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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Department of the Treasury  
Internal Revenue Service

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionA For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization

**AMERICAN COUNCIL OF ENGINEERING  
COMPANIES OF NEW HAMPSHIRE, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

**C/O DENNEHY & BOULEY, 17 DEPOT STREET**

D Employer identification number

**02-0391558**

E Telephone number

**603-225-7397**F Group Exemption  
Number ►**CONCORD, NH 03301**G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► **WWW.ACEC-NH.ORG**J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Form of organization:  Corporation  Trust  Association  OtherL Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **135,292.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

SCANNED NOV 16 2016

Revenue

Expenses

Net Assets

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

Form 990-EZ (2015)

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

22 Cash, savings, and investments  
 23 Land and buildings  
 24 Other assets (describe in Schedule O)  
 25 Total assets  
 26 Total liabilities (describe in Schedule O)  
 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
46,767.22	42,998.
23	
24	
46,767.25	42,998.
0.26	0.
46,767.27	42,998.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

**28 PROVIDE SEMINARS, CONTINUING EDUCATION AND NETWORKING OPPORTUNITIES TO 60 MEMBER FIRMS AND AFFILIATE MEMBERS COMPOSED OF APPROXIMATELY 1000 EMPLOYEES.**

(Grants \$  ) If this amount includes foreign grants, check here ►  28a

**29 SEE SCHEDULE O**

(Grants \$  ) If this amount includes foreign grants, check here ►  29a

**30 SEE SCHEDULE O**

(Grants \$  ) If this amount includes foreign grants, check here ►  30a

**31 Other program services (describe in Schedule O)**

(Grants \$  ) If this amount includes foreign grants, check here ►  31a

**32 Total program service expenses** (add lines 28a through 31a) ►  32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>JAMES ERRICO, P.E.</b>	1.00	0.	0.	0.
<b>DIRECTOR</b>				
<b>JOSEPH DUCHARME, P.E.</b>	1.00	0.	0.	0.
<b>TREASURER</b>				
<b>NANNU NOBIS, P.E.</b>	1.00	0.	0.	0.
<b>SECRETARY</b>				
<b>GARY M. GARFIELD, P.E.</b>	1.00	0.	0.	0.
<b>DIRECTOR</b>				
<b>ALICIA DUNSTAN, P.E.</b>	1.00	0.	0.	0.
<b>PRESIDENT-ELECT</b>				
<b>ALEXANDER KOUTROUBAS</b>	25.00	0.	0.	0.
<b>EXECUTIVE DIRECTOR</b>				
<b>WILLIAM MOORE, P.E.</b>	1.00	0.	0.	0.
<b>PRESIDENT</b>				
<b>CHRISTOPHER R. MULLEAVEY, P.E.</b>	1.00	0.	0.	0.
<b>DIRECTOR</b>				
<b>PETER M. KING, P.E.</b>	1.00	0.	0.	0.
<b>DIRECTOR</b>				
<b>MARTIN F. KENNEY, P.E.</b>	1.00	0.	0.	0.
<b>DIRECTOR</b>				
<b>MATTHEW R. POIRIER, P.E.</b>	1.00	0.	0.	0.
<b>DIRECTOR</b>				
<b>DANIEL BISSON, P.E.</b>	1.00	0.	0.	0.
<b>DIRECTOR</b>				

**AMERICAN COUNCIL OF ENGINEERING  
COMPANIES OF NEW HAMPSHIRE, INC.**

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a  0.

b Did the organization file Form 1120-POL for this year?  37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b  N/A

39 Section 501(c)(7) organizations. Enter:  39a  N/A

a Initiation fees and capital contributions included on line 9  39b  N/A

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  40a  N/A

section 4911 ►  N/A ; section 4912 ►  N/A ; section 4955 ►  N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40b  N/A

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40c  N/A

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  40d  N/A

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e

41 List the states with which a copy of this return is filed ►  NH

42a The organization's books are in care of ►  ALEX KOUTROUBAS

Telephone no. ►  603-228-1601

Located at ►  C/O DENNEHY & BOULEY 17 DEPOT STREET, SUITE 3, C ZIP + 4 ►  03301

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43   N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b

c Did the organization receive any payments for indoor tanning services during the year?  44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II  47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48

49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If "Yes," was the related organization a section 527 organization?  49a  
 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee  N/A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

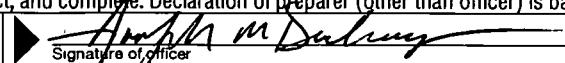
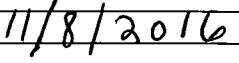
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ►   
Signature of officer   
Date 11/8/2016  
► **JOSEPH DUCHARME, TREASURER**  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ALISON S. PERRELLA</b>	Preparer's signature  Oct 27 2016	Date Oct 27 2016	Check <input type="checkbox"/> if self-employed	PTIN <b>P00052497</b>
	Firm's name ► <b>HOWE, RILEY &amp; HOWE, PLLC</b>			Firm's EIN ► <b>20-3985821</b>	
	Firm's address ► <b>660 CHESTNUT STREET MANCHESTER, NH 03104-3500</b>			Phone no. <b>(603) 627-3838</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

## Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization **AMERICAN COUNCIL OF ENGINEERING COMPANIES OF NEW HAMPSHIRE, INC.**

**Employer identification number**

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV  
**2** Political expenditures  
**3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- 4a Was a correction made?

► \$ \_\_\_\_\_  
► \$ \_\_\_\_\_

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**Schedule C (Form 990 or 990-EZ) 2015**

**AMERICAN COUNCIL OF ENGINEERING**

Schedule C (Form 990 or 990-EZ) 2015 **COMPANIES OF NEW HAMPSHIRE, INC.**

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**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ►  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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 the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2012</b>	<b>(b) 2013</b>	<b>(c) 2014</b>	<b>(d) 2015</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

## AMERICAN COUNCIL OF ENGINEERING

Schedule C (Form 990 or 990-EZ) 2015 COMPANIES OF NEW HAMPSHIRE, INC.

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**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

1 Dues, assessments and similar amounts from members	1	53,951.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	17,000.
b Carryover from last year	2b	<1,059.>
c Total	2c	15,941.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	15,646.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	295.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

AMERICAN COUNCIL OF ENGINEERING  
COMPANIES OF NEW HAMPSHIRE, INC.

Employer identification number  
02-0391558

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**INTEREST INCOME** \_\_\_\_\_ **35.** \_\_\_\_\_

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**COMMISSIONS - INSURANCE SOLD TO MEMBERS** \_\_\_\_\_ **450.** \_\_\_\_\_

**NATIONAL DUES COLLECTED FROM NH-BASED FIRMS, PAID OVER TO**

**ACEC NATIONAL** \_\_\_\_\_ **11,575.** \_\_\_\_\_

**ADVERTISING INCOME** \_\_\_\_\_ **550.** \_\_\_\_\_

**POLITICAL ACTION COMMITTEE FUNDS** \_\_\_\_\_ **300.** \_\_\_\_\_

**TOTAL TO FORM 990-EZ, LINE 8** \_\_\_\_\_ **12,875.** \_\_\_\_\_

**FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:**

**AFFILIATE NAME:** AMERICAN COUNCIL OF ENGINEERING COMPANIES

**AFFILIATE ADDRESS:** 1015 15TH STREET, 8TH FLOOR NW WASHINGTON, DC 20005

**PURPOSE OF PAYMENT:** REMIT DUES ASSESSED BY NATIONAL ASSOC COLLECTED BY THIS  
ENTITY

**AMOUNT OF PAYMENT:** \_\_\_\_\_ **11,575.** \_\_\_\_\_

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION:** EDUCATIONAL SCHOLARSHIPS

**GRANTEE NAME:** SCHOLARSHIP AMERICA/SCHOLARSHIP MANAGEMENT

**SERVICES**

**GRANTEE ADDRESS:** ONE SCHOLARSHIP WAY SAINT PETER, MN 56082

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

AMERICAN COUNCIL OF ENGINEERING  
COMPANIES OF NEW HAMPSHIRE, INC.

Employer identification number  
02-0391558

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: COST

METHOD USED TO DETERMINE FMV: COST

BOOK VALUE OF PROPERTY: 5,000.

AMOUNT GIVEN: 5,000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
ACEC CONFERENCES	5,728.
SEMINARS EXPENSE	24,131.
MEMBERSHIP EVENT EXPENSE	7,409.
PUBLIC RELATIONS	3,945.
QBS AND ENGINEER'S WEEK BANQUET SPONSORSHIP	250.
WEB SITE EXPENSE	3,796.
ENGINEER AWARDS	1,658.
NEWSLETTER EXPENSES	1,200.
COMMITTEE MEETINGS EXPENSES	1,042.
LEGAL AND TAX PREPARATION SERVICES	650.
NAECE DUES	100.
LIABILITY INSURANCE	425.
DIRECTORS & OFFICERS INSURANCE	1,531.
SPONSORSHIP EXPENSE	850.
MISCELLANEOUS EXPENSE	27.
INCOME TAXES	64.
<b>POLITICAL ACTION COMMITTEE FUNDS</b>	<b>300.</b>

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

**AMERICAN COUNCIL OF ENGINEERING  
COMPANIES OF NEW HAMPSHIRE, INC.**

Employer identification number  
**02-0391558**

**TOTAL TO FORM 990-EZ, LINE 16**

**53,106.**

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SUPPORT THE BUSINESS  
AND PROFESSIONAL INTERESTS OF MEMBER FIRMS AND ENHANCE THE PRACTICE OF  
CONSULTING ENGINEERING IN NEW HAMPSHIRE.**

**FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:**

**MONITORED AND ADVOCATED ON STATE LEGISLATION AFFECTING THE  
PROFESSION AND COMMUNICATING RELEVANT MATTERS TO THE  
MEMBERSHIP THROUGH THE 10 E-NEWSLETTERS PER YEAR, AND  
WEEKLY LEGISLATIVE UPDATES.**

**FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:**

**HELD REGULAR MEETINGS ATTENDED BY REPRESENTATIVES OF  
MEMBER FIRMS AND KEY REPRESENTATIVES OF THE NH DEPT OF  
TRANSPOR AND ENVIRON SVCS TO DISCUSS MATTERS OF MUTUAL  
INTEREST. SERVED ON COMMITTEE WITH LOCAL GOVERNMENT AND STATE  
OFFICIALS.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

**Name of the organization**

AMERICAN COUNCIL OF ENGINEERING  
COMPANIES OF NEW HAMPSHIRE, INC.

**Employer identification number**  
**02-0391558**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARK B. ZYDEL	1.00	0.	0.	0.
DIRECTOR				