

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### DLN: 93493135117597

OMB No 1545-0047

Department of the Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

nterna	•	ue Servic	re	ac Form 550 and res matractions is at 1	rrr Ins go	*/10/11/990		Inspection
. Fe	or the 2	2015 ca	lendar year, or tax year beginr	ning 07-01-2015 , and ending 06-30-20	016			
Che	eck if app	plicable	C Name of organization American Council of Engineering			D Emplo	oyer id	entification number
Ac	ddress ch	ange	Companies of California			94-1	33174	45
_		-	Doing business as					
		tad	Number and street (or P O box if	mail is not delivered to street address) Room/s	suite	E Teleph	none nu	mber
			1303 J Street	, , , , , , , , , , , , , , , , , , , ,		(916	) 441-	-7991
	The Pott Scientiar year, or tax year beginning 07-01-2015 and ending 06-30-2016  Charle of population of programs of a financian process of a policiable of the potential process of a policiable of the process of the							
			·	1	_	<b>G</b> Gross	receipts	s \$ 2,154,555
			•	cipal officer		s this a group		
						ubordinates? No	,	☐ Yes 🗸
Ta	y-eyemn	nt status	<u> </u>	. – –		re all subord	lınates	Yes 🗸 No
				◀ (insert no )   4947(a)(1) or   527		ncluded? f "No," attacl	h a list	t (see instructions)
w	ebsite:	► www	v acec-ca org		H(c)	Group exemp	tion ni	umber ▶
Forr	m of orga	anızatıon	✓ Corporation Trust Asso	ciation Other ►	<b>L</b> Year	of formation 1	960 I	<b>M</b> State of legal domicile CA
Da	rt T	Sum	marv					
ГС				on or most significant activities				
	1	•	2					
ر د	_							
Ē								
an veninance	<b>2</b> CI	heck th	ıs box ▶ ┌ ıf the organızatıon	discontinued its operations or disposed	d of more th	nan 25% of it	s net a	assets
9			·				1	1
<b>5</b>			-	- , , , , , , , , , , , , , , , , , , ,			3	57
			· -	- , , , , , , , , , , , , , , , , , , ,	•		4	57
*CIIMILE?							5	8
Ĭ			•	• •			6	57
				, , , , , , , , , , , , , , , , , , , ,			7a	31,800
	в ме	Lumera	ted business taxable income	from Form 990-1, line 34	<del></del>	Prior Year	7b	5,150
		Contri	hutions and grants (Dart VIII	line 1 h)			,956	Current Year 7,350
<u>a</u>			- '	•	•	2,028	-	2,042,662
Ravenue	-	_	·	= :			,303	11,087
ď			· ·	, ,,	•		,122	93,456
	12	Totalı			ne	2,119		2,154,555
	13		and similar amounts paid (Pa	irt IX. column (A), lines 1-3 )	_	265	,000	95,200
			, ,		<u> </u>			0
	15	Saları	es, other compensation, emplo	yee benefits (Part IX, column (A), lines		862	,845	927,927
Expenses		,					,0 13	•
<u> </u>	_		,	, , , , , , , , , , , , , , , , , , , ,	•			0
፭								
						994		818,457
			•			2,122	,483	1,841,584
5 e3		KCVCII	de less expenses subtrace in	ic to nominic 12	Beginni	ing of Current		End of Year
Fund Balances	20	Total	accets (Bart V. June 16)			1,678	134	2,236,950
80					·	· · · · · · · · · · · · · · · · · · ·	,575	369,118
33			, , , , , , , , , , , , , , , , , , , ,			1,581		1,867,832
Par						•	<u> </u>	, , , , , , , , , , , , , , , , , , ,
repa Sign	nowledg arer has	ge and I	pelief, it is true, correct, and conveledge  **  sture of officer					
lere	=							
		<u>/                                      </u>	<u> </u>	Preparer's signature	Date		PTIN	
aic	b					Check   ıf self-employed	P000	52634
	a parer	- ⊢	ırm's name 🕨 John Waddell & Co			Fırm's EIN ▶		
	, a. v.	F	ırm's address 🟲 3416 American River	Drive A		Phone no (91	6) 488-	2460

Sacramento, CA 95864

**Use Only** 

Par	t IV Checklist of Required Schedules			
	<u> </u>		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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
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	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III **	8		No
9	Did the organization report an amount in Part X, line 21 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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	<b>11</b> b		No
	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	<b>11</b> c		No
	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	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	,	
Part IV	Checklist of Required Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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	Yes	
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		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24h through 24d			

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Νo

Nο

Νo

Nο

Νo

Nο

Nο

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Form 990 (2015)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a	20	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	;		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a	Yes	
	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	gifts		
	were not tax deductible?	6b	Yes	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?	and <b>7a</b>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	ed to 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	? <b>7e</b>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	99 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tiduring the year?	me <b>8</b>		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<b>12</b> a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions additional information the organization must report on Schedule O	<b>13a</b>		No
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	!		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 57 If 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 57 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . Yes

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

Yes **10a** Did the organization have local chapters, branches, or affiliates? . . 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . 12a Νo b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Nο c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Νo 13 Νo Did the organization have a written document retention and destruction policy? . . . 14 Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Yes a The organization's CEO, Executive Director, or top management official . . . . . 15a f b Other officers or key employees of the organization  $\ldots \ldots \ldots \ldots$ 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** 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? . . . . . . . . . . . . . . . . . .

#### Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

►Holly Cole 1303 J Street Ste450 Sacramento, CA 95814 (916) 441-7991

16b

Part VII

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 勇含 dotted line) Trustee See Additional Data Table

rt VII	Section A. Officers,	Directors,	Trustees, k	Key Employees,	and Highest	Compensated En	nployees (	continued)
--------	----------------------	------------	-------------	----------------	-------------	----------------	------------	------------

	<u>,                                      </u>									<u>,                                      </u>	
(A) Name and Title	(B) A verage hours per week (list any hours		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Institutional Trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
See Additional Data Table											
1b Sub-Total						•					
c Total from continuation sheet d Total (add lines 1b and 1c).	•					. •		144,592	6,000	46,693	
d Total (add lines 1b and 1c) .			• •	•	•			177,332	0,000	+0,033	

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1
- \$100,000 of reportable compensation from the organization ▶ 1

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A)

Name and business address

Compensation for the calendar year ending with or within the organization's tax year

(B)

Description of services

Compensation for the calendar year ending with or within the organization's tax year

Name and business address	Description of services	Compensation
Nielsen Merksamer	Legislative	105,501
1415 L Street Ste 1200 Sacramento, CA 95814		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Νo

		15)						Page <b>S</b>
Part V	1111	Statement o						_
		Check if Schedi	ule O contains a respon	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v 8	<b>1</b> a	Federated cam	paigns 1a					
ant	ь	Membership du	es <b>1b</b>					
Other Revenue Contributions, Giffs, Grants Program Service Revenue and Other Similar Amounts	С	Fundraising eve	ents <b>1c</b>					
	d	Related organiz	zations 1d					
n ∏: E	e	Government grants						
Sir	ء ا			7,350				 
uti Jer	'	similar amounts no						
	g	Noncash contributi 1a-1f \$	ons included in lines					
	h	Total. Add lines	s 1a-1f		7,350			
				Business Code				
E.	2a	Board meetings an	nd events	900099	29,391	29,391		
₹ ₹	ь	Engineering Excelle	ence	900099	56,129	56,129		
- 3	с	Membership Dues	& Assessments	900099	1,677,298	1,677,298		
ž Ž	d	Publication Sales		511190	261,022	261,022		
Ē	e	Seminars		611430	17,272	17,272		
ogra	f	All other progra	am service revenue		1,550	1,550		
Ě	g	Total. Add lines	s 2a – 2f	>	2,042,662			
	3		ome (including dividend	ds, interest,	11,087			11,087
	4	and other similar Income from inves	ar amounts) stment of tax-exempt bond p	proceeds	0			
	5			▶	40,393			40,393
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)		0			
	_		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c d	Gain or (loss)	[		0			
evenue (		Gross income f events (not inc	rom fundraising luding s reported on line 1c)					
ther F	ь		penses b					
0	с		(loss) from fundraising (	events >	0			
	9a		rom gaming activities ne 19 a					
	ь	Less directex	penses <b>b</b>					
	С	Net income or (	loss) from gaming activ	vities	0			
	10a	Gross sales of	inventory less	<b>•</b>				
		returns and allo						
	l	Less cost of g	L					
	С		(loss) from sales of inve		0			
	11a	Miscellaneous		Business Code 561000	31,800		31,800	
	ь	A dministration Reimbursement		900099	21,263	21,263		
	c	Keminursemen				=3,=-3		
	d	All other reven	ue					
	e	Total. Add lines		•	_			
	12		See Instructions		53,063			
		iocai revenue.	occinatiuctions	· · · · •	2,154,555	2,063,925	31,800	51,480

Part	Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	95,200			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	212,129			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	538,373			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	51,148			
9	Other employee benefits	73,545			
10	Payroll taxes	52,732			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	7,550			
d	Lobbying	177,582			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,326			
12	Advertising and promotion	119,681			
13	Office expenses	89,689			
14	Information technology	12,034			
15	Royalties	0			
16	Occupancy	73,233			
17	Travel	31,228			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	217,094			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,097			
23	Insurance	8,035			
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)				
а	Printing and Publications	68,908			
b					
c					
d					
е	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,841,584	0	0	0
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)				

0

9,871

21,395

663,186

2,236,950

305,055

64,063

369,118

1,867,832

1,867,832

2,236,950

Form 990 (2015)

0

0

0 0

8 9

**10**c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

661,394

1,678,134

1,952

94,623

96,575

1,445,186

1,581,559

1,678,134

136,373

Part X	ва	ıan	ce	She	e

Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 102,405 1,353,845 1 Cash-non-interest-bearing . . . . 1 2 914,335 2 145,515 Savings and temporary cash investments 3 0 3 Pledges and grants receivable, net 4 43,138 4 Accounts receivable, net . . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 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 Notes and loans receivable, net . . 0 7 7

10a

10b

84 177

62,782

# 10a 11 12

8

9

b

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets . . . . .

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here >

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

9 -17,866 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 column (B)) 1,867,832 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . Yes No 1 Accounting method used to prepare the Form 990 Cash ✓ Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 2b **b** Were the organization's financial statements audited by an independent accountant? Yes 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 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

Νo

Nο

2c

3a

3b

**Software ID:** 15000324

**Software Version:** 2015v3.0

**EIN:** 94-1331745

Name: American Council of Engineering

Companies of California

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest employe organization or director Individual organizations Institutional MISC) MISC) and related below organizations employee dotted line) t compenso trustee Trustee i H H H 1 00 Michael Cooper Х 0 Vice President 0.00 1 00 Benjamin P Horn Х 0 0 Director 0 00 1 00 John Moossazadeh Х Χ 0 0 ACEC Natl Dir 0.00 Mary Erchul Х Χ 0 0 Imm Past Pres 0 00 1 00 Jeffrey Walker Х Χ 0 0 President-elect 0.00 1 00 John A Zumwalt 0 Director 0.00 1 00 Gene Bougdanos Х 0 Director 0 00 1 00 Christopher Boyle 0 Director 0 00 1.00 William Wagner Х 0 0 Director 0 00 1 00 Donald G Waite 0 Director 0 00

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					ru	stee	5, F		es, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)		( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		4.	ी व			s व्यास्त्व				
Robert DeWitt Director	1 00	x						0	0	0
Gary Antonucci Director	1 00	х						0	0	0
Art Hadnett Director	1 00	×						0	0	0
Mike Hamilton Director	1 00	x						0	0	0
Bruce Presser President	1 00	×		×				0	0	0
Michael Hartley Director	1 00	x						0	0	0
Justin P Height	1 00	х						0	0	0

0 00 1 00

0 00 1 00

0 00

Х

Χ

Director

Director

Director

Ted Hopkins Director

Lee Whiteley

Thomas Holdrege

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore tl	han erso cer tor/t	not one n is and trus		an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	and related organizations
Justin Kempton	1 00								_	
Director	0 00	X						0	0	O
5 14 1	1 00									
Francis J Kennedy		x						0	0	0
Director	0 00									-
Harvey Oslick	1 00									
		Х						0	0	0
Director	0 00									
Christopher Diaz	1 00									
Director		X						0	0	0
Director	0 00									
Randolph W Leptien	1 00	.,								
Director		X						0	0	U
-	0 00									
David Long	1 00	x						0	0	0
Director	0 00	_ ^								
Parag Mehta	1 00									
		X						0	0	o
Director	0 00									
David Caneer	1 00									

0 00

Χ

David Caneer Director

Arvin Chaudhary

Randall A O'Dell Director

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	ctors	5						
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	·	MISC)	organization and related organizations
Mousa Abbası	1 00									
Director	0 00	Х						0	0	U
L Thomas Bayne	1 00							0		
Director	0 00	Х						0	0	U
Kaı Ramer	1 00	х						0	0	
Dırector	0 00	^							0	0
Dawn Antonucci	1 00									
Director	0 00	×						0	0	O
Lawrence Truman	1 00									
Director	0 00	Х						0	0	0
Eugene Shank	1 00	,,								
Dırector	0 00	X						0	0	0
Jason Paul	1 00									
Director	0 00	X						0	0	0
Cliff Simental	1 00									

0 00

Χ

Cliff Simental Director

Mark Hager

Dave Heinrichsen

Director

Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	penaent Co	ntrac	tor	5			,	i	ı	i
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		organization and related organizations
Enc J Swenson	1 00									
Director		X						0	0	0
Director	0 00				<u> </u>		Ш			
Lee Abramson	1 00							_	_	_
Director	0 00	Х						0	0	U
Andrew Nickerson	1 00									
Director	0 00	Х						0	0	C
Kurt Yoshii	1 00	[								
N		X						0	0	c
Director	0 00						Ш			
Robert Torres	1 00							_	_	
Director		X						0	0	C
	0 00	$\vdash \vdash \vdash$			igwdown		Щ			
Roger L Ball	1 00	,						,	0	
Director	0 00	Х						0	U	0
Paul Guptill	1 00									
Director		X						0	0	C
Director	0 00				<u> </u>	<u> </u>	Ш			
Mike Shoup	1 00							_	_	_

0 00

Χ

Director

Director

Ralph Guida Sec /Treasurer

Donald A Druse

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

46,693

6,000

144,592

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	m unle:	ore t ss pe offi direc	han erso cer tor/i	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	dotted line)	Individual trustee or director	Institutional Trustee	Officer	y employee	Highest compensated employee	Former			organizations
Michael C Sheehy	1 00	×						0	0	0
Director	0 00	,							J	
Lawrence J Simonetti	1 00	×						0	0	,
Director	0 00	^						0		Ŭ
Steven J Greenfield	1 00	х						0	0	0
Director	0 00									
Grant Reynolds	1 00	×						0	0	<u> </u>
Director	0 00	,,								
J Steven Schmidt	1 00	×						0	0	0

0.00 1 00

0 00 1 00

0.00 40 00

1 00

Х

Х

Director

Director

Director

Brad Diede

Executive Dir

Melvin Sukow

Stephanie A Wagner

#### DLN: 93493135117597

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

Department of the

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Treasury Internal Revenue Service

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

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

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

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

Am	ame of the organization perican Council of Engineering			Employer iden	tification number
	mpanies of California rt I-A Complete if the or	ganization is exempt unde	er section 501(c	94-1331745 Or is a section <b>527</b>	organization
	-	-			organization.
1 2	'	rganization's direct and indirect po	litical campaign activ	ities in Part IV	
3	Political expenditures			•	\$
_	Volunteer hours				
Par	rt I-B Complete if the or	ganization is exempt und	er section <b>501</b> (c)	)(3).	
1	Enter the amount of any excis	e tax incurred by the organization	under section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excis	e tax incurred by organization mar	nagers under section	4955 ▶	\$
3	If the organization incurred a	section 4955 tax, did it file Form 4	1720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	rt I-C Complete if the or	ganization is exempt unde	er section 501(c)	), except section 50	1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exempt	function activities 🕨	\$
2	Enter the amount of the filing exempt function activities	organization's funds contributed to	other organizations i	for section 527	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter he	re and on Form 1120	-POL, line 17b ►	\$
4	Did the filing organization file	Form 1120-POL for this year?			Yes ✓ No
5	organization made payments amount of political contributio	nd employer identification number For each organization listed, enter ins received that were promptly an political action committee (PAC)	the amount paid from d directly delivered to	n the filing organization's f o a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)	CA Amer Council of Engineering PAC	1303 J St 450 Sacramento, CA 95814	68-0011348		113,364
2					
3					
1					

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (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 \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)										
Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total					
Lobbying nontaxable amount										
Lobbying ceiling amount (150% of line 2a, column(e))										
Total lobbying expenditures										
Grassroots nontaxable amount										
Grassroots ceiling amount (150% of line 2d, column (e))										
Grassroots lobbying expenditures										
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  (a)2012  (b)2013  (c)2014  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))					

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has I filed Form 5768 (election under section 501(h)).	ТОИ				
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	(a)	,	(b)	
activ			No		A mour	nt
		Yes		·		
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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(0	(5),	or s	ectio	n
	551(5)(5).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Ī	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		Ī	3	Yes	
	t III-B Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Iine 3, is answered "Yes."	No"			t III	-А,
1	Dues, assessments and similar amounts from members	1			1,67	7,298
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).					
а	Current year	2a	<u> </u>			1,289
b	Carryover from last year	2b				3,055
C	Total	2c				4,344
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			51	5,824
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				
	art IV Supplemental Information					
	available descriptions required for Part L.A. line 1. Part L.B. line 4. Part L.C. line 5. Part IIA (affiliated grou	ın lıc+\	Dort I	Τ _ Λ	inos 1	and

Explanation

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

#### **SCHEDULE D**

(Form 990)

Department of the

Internal Revenue Service

Treasury

#### 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.

OMB No 1545-0047

DLN: 93493135117597

Inspection

**Employer identification number** Name of the organization American Council of Engineering Companies of California 94-1331745 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

- (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 other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storica	al Tı	reasure	s, or (	Other S	Similar A		490 =
3		the organization's acquisition, acc ction items (check all that apply)	ession, and other rec	ords, cl	neck an	y of t	the followı	ng that	are a sig	gnıfıcant us	e of its	
а		Public exhibition		d		Loan	orexcha	nge pro	grams			
b	Γ.	Scholarly research		e	Γ	O the	er					
c		Preservation for future generations										
4	Provi Part >	de a description of the organization	's collections and exp	olaın ho	w they f	urthe	er the orga	anızatıoı	n's exem	npt purpose	ın	
5		g the year, did the organization soli s to be sold to raise funds rather th								r <b>TYe</b> s	s □No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		Form	990, P	art I	IV, line 9	, or re	ported	an amoun	t on Form 9	990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inter	mediary	for cor	itribu	itions or o	ther as:	sets not	<b>∏</b> Υes	s  No	
b	If'	Yes," explain the arrangement in P	art XIII and complet	e the fo	llowing	table	2			Am	ount	
C	Be	ginning balance						10				
d	A d	ditions during the year						1d				
е	Dis	tributions during the year						1e				
f	En	ding balance						1f				
<b>2</b> a	Did th	ne organization include an amount o	n Form 990, Part X, I	lıne 21,	for esc	row c	or custodia	al accou	ınt lıabıl	ıty? <b>┌ Ye</b> s	s	
											Г	_
D		s," explain the arrangement in Pari										
-6	rt V	Endowment Funds. Comple	(a)Current year		or year					v, line 10. e years back	(e)Four years	hack
	Beau	nning of year balance	(a)Current year	(0)	ioi yeai	+	(c) wo ye	als back	(u)Tille	e years back	(e) our years	Dack
ь	_	ributions										
С	Net i losse	nvestment earnings, gains, and es										
d	Gran	ts or scholarships				4						
е		r expenditures for facilities programs										
f	A dmi	nistrative expenses				+						
q		of year balance				$\top$						
•												
2	Provi	de the estimated percentage of the	current year end bala	ance (lır	ne 1g, c	olum	nn (a)) held	d as				
а	Board	l designated or quasi-endowment 🕨										
b	Perm	anent endowment ▶										
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%									
3а	organ	nere endowment funds not in the po ization by related organizations	J	nization • •	that are	held	d and adm	iinistere	d for the	За	(i)	No
	` '	lated organizations									(ii)	
b		rs" on 3a(II), are the related organiz	·							3	b	
4	Desc rt VI	ribe in Part XIII the intended uses  Land, Buildings, and Equip		enaowm	ient fun	us						
ГС	I VI	Complete if the organization		Form 9	90, Pa	rt IV	/, line 11	a.See	Form 9	90, Part X	, line 10.	
		Description of property		(a	Cost or (Inve	other stmer	nt) Cost (	(b) or other b (other)	asıs (c	Accumulated depreciation	(d)Book v	value
1a	Land			.				· ·				
b	Buildin	gs		_								
c	Leasel	nold improvements		.								
d	Equipn	nent		. [								
_ e	Other							84,:	L77	62,7	82 2	21,395
Tota	al. Add	lines 1a through 1e (Column (d) mu	st equal Form 990. Par	t X. colu	mn (B).	line	10(c)) -			>		21.395

Part VII	Investments—Other Securities. C	omplete if the org	anization answered Te.	s' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or catego	ry	<b>(b)</b> Book value	(c)Method of valuation
(1)[	(including name of security)			Cost or end-of-year market value
	al derivatives -held equity interests			
(3)0 ther				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answer	ed 'Yes' on Form 9	90, Part IV, line 11c.sa	e Form 990 Part V line 13
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
	nn (b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>		
Part IX	Other Assets. Complete if the organiza	tion answered 'Yes' o scription	on Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
	(a) bes	, empiron		(b) book value
Total. (Colu	mn (b) must equal Form 990. Part X. col (B) lin	e 15 )		▶
Total. (Colu				
Part X	<b>Other Liabilities.</b> Complete if the or See Form 990, Part X, line 25.	rganization answei	ed 'Yes' on Form 990, F	
	Other Liabilities. Complete if the or		ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X  1.  Federal Inc	Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	

1 2

Part XIII

information

Return Reference

2,145,723

-8,832

2a

2b

**2**c

2d

e	Add lines <b>2a</b> through <b>2d</b>	2e	-8,832
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,154,555
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)............. <b>4b</b>		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	2,154,555
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es pei	Return.
1	Total expenses and losses per audited financial statements	1	1,841,584
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII).............. <b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,841,584
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	

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

Explanation

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

**Supplemental Information** 

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII ) .

1.841.584

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
		_

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135117597 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number American Council of Engineering 94-1331745 Companies of California **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

Grants are Used

#### **Additional Data**

organization

Sacramento, CA 95814

Software ID: 15000324
Software Version: 2015v3.0

**EIN:** 94-1331745

Name: American Council of Engineering Companies of California

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

if applicable

organization or government		п аррисавте	grant	assistance	other)	non-cash assistance	orassistance
California Republican Party 1001 K Street 4th Fl Sacramento, CA 95814	95-1144040	527	35,200	0			General support
Citizens to Protect CA Infr 555 Capitol Mall Suite 1425 Sacramento, CA 95814	47-4698487	501(c)(4)	35,000	0			General support
JobsPAC 1215 K St 14th Floor	68-0263175	527	20,000	0			General support

/book EMM appraisal

(h) Purpose of grant

or accietance

Schedule J (Form 990)

Department of the

Treasury

# **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.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

DLN: 93493135117597 OMB No 1545-0047

2015

Open to Public Inspection

	ernal Revenue Service				
	Jame of the organization	Employer identificat	ion nui	nber	
	merican Council of Engineering Companies of California	94-1331745			
Pa	Part I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a per 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information reg				
	First-class or charter travel Housing allowance or residence	ce for personal use			
	Travel for companions Payments for business use of	·	İ	İ	ĺ
	Tax idemnification and gross-up payments Health or social club dues or i	initiation fees	İ	İ	ĺ
	Discretionary spending account Personal services (e.g., maid,		İ	İ	İ
		, ,	İ	İ	İ
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regard reimbursement or provision of all of the expenses described above? If "No," complete Part		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurr	•			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items che	cked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply Do not check any boxes for mused by a related organization to establish compensation of the CEO/Executive Director, b	ethods			
	Compensation committee Written employment contract				ļ
	Independent compensation consultant Compensation survey or stud	у			ļ
	Form 990 of other organizations	pensation committee		ļ	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respector a related organization	ct to the filing organization			
а	a Receive a severance payment or change-of-control payment?		4a		No
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		No
c			4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each i	tem ın Part III			
	Only $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accompensation contingent on the revenues of	crue any			
а	a The organization?		5a		
b	b Any related organization?		5b		
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accompensation contingent on the net earnings of	crue any			
а	a The organization?		<b>6</b> a		
b	<b>b</b> Any related organization?		6b		
	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 the organization provide a payments not described in lines 5 and 6? If "Yes," describe in Part III	ny non-fixed	7		
В	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract subject to the initial contract exception described in Regulations section 53 4958-4(a)(3) in Part III		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure des	scribed in Regulations			

15.684

31,009

191,285

6.000

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	· · ·
	Base	(II) Bonus & Incentive	(III) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior
	(I) compensation	compensation	compensation				Form 990

Schedule J (Form 990) 2015

1 Brad DiedeExecutive Dir.

144.592

6,000

Schedule J (Form 990) 2015	Page <b>3</b>
Part III Supplemental Inform	nation
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
Return Reference	Explanation

Schedule J (Form 990) 2015

SCHEDULE	Ē
(Form 990 d	)
990-EZ)	

Department of the

Internal Revenue

Name of the organization

American Council of Engineering Companies of California

Return Reference

Form 990, Part III, Line

4d Other Program Services Description

of Members or

Shareholder

Treasury

Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493135117597

O

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Explanation

OTHER PROGRAM SERVICES 4 Published the Engineering & Surveying Business Review semi-annually, and

94-1331745

provided an on-line version accessible by the general public OTHER PROGRAM SERVICES 5 Maintained a web site with access to both members and the general public with information on educational seminars, legislation, jobs, professional development, student outreach, press releases and member news OTHER PROGRAM SERVICES 6

**Employer identification number** 

There are three types of members within ACEC California 1 Chapters, which vote on corporat

Form 990, Part VI, Line 6 Explanation of Classes

e matters 2 Member Firms, which vote on Chapter matters 3 Other Members, which do not vote

Held various seminars and webinars

on either corporate matters or on Chapter matters

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part VI, Line 11b Form 990 Review Process	No review was or will be conducted
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Executive Committee conducts periodic surveys of similar non-profit associations to assist
	in the determination of the Executive Directors salary

990 Schedule O, Supplemental Information

Return Reference Explanation

	— 1 ·········
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No disclosure

Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No disclosure
Other Changes In Net Assets Or Fund Balances - Other Decreases	Cash to accrual adjustment = -\$17866

As Filed Data efile GRAPHIC print - DO NOT PROCESS

DLN: 93493135117597 OMB No 1545-0047

#### **SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Open to Public Inspection

**Employer identification number** 

merican Council of Engineering ompanies of California				94-13317	45			
Part I Identification of Disregarded Entities Co		answered "Yes" or	Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	С	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations duri	ng the tax year.				nrt IV, I			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	tion Public charity (if section 501	status (c)(3))	(f) Direct controlling entity	Section (13) c	(g) in 512(l controlle ntity? No
(1)ACEC California Scholarship Fdn 1303 J Street 450	Engineering scholarships	CA	501(c)(3)	170(b)(1)(A)(v	/I)	N/A	les	No
Sacramento, CA 95814 68-0124316								
(2)California Health Insurance Trust for AC 1303 J Street 450	VEBA	CA	501(c)(9)			N/A		No
Sacramento, CA 95814 94-6334110								
(3)ACEC California Communication Foundation 1303 J Street 450	Educational Services	CA	501(c)(3)	509(a)(2)		N/A		No
Sacramento, CA 95814 68-0124319								
(4)CA Amer Council of Engineering PAC 1303 J Street 450	Support of candidates	CA	527			N/A		No
Sacramento, CA 95814 68-0011348								
								_

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	domicile   controlling   income(related,   total income   end-of-year   allocations?   a   ssets   foreign   excluded from		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	box managin partner? <-1		<b>(k)</b> Percentage ownership				
				""		Yes	No		Yes	No	
Part TV Identification of Polated Organizations Taxable a					I		l				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			<u> </u>		Yes	No
		onted in Danta II IV.				-110
1 During the tax year, did the orgranization engage in any of the following transactions with one or r	•			10		No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a 1b	Yes	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				$\vdash$	res	BI-
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				<b>1</b> f		No
g Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
${f s}$ Other transfer of cash or property from related organization(s)				<b>1</b> s		No
If the answer to any of the above is "Yes," see the instructions for information on who must co	mplete this line, including c	overed relationships	and transaction thresholds	5		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining ar	nount II	nvolved	ı

#### Part VI 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?						(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No						
												l I						
						_												

