECTUAL AND SCIENTIFIC ADVANCEMENT AND DEVELOPMENT OF THE MEMBERS IN ORDER TO ENHANCE THEIR PROFESSIONAL AND ECONOMIC WELFARE; TO FOSTER HARMONY, COOPERATION AND MUTUAL UNDERSTANDING THROUGHOUT THE ENGINEERING AND ALLIED PROFESSIONS; AND TO ACT ON ON BEHALF OF THE MEMBERS IN CONNNECTION WITH PROPOSALS OF GOVERNMENT OR OTHER BODIES CONCERNING THEM.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE COUNCIL IS COMPRISED OF MEMBER FIRMS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE ORGANIZATION'S MEMBER FIRMS HAVE THE ABILITY TO ELECT MEMBERS OF THE

EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 EACH MEMBER OF THE BOARD IS PROVIDED A COPY OF FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

PERIODIC REVIEWS WILL BE CONDUCTED TO ENSURE THE ORGANIZATION OPERATES IN

A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN

ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE REVIEWS WILL

INCLUDE BUT ARE NOT LIMITED TO: WHETHER COMPENSATION ARRANGEMENTS AND

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

Page 2

Name of the organization

AMERICAN COUNCIL OF ENGINEERING

Employer identification number 23-7293484

BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARMS LENGTH BARGAINING; WHETHER PARTNERSHIPS, JOINT VENTURES AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST

Form **4**562

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

179

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name(s)	shown	on	returr

AMERICAN COUNCIL OF ENGINEERING

Identifying number

	COMPAN	IES OF PEN	NSYLVANIA				23-	<u>729</u>	3484
	ess or activity to which this form relates ENERAL DEPRECIAT	ON & AMOR	TIZATION						
_	rt   Election To Expe	nse Certain Pro	perty Under Secti				<b>D</b> = -4 1		
			rty, complete Part \	<u>/ before yo</u>	ou co	mpiete	Раπ I.		F00 000
1	Maximum amount (see instruction	•						1_	500,000
2	Total cost of section 179 propert	•	· · · · · · · · · · · · · · · · · · ·	4>				2	2 000 000
3	Threshold cost of section 179 pro		· ·	tructions)				3	2,000,000
4	Reduction in limitation Subtract		•	l filma conorate	alu coo	unctruction	•	5	
5_	Dollar limitation for tax year Subtract  (a) Description		i	st (business use			Elected cost	<u> </u>	
_6	(a) Description	1 or property	10/00	ist (business use	- Only)	(6)	Liected COSt		
			• •						!
7	Listed property. Enter the amour	it from line 29	1		7				<u>'</u>
8	Total elected cost of section 179		ints in column (c) lines	6 and 7	ــــــا			8	
9	Tentative deduction. Enter the si	· · · · · · · · · · · · · · · · · · ·		o una 7				9	
10	Carryover of disallowed deduction							10	
11	Business income limitation Ente	•		an zero) or I	ine 5 (	see instru	ictions)	11	
12	Section 179 expense deduction		·	-	(		,	12	-
13	Carryover of disallowed deduction	-		<b>&gt;</b>	13	<del> </del>			1
Note	: Do not use Part II or Part III belo								
Pa	rt II Special Deprecia	ion Allowance	and Other Deprec	iation (Do	not	include	listed p	ropei	rty.) (See instructions.
14	Special depreciation allowance for	or qualified property	(other than listed prope	rty) placed in	servi	e :e			
	during the tax year (see instruction	ons)						14	
15	Property subject to section 168(f	)(1) election						15	
16	Other depreciation (including AC	RS)						16	
Pa	rt III MACRS Deprecia	tion (Do not inc	clude listed property	/. <b>)</b> (See ins	struct	ions.)			
			Section A						
17	MACRS deductions for assets pl	aced in service in ta	x years beginning before	e 2013				17	24,263
18	If you are electing to group any assets place						<u> </u>	<u> </u>	
	Section B—As		vice During 2013 Tax Y	ear Using th	ne Ger	eral Dep	reciation	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery penod	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property	]	1,261				SL		245
<u>b</u>	5-year property	Į	1,925	<del></del>			SL		320
<u> </u>	7-year property		2,561	L 7.0	:	HY	MC		366
<u>d</u>	10-year property	Į		ļ					
<u>e</u>	15-year property		1,324	15.0			SL		51
<u>f</u>	20-year property			ļ		_			<u> </u>
	25-year property			25 yrs.			S/L		
h	Residential rental			27.5 yrs		MM	S/L		
	property			27.5 yrs.		MM	S/L		
i	Nonresidential real			39 yrs	-	MM	S/L		
	property Section C. Acce	to Blood in Cons		nu Haina Aba		MM Do	S/L	- 6	<u></u>
20:-		riaced in Servi	ce During 2013 Tax Ye	ar Using the	Aiter	iative De	Ι		leni
	Class life	1	<del></del>	12:	├		S/L		
	12-year			12 yrs.	<del>                                     </del>	NANA	S/L S/L		
	40-year ort IV Summary (See in	tructions \	1	40 yrs.	L	MM	<u>  3/L</u>		
	Listed property. Enter amount fro							21	
21 22	Total. Add amounts from line 12		7 lines 10 and 20 in coli	ımn (n) and	line 21	Enterh	ere	<del>                                     </del>	
~~	and on the appropriate lines of y	<del>-</del>				. Linei n	51 <b>6</b>	22	25,245
23	For assets shown above and pla								23,23
	portion of the basis attributable to		-		23				
	po. 2011 01 210 0 0000 010 1000 010 010		<del>-</del>						<u> </u>

Form 8868

# Application for Extension of Time To File an Exempt Organization Return

			ipi Oige	anication ivetuin			UMB NO 1545-176	na
Rev January 201	4)	▶ File a	File a separate application for each return.					
Second most of the Tenantia.		-	8868 and its instructions is at www.irs.gov/form8868.					
		domatic 3-Month Extension, comple	te only Pari	I and check this box				X
<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)</li> </ul>								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868								
-		•		·	·			
	•	ou can electronically file Form 8868 if yo			•			
•	•	Form 990-T), or an additional (not auto	•		•			
•		n of time to file any of the forms listed in		•	· ·	n		
		ated With Certain Personal Benefit Con				-£1-		
Part I		is on the electronic filing of this form, vice 3-Month Extension of Time.				ones_		
/-		Form 990-T and requesting an automa						
Part I only	required to me	1 om 350-1 and requesting an autom	511C O-111C(1111	extension - check this box b	nd complete		•	П
•	rations (includ	ling 1120-C filers), partnerships, REMIC	Cs. and trus	ts must use Form 7004 to rec	Juest an extension (	of time	. •	L
o file income	•	mig 1120 0 maroji pamarompoj vizimi	- 0,					
				Ε	nter filer's identify	ing num	ber, see instruc	tions
Type or	Name of exe	empt organization or other filer, see ins	tructions	Employer identification n				
orint	AMERIC	AN COUNCIL OF ENGIN	NEERIN(	:NG				
COMPANIES OF PENNSYLVANIA			A	23-7293484				
ile by the	Number, str	eet, and room or suite no. If a P.O. box	, see instruc		Social security nu	ecurity number (SSN)		
tue date for 800 NORTH THIRD STREET 301								
City, town or post office, state, and ZIP code. For a foreign address, see instructions								
nstructions	HARRIS	BURG PA	17102	<u> </u>				
Enter the Retu	urn code for the	e return that this application is for (file a	separate a	polication for each return)			Г	01
				· · · · · · · · · · · · · · · · · · ·				
Application			Return	Application			Retu	
Is For			Code	s For			Coc	
Form 990 or Form 990-EZ			01	Form 990-T (corporation)		07		
Form 990-BL			02	Form 1041-A	an industrial			
Form 4720 (individual)			03 04		orm 4720 (other than individual)			<u> </u>
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust)			05	Form 6069			10	
Form 990-T (trust other than above)			06	Form 8870			12	
FOIII 330-1	(trust other th	OFFICERS OF THE BOARI		1 01111 0070				
		800 NORTH THIRD STREET						
• The books a	are in the care of	► HARRISBURG				P	A 17102	
				•				
Telephone	No ▶ 80	0-651-1946	FAX No	. <b>•</b>				
<ul> <li>If the orga</li> </ul>	nization does	not have an office or place of business	in the Unite	d States, check this box	_		•	
• If this is fo	r a Group Ret	urn, enter the organization's four digit C	Group Exem	ption Number (GEN)	If this is			
or the whole o	group, check tl	nis box 🕨 🔲 If it is for part of	the group, o	check this box	and attach			
		Ns of all members the extension is for			<del> </del>			
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time								
until $01/15/15$ , to file the exempt organization return for the organization named above. The extension is								
	organization's r							
▶ [_]	calendar year	or						
<b>⊾</b> ⊡		06/01/33	15/27/	1.4				
_		ning $06/01/13$ , and ending $06/01/13$		· :— —				
	· ·	in line 1 is for less than 12 months, che	eck reason	Initial return Fi	nal return			
	hange in acco		a. 6060 an	los the testative toy lose say		Г	<del></del>	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.				1 _ 1 _				0
	•		enter any re					
		is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ments made. Include any prior year overpayment allowed as a credit.					n	
	-		ment with this form, if required, by using					
		deral Tax Payment System) See instr			3c	s		O
		te an electronic funds withdrawal (direct debit		m 8868, see Form 8453-EO and f			ections.	
		and Deduction Act Material		1//	1011-17		5. 9969.0	