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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2015

, 2016

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service For the 2015 calendar year, or tax year beginning Jul 1 , **2015**, and ending Jun 30 C Name of organization AMERICAN COUNCIL OF ENGINEERING COMPANIES D Employer identification number

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		Πin	itsal return	1015 1.	тн	STREE	r, NW, 8	TH FLOO	R				1 12	02)	347-7	474	
			nal return/terminated				, country, and ZIP						 ``	<u> </u>			
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		H	pplication pending	F Name an			l officer		<u>_</u> _	<u> </u>	003	H(a) Is this					X No
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	÷		exempt status	501(c)(3)		501(c) (6) (insert no)	4947(a)(1	1) or	527				_		
	-			w.acec.		т- т				1.		H(c) Group					
K Form of organization X Corporation Trust Association Other ▶ L Year of formation 1972 M State of													legal domi	⇒le DC			
	P	ert I	Summar														
		1	Briefly describ	fly describe the organization's mission or most significant activities: THE VOICE OF AMERICA'S ENGINEERING INDUST											STRY.		
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	Governance																
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	Activities		Total number											6	 		47
	덫		Total unrelated											7a	1	432,	032
	_	ь	Net unrelated	business ta	xable	income fr	om Form 990)-T line 34					· · ·	7b		432,	0.2.
3								,		20 C			rior Yea		+	rrent Ye	
2016		8	Contributions a	and grants	Part '	VIII. line 1	h)		_///	KEO		-	4137	594.			479.
7.	Revenue		Program service	•			•		"			701613			1.	1,198,	
	Ver		Investment inc						\\rac{100}{100}	HON	08	401013		454.	 	118,	
	Re		Other revenue	-				•	11e) O	140.		INT		148.	1		203.
NCV			Total revenue							9 121	T.F	13, 64 4	ر 61 6سر		1 1	1,920,	
7			Grants and sin							0	7 / 1/4	-		050.	1		312.
			Benefits paid to		•	•	. ,.	•		e Reconstruction of the last o			110				<u> </u>
			Salaries, other			•		•					,390,	755	 	5,580,	010
	es						•		• •	•			, 390,	, /33.	 	1,300,	019.
	Ĕ		Professional fu									·					
	훘	b	Total fundraisii	ng expense	s (Pa	rt IX, colu	mn (D), line 2	⁽⁵⁾ –							<u> </u>		
W	~		Other expense	-				•					,552,	637.		7,546,	659.
		18	Total expenses	s Add lines	13-1	7 (must ed	qual Part IX, c	column (A),	line 25) .			14	,388,	442.	14	1,262,	790.
` .		19	Revenue less	expenses. S	Subtra	act line 18	from line 12									658,	051.
•	8 8											Beginnin	ng of Cun	rent Year	E	nd of Yea	ir
		20	Total assets (P	art X, line 1	6) .								,872,			,472,	733.
	Net Ass Fund Bal	21	Total liabilities	(Part X, line	26)							2	,931,	916.		3,003,	
	ξĒ	22	Net assets or f	und balance	s St	ubtract line	21 from line	20				6	,940,	.816.		7,469,	
- 1	Pa	rt II	Signature										, , ,	<u> </u>	<u></u>	7 1007	
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 10/12/15

Form **990** (2015)

X Yes

Form			OF ENGINEERING COMPAN	IES 52-	0745115 Page 2
Par	tilli State	ment of Program Serv	vice Accomplishments		
	Check	if Schedule O contains a resp	ponse or note to any line in this Part	III	
1	Briefly describ	e the organization's mission:			
	THE BUSI	NESS ASSOCIATION A	AND_VOICE_OF_AMERICA'S	ENGINEERING INDUSTRY,	REPRESENTING
	THOUSAND	S OF INDEPENDENT U	U.S. ENGINEERING COMPA	ANIES ENGAGED IN THE DE	VELOPMENT
	OF TRANS	PORTATION, WATER,	AND OTHER PUBLIC AND	COMMERCIAL FACILITIES.	
2	Did the organi	zation undertake any significa	ant program services during the year	r which were not listed on the prior	
	Form 990 or 9	90-EZ?			Yes X No
	If 'Yes.' descri	be these new services on Sch	nedule O.		
3			nake significant changes in how it co	onducts any program services?	Yes X No
_	•	be these changes on Schedu	•	,, pg	
4	•	• • • • • • • • • • • • • • • • • • • •		ree largest program services, as measi	ired by expenses
•	Section 501(c)(3) and 501(c)(4) organizatio if any, for each program servi	ns are required to report the amount	t of grants and allocations to others, the	e total expenses,
4 a	(Code:) (Expenses \$	including grants of	\$) (Revenue	\$)
	GOVERNME	NT ADVOCACY			
	THE COUN	CIL UNDERTAKES A V	WIDE RANGE OF PUBLIC F	POLICY AND ADVOCACY	
	ACTIVITI	ES. IT LOBBIES CO	ONGRESS AND FEDERAL AC	GENCIES FOR PASSAGE OF	
	LEGISLAT	ION, POLICIES, AND	D PROCEDURES THAT PROM	MOTE AND PROTECT THE	
	ENGINEER	ING INDUSTRY.			
					
	-				
4 b	(Code.) (Expenses \$	including grants of	\$	\$)
		RESOURCES AND EDU			
				RCE FOR THE ENGINEERING	
			E RANGE OF BUSINESS ED		
			CONVENTIONS AND SEMINA	ARS, PUBLICATIONS,	
	CONTRACT	DOCUMENTS, AND BU	JSINESS_FORUMS		
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40	(Codo:) (Evpoppe \$	including grants of	\$) (Revenue	ė ,
76	(Code:) (Expenses \$) (revenue	·
	COMMUNIC	 			
	THE COUN	<u>CIL COMMUNICATES V</u>	WITH ITS MEMBERS AND 1	INTERESTED_OUTSIDE	
	PARTIES !	THROUGH A WEEKLY 1	NEWSLETTER, BI-MONTHLY	MAGAZINE, WEBSITE	
	AND SOCI	AL MEDIA. IT ALSO	O CONDUCTS AN ENGINEER	RING EXCELLENCE AWARDS	
	PROGRAM	AND OTHER RECOGNIT	TION ACTIVITIES.		
		-			
					
		services (Describe in Sched	-		
	(Expenses		including grants of \$) (Revenue \$)
	Total program	service expenses	TEP10100 1010:		Form 990 (2015)
3AA			TEEA0102 10/12/15		FUILI 930 (2013)

TEEA0102 10/12/15

Pa	nrt IV Checklist of Required Schedules			
	The followings of required contenties		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
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 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
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		х
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		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes, complete Schedule D, Part VI	11 a	х	
	b 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	11 b		х
	c 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	11 c		Х
1	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X	11 e	Х	
•	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If Yes,' complete Schedule D, Parts XI, and XII	12a		х
1	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
l	b 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		х
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		х
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		х
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		х
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		х
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		х

Form 990 (2015) AMERICAN COUNCIL OF ENGINEERING COMPANIES

Part IV | Checklist of Required Schedules (continued)

	Terre Oncorrist of Required Goricules (continued)		Yes	No
20:	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a	163	X
ŧ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	х	
24:	a 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 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes,' complete Schedule L, Part I	25a		
i	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26				
	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 'Yes', complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L, Part IV	28a		Х
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If Yes, complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		x
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
t	of 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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

a Enter the number reported in Box 3 of Form 1096. Enter-0- if not applicable 1 a 67 b 15 cmm W-2G included on line 1s. Enter-0- if not applicable 1 b 1 0 0 cmm which the provided of the part of the provided on the part of the provided on the part of the par		Check if Schedule O contains a response or note to any line in this Part V			. □
b Enter the number of Forms W-Z6 included in line 1s. Enter 0-if not applicable . Del the organization comply with backup withholding rules for repositible payments to vendors and roportable gamming (gambling) winnings to prize winness? 2 a Enter the number of amplitives reposited on Form W-3. Transmittal of Wage and Tax Statisments, filed for the calendar year ending with or within the year covered by this return. 2 b If at least one is reported on line 2s, do the organization file all required federal employment tax natura? 2 b K Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 b If the calendar year and the 2s is greater than 250, you may be required to e-file (see instructions) 3 b If Yes (see the dainy file scalendar year, did the organization file all required federal employment tax natura? 3 b If Yes (see the name of the foregin country; such as a bank account, and an advant of the country file scalendar year, did the organization and scalendar of the country file scalendar year, did the organization that it was or is a party to a prohibited tax shelter transaction at any time dump the tax year? 5 a Was the organization has the was or is a party to a prohibited tax shelter transaction at any time dump that tax year? 5 a C if Yes, to line 5s or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction that was or is a party to a prohibited tax shelter transaction is also that year of the organization has a shelter transaction at any time dump the tax year? 5 a K if Yes, to line 5s or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 b K if Yes, to line 5s or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c if Yes, to line organization and year and the prohibitions or grifts were not tax deductible? 5 c if Yes, to line organization and year and yea					No
b Enter the number of Forms W-Z6 included in line 1s. Enter 0-if not applicable . Del the organization comply with backup withholding rules for repositible payments to vendors and roportable gamming (gambling) winnings to prize winness? 2 a Enter the number of amplitives reposited on Form W-3. Transmittal of Wage and Tax Statisments, filed for the calendar year ending with or within the year covered by this return. 2 b If at least one is reported on line 2s, do the organization file all required federal employment tax natura? 2 b K Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 b If the calendar year and the 2s is greater than 250, you may be required to e-file (see instructions) 3 b If Yes (see the dainy file scalendar year, did the organization file all required federal employment tax natura? 3 b If Yes (see the name of the foregin country; such as a bank account, and an advant of the country file scalendar year, did the organization and scalendar of the country file scalendar year, did the organization that it was or is a party to a prohibited tax shelter transaction at any time dump the tax year? 5 a Was the organization has the was or is a party to a prohibited tax shelter transaction at any time dump that tax year? 5 a C if Yes, to line 5s or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction that was or is a party to a prohibited tax shelter transaction is also that year of the organization has a shelter transaction at any time dump the tax year? 5 a K if Yes, to line 5s or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 b K if Yes, to line 5s or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 c if Yes, to line organization and year and the prohibitions or grifts were not tax deductible? 5 c if Yes, to line organization and year and yea	1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with expensive symmetry. 2 a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field of the calendar year ending with or within the year covered by this return. 2 a I all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If Yes his filed a Form 990-1 for this year? W Nor I alm 28, provide an exploration in Schedule O. 4 a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a bit Yes, enter the name of the foreign county; 5 a Was the organization and the foreign county; 5 a Was the organization and the foreign county; 5 a Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelf are work years and the foreign county of the foreign counts. 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelf are not tax deductable? 7 organizations that may receive deductable contributions or grifts were not tax deductable? 8 a Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelf may receive deductable contributions and expensive sprowded to the payor. 7 a bit If yes, inducate the number of Forms 8282 filed during the year pay the payor of the payor of the payor. 9 b If Yes, inducate the number of Forms 8282 filed during the year 9 b If Yes, inducate the number of Forms 8282 filed during the year 9 c Did the organizatio			1		
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Form 8282? 7c 7c		b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
d if Yes, indicate the number of Forms 8282 filed dunng the year		c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. 7 f gl f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(29) qualified nonprofit health insurance Issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 Section 501(c)(29) qualified nonprofit health insurance Issuers. a Is the organization incensed to issue qualified health plans in more than one state? 13 Section 501(c)(29) qualified nonprofit health insurance Issuers. a Is the organization incensed to issue qualified health plans in more than one state? 13 Section 501(c)(29) qualified nonprofit health insurance Issuers. b Enter the amount of reserves the or			7 C		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? \$ Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? \$ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11 Did 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12 Section 501(c)(29) qualified nonprofit health insurance Issuers. a Is the organization incensed 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 in more than one state? C Enter the amount of reserves on hand 13 c 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization of these payments? If No, 'provide an explanation in Schedule O.					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsorling organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsorling organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 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.) 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 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 receive any payments for indoor tanning services during the tax year? 13 b If Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.			<u> </u>		
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	-				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12		a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
a Initiation fees and capital contributions included on Part VIII, line 12		b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	<u> </u>	
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a Gross income from members or shareholders		· · · · · · · · · · · · · · · · · · ·		i	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11	Section 501(c)(12) organizations. Enter:			:
against amounts due or received from them.)		a Gross income from members or shareholders			į
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12	· · · · · · · · · · · · · · · · · · ·	12 a		
a Is the organization licensed to issue qualified health plans in more than one state?		b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b			
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	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
which the organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.			
which the organization is licensed to issue qualified health plans		b Enter the amount of reserves the organization is required to maintain by the states in			
14a Did the organization receive any payments for indoor tanning services during the tax year?		which the organization is licensed to issue qualified health plans			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			44-		У
				 	 ^
	_				2015)

Pa	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	'n		
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	• • •	. X
Sec	ction A. Governing Body and Management			
1	Enter the number of voting members of the governing body at the end of the tax year 1 a 60 lf there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
	b Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents	-	_	Ë
	since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	\vdash
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	Х	
	Each committee with authority to act on behalf of the governing body?	8 Ь	Х	<u> </u>
	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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	_ 4	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 ь		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in Schedule O how this was done	42.0	Ų,	<i>'</i>
13	Did the organization have a written whistleblower policy?	12 c	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent		Х	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15 a	Х	
	Other officers or key employees of the organization	15 b	Х	
4.0	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
t	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► NONE		-	
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) a for public inspection. Indicate how you made these available. Check all that apply.	vailabl	е	
19	Own website	to		
20	the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records:			
		2) 3	47-7	7474

orm 990 (2015) AMERICAN	COUNCIL OF	ENGINEERING	COMPANIES		52-0745115	Page
Part VII Co	ompensation of dependent Cor	f Officers, Directors	ectors, Trustees	s, Key Employee	s, Highest Com	pensated Employ	ees, and
Ch	eck if Schedule O c	contains a response	e or note to any line i	n this Part VII	<u></u> <u></u> .	<u>.</u> <u>.</u>	L
Section A.	Officers, Direct	tors. Trustees	. Kev Employee	s, and Highest (ompensated E	mplovees	

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
			(C))							
(A) Name and Title	(B) Average hours per	l thar	one both	box, u an or ector/	uniess fficer : truste		n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) PETER STRUB	5.00										
CHAIR	1.00	Х	<u> </u>	Х				0.	0.	0.	
(2) JOHN NELSON	5.00					1 1		i '			
TREASURER	1.00	Х		Х				0.	0.	0.	
(3) LEE CAMMACK	5.00	x		 v					_		
VICE CHAIR		<u> </u>	<u> </u>	X	<u> </u>	\sqcup		0.	0.	0.	
	<u>5.00</u>	x		х]				,	
VICE CHAIR	5 00	<u> </u>			-	\vdash		0.	0.	0.	
(5) PHILIP HOUSER VICE CHAIR	5.00	х		x				0.	0.	<u> </u>	
(6) JOEL GOODMONSON	5.00	 	<u> </u>	-	H	├		<u> </u>	0.	0.	
VICE CHAIR	1-2.00	x		х				0.	0.	0.	
(7) GREGG SPAGNOLO	5.00					\vdash		0.		<u>. </u>	
VICE CHAIR	- ==	х		х	ĺ			0.	0.	_ 0.	
(8) THOMAS MOSURE	5.00										
VICE CHAIR		х		х				0.	0.	0.	
(9) SERGIO PECORI	1.00									· · · · · ·	
CHAIR-ELECT		x						0.	0.	0.	
(10) FLOYD DAMRON	1.00										
BOARD MEMBER		Х				li		0.	0.	0.	
(11) STEVEN SPEAKS	1.00										
BOARD MEMBER		X						0.	0.	0.	
(12) DANIEL WILLIAMS	1.00								•		
BOARD MEMBER		Х						0.	0.	0.	
(13) DAVID PETERSON	<u>1.</u> 00										
BOARD MEMBER	<u> </u>	X				\sqcup		0.	0.	0.	
(14) EDDIE KHO	1.00	ا ا									
BOARD MEMBER (TERM ENDED 7/5/15)	<u> </u>	X						0.	0.	0.	

	(B)		(C)						<u> </u>			,55,11	
(A)		Position (do not check more than one					ne	(D)	(E)			(F)	
Name and title hours per officer and a director/trustee) compensation from compensation from						Reportable compensation from	ł		mated	er			
	week (list any	9 3	ns.	全	<u>@</u>	Highest compensated employee	व	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	1	fro	ensation m the	
	hours for	ndividual trustee	nstitutional trustee	Officer	Key employee	Poly Ros	3			-	and	nization related	
	related organiza	 E E E E E 			힣	8 8	`	}		ŀ	orga	nızatıon	8
	- tions below dotted	હૂ	돐		8	l g				1			
	line)	8	8		Ì	S S		ĺ	•	1			
	<u> </u>	<u> </u>											
(15) JOHN MOOSSAZADEH	1.00_					Ì				Ì			
BOARD MEMBER		X	Ш		L_	<u> </u>	L	0.	0				0.
(16) ROBERT REFVEM	1.00_					,]					
BOARD MEMBER		X			L.	<u> </u>		0.	0	٠,			0.
(17) GEORGE JACOBS	1.00_	ł			1	ł	į į			ł			
BOARD MEMBER		Х						0.	0				0.
(18) SCOTT RATHFON 1.00										ľ			
BOARD MEMBER X 0.													0.
(19) CHARLES GEER 1.00										-			
BOARD MEMBER (TERM ENDED 7/31/15) X 0.										.]			0.
(20) KIMBERLEE BERNSON DEBOSIER	1.00	Γ											
DIRECTOR		X				<u>[</u>		0.	0	_اـ			0.
(21) JERRY WOLVERTON	1.00												
BOARD MEMBER		X			<u> </u>	<u> </u>	<u> </u>	0.	0	0.			0.
(22) PATRICK O'HARA	1.00		Ì				1						
BOARD MEMBER		X	Ш		<u> </u>	<u> </u>		0.	0	0.		0.	
(23) SHERYL NOJIMA	1.00	ļ				ļ.							
BOARD MEMBER		X			L	<u> </u>	L	0.	0	0.		0.	
(24) GAYLE ROBERTS	1.00_	1				1	ļ			İ			
BOARD MEMBER	<u> </u>	X	Ш		_	L_	<u> </u>	0.	0	•			_0.
(25) WILLIAM RUSSELL	1.00_						ŀ	ļ					
BOARD MEMBER	L	X			L.	<u> </u>	Ļ	0.	0	_			<u> </u>
1 b Sub-total	<i>.</i>			• •	• •			0.	0	 -			0.
c Total from continuation sheets to Part VII, Section		• • •	• •	٠.	٠.	٠.		2,371,683.	0				935.
d Total (add lines 1b and 1c)			• •	· ·	• •	<u>··</u>	_	2,371,683.	0	<u> </u>		01,9	<u> 335.</u>
Total number of individuals (including but not limited	to those	listed	l abo	ve)	who	rece	eive	d more than \$100,0	000 of reportable o	omp	ensati	on	
from the organization 20													
										Г		Yes	No
3 Did the organization list any former officer, director,					ee,		_	-	nployee		3		x
on line 1a? If 'Yes,' complete Schedule J for such in					• •								 ^
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater ti	ortable co	ompe	nsati	ion a	and com	othe	Sch	mpensation from hedule .I for		l			l
such individual			".			Picto					4	X	
5 Did any person listed on line 1a receive or accrue c	ompensat	ion fr	om a	any i	unre	elated	org	anization or individ	dual	[
for services rendered to the organization? If 'Yes,' c	omplete S	chec	ule .	J for	SUC	h pe	rsor		<u> </u>	<u></u>	5		X
Section B. Independent Contractors					-4	. 46-4		aurad mass than C	100 000 05				
Complete this table for your five highest compensation from the organization. Report compe	ea inaepe nsation fo	naen r the	t cor	nda	ctors r yea	s tnat ar en	rec ding	eived more than a within the	organization's tax	year			
(A)					<u> </u>			(B)			((
Name and business address Description of services Compensa									rsatio	n			
KYLE V. DAVY 1830 SAN ANTONIO AVE. BERKELEY CA 94707 SEI FACULTY									1	34,0	047.		
PRECON EVENTS 11910 PARKLAWN DR, SUITE T				MD	7	208	52	EVENT MANA	GEMENT		1	34,4	497.
DEBRA COHEN GORDEN 5705 TRAFTON PL BETHESDA MD 20817 PROGRAM MANAGEMENT											194.		
POTOMAC DIGITEK 820 W. DIAMOND AVE.			JRG		_	208		 					100.
2 Total number of independent contractors (including	Total number of independent contractors (including but not limited to those listed above) who received more than												
\$100,000 of compensation from the organization	► 4												

AMERICAN COUNCIL OF ENGINEERING COMPANIES Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (A) Total revenue (B) (C) (D) Related or Unrelated Revenue excluded from tax exempt husiness under sections 512-514 function revenue revenue Grants 1a Federated campaigns 1 a **Amounts** b Membership dues 1 b c Fundraising events 1 c Giffts, d Related organizations 1 d Similar e Government grants (contributions) . . 1 e Contributions, f All other contributions, gifts, grants, and similar amounts not included above. and Other 322,479 g Noncash contributions included in lines 1a-1f 322,479 Program Service Revenue **Business Code** 900099 2a MEMBERSHIP DUES __ 9,993,756 9,993,756 0 0. 3,277,903 0. 0. MEETINGS & SEMINARS 900099 3,27<u>7,</u>903. 465,477 0 900099 465,477. SPONSORSHIP REVENUE d PUBLICATION SALES 900099 137,833 0 137,833 0. e ADVERTISING _____ 541800 324,012 324,012 0. f All other program service revenue . . 14,198,981 Investment income (including dividends, interest and 3 0 0 187,280. 187,280 Income from investment of tax-exempt bond proceeds 115,763 0 0 115,763 (i) Real (II) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) . . d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 536.516 **b** Less cost or other basis and sales expenses . . . 605,618 c Gain or (loss) -69,102d Net gain or (loss)...... -69,1020 0 -69,102.8 a Gross income from fundraising events Other Revenue (not including. . \$ of contributions reported on line 1c). See Part IV, line 18. **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19. **b** Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a REIMBURSEMENT FEES 0. 900099 50,590 0 <u>50,590.</u> b POSTING FEES____ 108,020 108,020 0. 900004 d All other revenue 0 0. 6,830 6,830 e Total. Add lines 11a-11d 165,440

14,920,841

432,032

466,912

Part IX Statement of Functional Expenses

	Check if Schedule O contains a res	` 			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	135,312.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors,				
_	trustees, and key employees	1,821,842.			-
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	3,659,584.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	289,586.		 	
10	Payroll taxes	482,421.		 	
11	Fees for services (non-employees):	327,386.		 	
	a Management				
	b Legal	<u> </u>			·
	Accounting	50,122.			
	d Lobbying	30,122.			
	Professional fundraising services See Part IV, line 17.				
	Investment management fees	15,273.			
g g					
	(A) amount, list line 11g expenses on Schedule O)	671,171.			
	Advertising and promotion		<u> </u>		
13	Office expenses	325,034.			
14	Information technology	487,496.			
15	Royalties				
16	Occupancy	924,028.		 	
17	Travel	683,881.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,906,210.			
20	Interest				
21	Payments to affiliates			<u> </u>	
22		113,328.	 -		
23	Insurance	28,550.		<u> </u>	
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.)				
í	BUSINESS RESOURCES AND EDUCATION	202,052.			
	SOFTWARE DEVELOPMENT COSTS	195,478.			
•	ENGINEERING EXCELLENCE AWARDS	161,533.			
•	MAGAZINE	417,454			
•	a All other expenses	1,365,049.			
25	Total functional expenses. Add lines 1 through 24e	14,262,790.			
26	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 following SOP 98-2 (ASC 958-720)				

Form 990 (2015) AMERICAN COUNCIL OF ENGINEERING COMPANIES 52-0745115 Page 11 Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<u></u> .	<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	624,450.	1	776,042.
	2	Savings and temporary cash investments	1,948,000.	2	2,549,000.
	3	Pledges and grants receivable, net	<u> </u>	3	<u> </u>
- 1	4	Accounts receivable, net	1,108,777.	4	1,133,810.
	-				
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		L	
		Part II of Schedule L		5	
	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 organizations (see instructions). Complete Part II of Schedule L		6	
တ	7	Notes and loans receivable, net		7	<u></u>
Assets	8	Inventones for sale or use		8	
As	9	Prepaid expenses and deferred charges	235,343.	9	208,153.
	•		2337313,		2007133.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
ı	ь	Less: accumulated depreciation	870,227.	10 c	765,847.
	11	Investments – publicly traded securities	4,614,820.	11	4,551,983.
- 1	12	Investments — other securities. See Part IV, line 11	1,011,020,	12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	471,115.	15	487,898.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,872,732.	16	10,472,733.
\neg	17	Accounts payable and accrued expenses	1,105,950.	17	1,176,600.
	18	Grants payable		18	
	19	Deferred revenue	259,948.	19	285,999.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	1,566,018.	25	1,541,038.
	26	Total liabilities. Add lines 17 through 25	2,931,916.	26	3,003,637.
4		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
nces		lines 27 through 29, and lines 33 and 34.		ļļ	
a	27	Unrestricted net assets	5,863,046.		6,204,159.
Bal	28	Temporarily restricted net assets	<u> 1,077,770.</u>	28	1,264,937.
ם	29	Permanently restricted net assets		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	· _	30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund	· -	31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	6,940,816.	33	7,469,096.
_	34	Total liabilities and net assets/fund balances	9,872,732.	34	10,472,733.
BA	Ā				Form 990 (2015)

FUII	1990 (2013) AMERICAN COUNCIL OF ENGINEERING COMPANIES	-0/4311:	J	raį	ye 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,9	20,8	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,2	62,7	90.
3	Revenue less expenses. Subtract line 2 from line 1	3	_6	58,0	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,9	40,8	16.
5	Net unrealized gains (losses) on investments	5	-1:	29,7	71.
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	7,4	<u>69,0</u>	<u>96.</u>
	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			ĺ	
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	a			
	Separate basis Consolidated basis Both consolidated and separate basis				_
(Were the organization's financial statements audited by an independent accountant?		2 b	х	
	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:			i i	
	Separate basis X Consolidated basis Both consolidated and separate basis				
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au- review, or compilation of its financial statements and selection of an independent accountant?	dit, •••••	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 8	a 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?	· • • • • • •	3 a		x
1	If Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (2	2015)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(6)

► 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.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Open to Public Inspection

• Se • Se	ction 501(c)(3) organizations: ction 501(c) (other than section	Complete Parts I-A and B. Do not complete to 501(c)(3)) organizations: Complete Parts I	Part I-C. -A and C below. Do no	t complete Part I-B.	
	ction 527 organizations: Com			•	
If the c	organization answered 'Yes,	,' on Form 990, Part IV, line 4, or Form 990	-EZ, Part VI, line 47 (L	obbying Activities), the	en
• Se	ction 501(c)(3) organizations	that have filed Form 5768 (election under sec	ction 501(h)). Complete	Part II-A. Do not comple	ete Part II-B.
	ction 501(c)(3) organizations rt II-A.	that have NOT filed Form 5768 (election und	er section 501(h)): Cor	nplete Part II-B. Do not o	omplete
If the o	organization answered 'Yes, v Tax) (see instructions), the	,' on Form 990, Part IV, line 5 (Proxy Tax) (en	see instructions) or F	form 990-EZ, Part V, lin	e 35c
• Se	ction 501(c)(4), (5), or (6) org	anızations: Complete Part III.			
Name of	organization		-	Employer identifica	tion number
		NGINEERING COMPANIES		52-074511	
Part	I-A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organi	zation.
1 F	Provide a description of the or	ganization's direct and indirect political camp	aign activities in Part I\	<i>1</i> .	
2 F	Political expenditures			▶ \$	
Part	I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1 E	Inter the amount of any excis	e tax incurred by the organization under secti	on 4955	> \$	
		e tax incurred by organization managers und			
	•	section 4955 tax, did it file Form 4720 for this			
-	•	•	•		
					· · · Yes No
	f 'Yes,' describe in Part IV.				
	 '	rganization is exempt under section			
1 5	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	vities ▶ \$	
2 E	Enter the amount of the filing ounction activities	organization's funds contributed to other orga	nizations for section 52	27 exempt ▶ \$	
3 T	Total exempt function expendine 17b	tures. Add lines 1 and 2. Enter here and on F	form 1120-POL,	⊳ \$	
4 [on the filing organization file I	Form 1120-POL for this year?			· · · Yes No
		and employer identification number (EIN) of all			
c a	organization made payments. Imount of political contribution	For each organization listed, enter the amounts received that were promptly and directly deaction committee (PAC). If additional space is	nt paid from the filing of elivered to a separate p	rganization's funds. Also political organization, suc	enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
					i

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 201	15 _{AMERICAN} C	COUNCIL OF ENGINEE	RING COMPANIES	52-074	5115 Page 2
Part A Complete if section 501(the organizati	on is exempt under se	ction 501(c)(3) and	l filed Form 5768 (e	
		ongs to an affiliated group (and		ated group member's nam	10,
		d share of excess lobbying ex	•		
B Check ► I if the filing	g organization che	cked box A and 'limited contro	l' provisions apply.		
(The term		ying Expenditures eans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence pul	olic opinion (grass roots lobby	ng)		
b Total lobbying expenditure	es to influence a le	egislative body (direct lobbying	3)		
c Total lobbying expenditure	es (add lines 1a ai	nd 1b)			
• • •	•			.]	=
e Total exempt purpose exp	penditures (add lin	es 1c and 1d)			
f Lobbying nontaxable amo	ount. Enter the am	ount from the following table in	n <u></u>		
If the amount on line 1e, colu	mn (a) or (b) is	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess		i	
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
	•	of line 1f)			<u></u> .
-		enter -0			
		enter -0			
		er line 1h or line 1i, did the on			Yes No
(Some	e organizations th colun	4-Year Averaging Period Unat made a section 501(h) elons below. See the instruction	ection do not have to c	omplete all of the five h 2f.)	
	Lot	bying Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schodula C /Earm	990 or 990 EZ\ 2015

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

		(a	2)		(t)	
	each 'Yes' response on lines 1a through 1ı below, provide in Part IV a detailed description ne lobbying activity.	Yes	No		Amo	ount	
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?			1			
	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 Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				-		
	i Other activities?						
	j Total. Add lines 1c through 11						
	a 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?						
Pē	Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	•			
						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		Х
Pē	Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part), or s III-A,	sections:	on 50 3, is	01(c))
1	Dues, assessments and similar amounts from members		1		9,9	93,7	756.
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		2 a		3,1	31,4	160.
	b Carryover from last year		2 b		-7	45,7	752.
	c Total		2 c		2,3	85,7	708.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		3,2	97,9	939.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		-9	12,2	231.
	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 D (Form 990)

Supplemental Financial Statements

Complete If the organization answered 'Yes' on 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.

2015

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

	AMERICAN COUNCIL OF ENGINEERING COMPANIE	ES	52-0745115
Pai	Organizations Maintaining Donor Advised Funds Complete if the organization answered 'Yes' on Forn	or Other Similar F n 990, Part IV, line 6	unds or Accounts.
	(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that are the organization's property, subject to the organization's exclusive leaves	t the assets held in donor	advised funds
6	Did the organization inform all grantees, donors, and donor advisors in for chantable purposes and not for the benefit of the donor or donor advimpermissible private benefit?	visor, or for any other pur	pose conferring
Pai	Conservation Easements. Complete if the organization answered 'Yes' on Form	n 990, Part IV, line 7	· .
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2		rvation contribution in the	form of a conservation easement on the
	last day of the tax year.		
			Held at the End of the Tax Year
	a Total number of conservation easements		
	b Total acreage restricted by conservation easements		
•	Number of conservation easements on a certified historic structure incli	uded in (a)	· · 2c
•	d Number of conservation easements included in (c) acquired after 8/17/6 structure listed in the National Register	06, and not on a historic	2d
3	Number of conservation easements modified, transferred, released, extax year ►	tinguished, or terminated	by the organization dunng the
4	Number of states where property subject to conservation easement is le	ocated ►	
5	Does the organization have a written policy regarding the periodic moni and enforcement of the conservation easements it holds?	•	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viole \$	ations, and enforcing cor	servation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy t and section 170(h)(4)(B)(ii)?	the requirements of section	on 170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports conservation easemunclude, if applicable, the text of the footnote to the organization's financiconservation easements.	cial statements that descr	ribes the organization's accounting for
Par	Organizations Maintaining Collections of Art, His Complete if the organization answered 'Yes' on Forn	storical Treasures, n 990, Part IV, line 8	or Other Similar Assets.
1:	a If the organization elected, as permitted under SFAS 116 (ASC 958), no art, historical treasures, or other similar assets held for public exhibition in Part XIII, the text of the footnote to its financial statements that descr	n, education, or research	statement and balance sheet works of in furtherance of public service, provide,
ı	b If the organization elected, as permitted under SFAS 116 (ASC 958), to historical treasures, or other similar assets held for public exhibition, ed following amounts relating to these items:	o report in its revenue sta lucation, or research in fu	tement and balance sheet works of art, intherance of public service, provide the
	(I) Revenue included on Form 990, Part VIII, line 1		
	(II) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical treasures, or amounts required to be reported under SFAS 116 (ASC 958) relating to	o these items:	
	a Revenue included on Form 990, Part VIII, line 1		
1	Assets included in Form 990, Part X		▶\$

Sche	dule	D (Form 990) 2015	AMER	ICAN	COUNC	IL OF	ENGINE	EERING	COMPANIES		52-0745	5115		Page 2
Par	t III	Organizations	Mainta	ining	Collect	tions (of Art, Hi	storica	l Treasures, d	or Oth	er Similar Ass	ets (c	ontinu	ed)
3	Usin item:	ig the organization's a s (check all that apply	acquisitio y):	n, acce	ssion, and	d other r	records, che	ck any of	the following tha	t are a s	significant use of its	collect	non	
а	ا 🔲 ا	Public exhibition					d Loa	an or excl	hange programs					
b	· 🔲 :	Scholarly research					e Oth	ner						
c	: [] I	Preservation for futur	re genera	tions										
4	Prov Part	vide a description of the XIII.	he organı	zation's	collection	ns and e	explain how	they furth	ner the organization	on's exe	empt purpose in			
	to be	ng the year, did the o e sold to raise funds r	rather tha	n to be	maintaine	ed as pa	irt of the org	ganızatıon	's collection?			Yes		No
Par	t IV	Escrow and Cu line 9, or report	u stodia ed an a	Moun	ingeme t on For	nts. C m 990	omplete i , Part X,	if the or line 21.	ganization ans	swered	d 'Yes' on Form	990,	Part I\	/,
1 a	ls the	e organization an age form 990, Part X?	ent, truste	ee, cust	odian or o	other into	ermediary fo	or contrib	utions or other as	sets no	t included	Yes	. [No
b	If Ye	es,' explain the arrang	gement in	Part X	III and co	mplete 1	the following	a table:			L			_
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					,		Г		Amoun		
c	: Bear	inning balance								\vdash	1 c		•	
	_	itions during the year									1 d			_
		nbutions during the year									1 e			
		ing balance								_	1f			
		•										V	-	Talla
		the organization inclu										Yes	·	No
		es,' explain the arrang					•		•				· · · [
Par	t V	Endowment Fu	unds. C	omple	ete if the	e orgai	nization a	nswere	d 'Yes' on For	m 990	, Part IV, line 1	0.		
				(a)	Current year	ar	(b) Prior y	year	(c) Two years bad	ck i	(d) Three years back	(e) F	our years	back
1 a	Begı	inning of year balance	е						•					
b	Cont	tnbutions												
C		investment eamings, losses												
d	Gran	nts or scholarships .										1		
	Othe	er expenditures for factoring	cilities											
f	Adm	inistrative expenses												
		of year balance		<u> </u>										
_		ride the estimated per		of the c	urrent ve	ar end b	alance (line	1a colu	mn (a)) held as:	<u> </u>				
		rd designated or quas	-		•	ui ciiu s	8 8	, ig, cola	mir (a), nois as.					
		nanent endowment		ilicit.			"							
	_				°		•							
C		porarily restricted en		_			ሄ							
	Ine	percentages on lines	2a, 2b, a	and 2c s	should eq	ual 100	%							
3 a		there endowment fun	ds not in	the pos	session o	of the or	ganızation t	hat are he	eld and administe	red for	the			
	_	inization by:											Yes	No
		unrelated organizatio										3a(i)		<u> </u>
		related organizations										3a(ii)		L
b	If Ye	es' on line 3a(ii), are t	he relate	d organ	izations li	sted as	required on	Schedul	e R?			. Зь		<u> </u>
4	Desc	cribe in Part XIII the ii	ntended (uses of	the organ	ization's	s endowmer	nt funds.						
Part	t VI	Land, Building	s, and	Equip	ment.									
		Complete if the	organiz	zation	answer	ed 'Ye	s' on Fori	m 990,	Part IV, line 1	1a. Se	e Form 990, Pa	art X, I	line 10	
		Description of pr				Cost o	r other basis	s (b)	Cost or other basis (other)	(c)	Accumulated depreciation		Book va	
1 a	Land	1				,				†				
		dings			<u> </u>					1				
_		sehold improvements				-		+	1 161 440	 	156 660		704	770
		pment			—			+	1,161,448.		456,669.			<u>.779.</u>
	•	•						+	1,436,489.	+	1,375,421.		<u>6</u> ⊥	<u>.068.</u>
		er				<u>-</u> -	0.0		<i>V</i> 45 3	<u> </u>				
	. Add	l lines 1a through 1e.	(Column	(d) mu	st equal F	-orm 99	u, Part X, co	oiumn (B)	, iine 10c.)	<u></u>		da 65 /5		847.
BAA											Schedu	116 D (F	orm 990	J) 2015

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(8) (9) (10)(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) . . . ▶ 1,541,038. 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

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.

FIN 48 DISCLOSURE: THE COUNCIL EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION. THE COUNCIL'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE FISCAL YEARS ENDED JUNE 30, 2013 THROUGH 2015 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

4 b

Pt X, Line 2

ACEC/RMF REVENUE

Part XIII Supplemental Information.

Pt XI, Line 2d Pt XII, Line 2d

ACEC/RMF EXPENSE

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Schedule **D** (Form 990) 2015

5

14,262,793

OMB No 1545-0047 Employer identification number Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I Par

2015

Open to Public Inspection

ERICAN COUNCIL OF ENGINEERING COMPANIES rt General Information on Grants and Assistance	52-0745115	
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	× · · · · · · · · · · · · · · · · · · ·	S S

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

	and colour			I can be depileated	i i addicoriai spac	d is received.	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACEC/GEORGIA	F0-10E27E0	797 707 109	000	C	10 40	٨/ ١٨	14201
(2) ACEC/MARYLAND	201-00 1001-00	10) TOC	2000,000		CASA	N/ A	LUCAL SUFFURI
312_N_CHARLES_STSTE20							
BALTIMORE MD 21201	52-6055615	501 (c) (6)	7,812.	0.	CASH	N/A	LOCAL SUPPORT
(3) ACEC/METROPOLITAN_WASHING							
AVE, STE			-				
RESTON VA 20190	23-7292202	501 (c) (6)	7,500.	0.	CASH	N/A	LOCAL SUPPORT
(4) ACEC/ARIZONA							
1309_E_ECHO_LANE							
PHOENIX AZ 85020	86-0276577	501 (c) (6)	25,000.	0.	CASH	N/A	LOCAL SUPPORT
(5) ACEC/TEXAS			•				
1001_CONGRESS_AVENUE							
AUSTIN TX 78701	74-1545969	501 (c) (6)	20,000.	0.	CASH	N/A	LOCAL SUPPORT
(6) ACEC LLOUSIANA							
9643_BROOKLINE_AVE							
BATON ROUGE LA 70809	72-0642482	501(c)(6)	15,000.	0.	CASH	N/A	LOCAL SUPPORT
(7) ACEC LNORTH CAROLINA							
421_EAYETTEVILLE_STREET_1							
RALEIGH NC 27601	56-1334000	501(c)(6)	15,000.	0.	CASH	N/A	LOCAL SUPPORT
(8) ACEC / ALABAMA							
531_HERRON_STREET							
MONTGOMERY AL 36104	63-6057052	501 (c) (6)	15,000.	0.	CASH	N/A	LOCAL SUPPORT
2 Enter total number of section 501(c)(3) and government organization	and government org	anizations listed in the line 1 table	line 1 table			•	0
3 Enter total number of other organizations listed in the line 1 table	ns listed in the line 1	1				• • • • • • • • • • • • • • • • • • • •	8

Schedule I (Form 990) (2015)

TEEA3901 11/04/15

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part III

(Form 990) (2015) AMERICAN COUNCIL OF ENGINEERING COMPANIES

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
ဗ						
4						
S						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	te the information	required in Part I, lii	ne 2, Part III, columr	ι (b), and any other add	ditional information.

Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

AMERICAN COUNCIL OF ENGINEERING COMPANIES

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

Name of the organization Employer identification number

52-0745<u>115</u>

Par	Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any cVII, Section A, line 1a. Complete Part III to provide any relevant	of the following to or for a person listed on Form 990, Part information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use		:	
	X Travel for companions	Payments for business use of personal residence		 	
	Tax indemnification and gross-up payments	X Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)		1	
				1	
t	If any of the boxes on line 1a are checked, did the organization if reimbursement or provision of all of the expenses described abo			х	
	Terribulacine to provision of all of the expenses described abo	THE THE TOTAL PROPERTY OF THE TOTAL PROPERTY	ij		
2	Did the organization require substantiation prior to reimbursing of	or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, reg	parding the items checked in line 1a?	2	Х	
3	indicate which, if any, of the following the filing organization used CEO/Executive Director. Check all that apply. Do not check any establish compensation of the CEO/Executive Director, but expli-	d to establish the compensation of the organization's boxes for methods used by a related organization to ain in Part III.			
	X Compensation committee	X Written employment contract		l	
	Independent compensation consultant	X Compensation survey or study	,		
	X Form 990 of other organizations	X Approval by the board or compensation committee			
				!	
4	During the year, did any person listed on Form 990, Part VII, Se	ction A, line 1a with respect to the filing organization		:	
	or a related organization:				
	Receive a severance payment or change-of-control payment?		4 a		X
	Participate in, or receive payment from, a supplemental nonqual		4 b		X
C		nsation arrangement?	4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the appl	icable amounts for each item in Part in		:	
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organization	is must complete lines 5-9.			
_		·		:	
Э	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:	the organization pay or accrue any compensation			
	The organization?		5 a		
b	Any related organization?		5 b		
	If 'Yes' to line 5a or 5b, describe in Part III.			!	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:	the organization pay or accrue any compensation		: :	
а	The organization?		6 a		
b	Any related organization?		6 b		
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did payments not described on lines 5 and 6? If Yes,' describe in Pa	the organization provide any non-fixed art III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accru	ued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section If Yes,' describe in Part III	53 4958-4(a)(3)?	8		
_	·				\vdash
9	If 'Yes' to line 8, did the organization also follow the rebuttable pi section 53.4958-6(c)?	resumption procedure described in Regulations	9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

AMERICAN COUNCIL OF ENGINEERING COMPANIES

Page 2

52-0745115

Schedule J (Form 990) 2015

Randill 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 on 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 VIII.

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.

		190						
		(b) Dicakuuwii ui	אי-2 מוושטו וטאא-ואוואר	compensation	(C) Retirement	(D) Nontaxable	(F) Total of	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	deferred compensation	benefits	columns(B)(i)-(D)	deferred on prior
DAVID RAYMOND	ε	_ 515,096.	70_500	43,188	50,201.	51,940.	730,925.	0
1 PRESIDENT & CEO	≘	0	.0	0.	0.	0.		0
STEVEN HALL	ε	213,982.	17,000.	0	27,210.	34,023.	292,215.	70
2 VICE PRESIDENT, GOVERNMENT ADVOCACY	€		0	0.		0.		0.
MARIE TERNIEDEN	ε	158,571.	10,000.		$-\frac{17}{878}$.	648711	193,320.	•0
3 VICE PRESIDENT, BRE	(II)		0	0.		0		0
MARY ANN EMELY	€	202,255,	12,000.	0	23,958.	202 751.	258,964.	0
4 VICE PRESIDENT, OPERATIONS	₿		0	0.	0	0		0
KIEUMY PHAM	ε	158,379.	12,000.	0	18,292.	141741.	203,412.	•0
5 CHIEF FINANCIAL OFFICER	€	- 1	0	0.	0	- 1		0
JESSICA SALMOIRAGHI	ε	155, 195.	0			-078	1 <u>65,377.</u> _	0
6 DIRECTOR, FEDERAL PROGRAMS	€			0.	- 1	0		0.
KATHARINE MOTTLEY	ε	158,498.	0	0	16,545.	74 934.	182,977.	.0.
7 DIRECTOR, TAX & REGULATORY AFFAIRS	₿	0		0.	0	0.	0.	0.
GREGORY KNOPP	ε	195,320.	10_000	0	23,440.	21,095.	249,855.	0
8 EXECUTIVE DIRECTOR, POLITICAL AFFIARS	€	0	0	0.	0.	0.		0.
DONALD SHERMAN	ε	176,087	2000-	0	19,424	14, 786.	212,297.	·0
9 EXEC. DIR. PRIVATE CLIENT PRACTICE	≣	0	0	0.	0.	0.	0.	0.
пео носн	ε	157,935,	0	0	16,470.	19,836.	194,241.	- - - - - - -
10 EXEC. DIR. BUS. RELATIONS & MEMBERSHIP	≘	0		0.				0.
	ε	 		1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1	-	
11	≣							
	ε	1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 	 	1 1	1 1
12	▣							
	ε	1 1 1	 		1 1 1	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13	€							
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14	€							
	ε	! ! ! !	 	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1
15	€							
•	€ :	1 1 1	1 1 1 1				1 1 1 1 1 1 1	1 1 1 1 1 1
16	≣		- 1					
BAA			TEEA4102 10/12/15	ĸ			Schedule	Schedule J (Form 990) 2015

Part III Supplemental Information

Schedule J (Form 990) 2015

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.

Pt I Line la

THE FOUR EXECUTIVE COMMITTEE MEETINGS HELD EACH YEAR. FOR ANY TRAVEL BY THE PRESIDENT & CEO ON ACEC BUSINESS, HE IS REIMBURSED FOR HIS ACCOMPANYING SPOUSE'S TRAVEL. ACEC HOSTS BUSINESS RELATED EVENTS AT TWO LOCAL SOCIAL CLUBS, AND MAINTAINS MEMBERSHIPS AT THOSE CLUBS IN THE NAME OF ACEC'S PRESIDENT THE TEN MEMBERS OF THE EXECUTIVE COMMITTEE ARE REIMBURSED FOR THEIR ACCOMPANYING SPOUSE'S TRAVEL TO & CEO. REIMBURSEMENTS MADE DIRECTLY TO THE INDIVIDUAL ARE TREATED BY ACEC AS TAXABLE COMPENSATION. REIMBURSEMENTS MADE TO THE INDIVIDUAL'S EMPLOYER ARE THAT EMPLOYER'S RESPONSIBILITY TO REPORT. Schedule J (Form 990) 2015

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Internal (Coveride del VICe	at www.iis.yov/ioriiisso.	to both the transfer of the contributions
Name of the organization		Employer identification number
AMERICAN COUNCIL	OF ENGINEERING COMPANIES	52-0745115
Pt VI, Line 6	REGULAR AND AFFILIATE	
Pt VI, Line 7a	ELECT THE EXECUTIVE COMMITTEE MEMBERS VIA THE VOREGIONAL MEMBER.	OTE OF THEIR STATE OR
Pt VI, Line 12c	CONFLICT OF INTEREST POLICY IS INCLUDED IN THE E PROVIDE AN ANNUAL CONFIRMATION OF COMPLIANCE WIT	
Pt VI, Line 15a	THE CHAIR, CHAIR-ELECT AND FORMER CHAIR UNDERTAKE ASSESSMENT AND REVIEW SALARY SURVEYS FOR SIMILAR TO DETERMINE SALARY LEVEL. LAST REVIEW 5/10/16	POSITIONS/ORGANIZATIONS
Pt VI, Line 15b	THE PRESIDENT & CEO, WITH INPUT FROM THE HUMAN I SETS COMPENSATION FOR OTHER STAFF.	RESOURCES DEPARTMENT,
Pt VI, Line 19	WEBSITE FOR CONFLICT OF INTEREST, IDENTITY THEFT PROCEDURES, AND GOVERNING DOCUMENTS; FINANCIAL SBOARD MEMBERS. FINANCIAL STATEMENT AND FORM 996 GENERAL PUBLIC UPON REQUEST.	TATEMENTS ARE MAILED TO
Pt VI, Line 11b	THE DRAFT FORM 990 IS PROVIDED TO THE FINANCIAL REVIEW AND COMMENT PRIOR TO FINALIZATION AND SU	

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2015 Ŷ (f)
Direct controlling
entity Open to Public Inspection OMB No 1545-0047 Yes × Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Employer identification number (f)
Direct controlling
entity 52-0745115 (e) End-of-year assets ACEC (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. 509 (A) (2) Complete If the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001 06/01/15 501 (c) (3) (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity В (b) Primary activity SCHOLARSHIPS BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. AMERICAN COUNCIL OF ENGINEERING COMPANIES (a) (a) Name, address, and EIN (if applicable) of disregarded entity (1) ACEC/RESEARCH & MANAGEMENT FOUNDATION __1015_15TH_STREET, NW, 8TH_FLOOR (a) Name, address, and EIN of related organization WASHINGTON, DC 20005 52-1140340 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) $\mathbf{\Xi}_{\mathbf{i}}^{\mathbf{i}}$ 3 ල| ଟ୍ର

Schedule R (Form 990) 2015 AMERICAN COUNCIL OF ENGINEERING COMPANIES

| Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 52-0745115

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under sections		(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?		(k) Percentage ownership
		country)		512-514)	_			_	Yes No	1065)	Yes No	0	
						-							
(2)													
									·				
(3)													
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											•		
						-							
PanW Identification c	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	i zations re related	Taxable as I organizatio	a Corporations treated as	on or Trus a corpora	t Complete tion or trust	if the orga during the	nization tax yea	answere	d 'Yes' on For	m 990, Pa	ırt IV,	
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp., S corp.		(f) Share of total income		Share of end-of- year assets	(h) Percentage ownership	(I) Sec 512(b)(13) controlled entity?	b)(13) entity?
				country)	CHILLY	5	ner)					Yes	ş
(1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>											
		<u> </u>											
		i											
(2)		1											
													
													
(3)													
		-											
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
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52-0745115

Schedule R (Form 990) 2015 AMERICAN COUNCIL OF ENGINEERING COMPANIES

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			- X	Yes N	Ŷ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	sted in Parts II-IV?				
a Receipt of (I) interest, (II) annuities, (III) royalites, or (IV) rent from a controlled entity			-		×
b Grft, grant, or capital contribution to related organization(s) · · · · · · · · · · · · · · · · · · ·		•	1 1	L	×
c Giff grant or capital contribution from related organization(s)			10	H	>
ì				+	: :
d. Loans or loan guarantees to or for related organization(s)			B	+	×l
Loans or loan guarantees by related organization(s)			-		×
				\vdash	F
f Dividends from related organization(s)	•		-		\ ×
a Sale of assets to related organization(s)			- 0	+	: >
			B ;	+	: ه
n Purchase of assets from related organization(s)			<u>-</u>	\dashv	×
Exchange of assets with related organization(s)			=		×
Lease of facilities, equipment, or other assets to related organization(s)			-		×
				\vdash	Γ
k Lease of facilities, equipment, or other assets from related organization(s)	•		7 X	<u> </u>	×
Performance of services or membership or fundralising solicitations for related organization(s)			-		:
m Doformanco of conucce or mambarehin or findensina collectritation by related avanciative (v)				+	;
in renormance of services of membership of turing solicitations by earlied organization (s)			┙	+	4
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)			=	×	
o Sharing of paid employees with related organization(s)			0	×	
p Reimbursement paid to related organization(s) for expenses			ا	<u> </u>	×
a Reimbursement baid by related organization(s) for expenses.			70	┞	١×
			7	+	٠ <u> </u>
r Other transfer of cash or amounts to related amountation(s)					\
Correct trainster of cash of property to related organization(s)			=	+	×
ဖာ			18		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ed relationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	eminin	g
	type (a-s)		amount invo	olved	,
(1)					
					1
		-			
(3)					1
\$					
			:		
					1
				1	- 1
BAA TEEA5003 10/12/15		Schedule	Schedule R (Form 990) 2015	90) 20	5

52-0745115

Rank VIT Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN of entity Prim	-	<u> </u>		3			1	•		
	Primary activity	Legal domicile (state or foreign country)	Predominant Income (related, unre-	Are all partners section 501(c)(3)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership
					<u> </u>		⊢	(Form 1065)	-	
			Sections 312-314)	Yes			Yes No		Yes	
(2)										
							-			
(3)										
(4)										
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(<i>u</i>)										
		•								
(8)										
										
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Pantible Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).