Form **990**,

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. 800

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Open to Public Inspection

A F	or the	e 2018 calendar year, or tax year beginning $$ JUN $1,$ $2018$ $$ and end	dıng J	UN 30, 2018							
В											
a		* AMERICAN COUNCIL OF ENGINEERING									
	Addre chang	COMPANIES OF PENNSYLVANIA									
	Name chang	e Doing business as		23-7	293484						
	]initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number							
	]Fınal return			800-	651-1946						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	31,466.						
	Amen	HARRISBURG, PA 1/102		H(a) Is this a group re	eturn						
	Applic	F Name and address of principal officer LEGANN STERMAN		for subordinates	? Yes X No						
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ctuded? Yes No						
		empt status $\square$ 501(c)(3) $\square$ 501(c)( 6 ) $\blacktriangleleft$ (insert no.) $\square$ 4947(a)(1) or $\square$	527	If "No," attach a	list. (see instructions)						
		te: > WWW.ACECPA.ORG	T	H(c) Group exemptio							
		organization: X Corporation Trust Association Other ►	L Year o	of formation: 1974 N	A State of legal domicile: PA						
Pa	rt I	Summary		mum punt to							
ą		,		THE PUBLIC	WELFARE						
Governance		AND ENHANCE THE REPUTATION OF THE CONSULTIN			<del></del>						
ern	1	Check this box  If the organization discontinued its operations or disposed of	of more	1 . 1							
300	ì	Number of voting members of the governing body (Part VI, line 1a)		3	17 17						
	l	Number of independent voting members of the governing body (Part VI, line 1b)		4							
Activities &	ľ	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	19						
tivi	l	Total number of volunteers (estimate if necessary)		6	0.						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 38		7a 7b	0.						
	<b>D</b>	Net unrelated business taxable income from Form 990-1, line 36		Prior Year	Current Year						
	8	Contributions and grants (Party Will June 14)		40,880.	0.						
Jue .				632,078.	31,200.						
Revenue		Program service revenue (Part VIII) Line 4g) FD Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,146.	266.						
8		1011		14,425.	0.						
	12	Other revenue (Part VIII, colum (A), 2), mes 5, 6d, 8c, 97, 10c, and 11e) Total revenue - add ines 8 through 11-1-(must equal Part VIII, column (A), line 12)		707,529.	31,466.						
		Grants and similar amounts page (Part X. column (A)Lines 1-3)		10,000.	0.						
	14	Benefits paid to or to members (Pantilly, column (A), line 4)		0.	0.						
ß	45	Salaries, other compensation, employee benefits (Pant IX, column (A), lines 5-10)		200,873.	22,380.						
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	. 🗔	,*	• • •						
ωĭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		426,077.	44,275.						
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		636,950.	66,655.						
		Revenue less expenses Subtract line 18 from line 12		70,579.	-35,189.						
ьş			Beg	inning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		291,544.	236,806.						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		145,760.	124,409.						
23	22	Net assets or fund balances Subtract line 21 from line 20		145,784.	112,397.						
	rt II	Signature Block									
		lties of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is						
true,	correc	t, and complete. Declaration of Deparer (other than officer) is based on all information of which p	preparer t	nas any knowledge.							
		Jelann Nerman			79						
Sign		Signature of officer		Date / /							
Here	•	LEEANN SHERMAN, EXECUTIVE DIRECTOR  Type or print name and title									
—				ate Check	PTIN						
D-:-1	ļ	Print/Type preparer's name Preparer's signature			'  <b>\</b>						
Paid		DOUGLAS L. BERMAN, CPA DOUGLAS L. BERMAN,	, CO	5/14/19 self employe							
Prep:	- 1	Firm's name RKL LLP		Firm's EIN ▶	23-2108173						
Use (	JIIIY	Firm's address 3501 CONCORD ROAD, PO BOX 21439		Dhans "71"	7-843-3804						
Mari	*ba !C	YORK, PA 17402									
	tne IH	S discuss this return with the preparer shown above? (see instructions)  18 LHA For Paperwork Reduction Act Notice, see the separate instructions.		-	X Yes No Form 990 (2018)						
03ZUQ	12-31	· IB LING FOR FADELWOLK DEGUCTION ACCINODICE. SEE THE SEDALATE INSTRUCTIONS.			1 01111 222 (2010)						

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

	n 990 (2018) COMPANIES OF PENNSYLVANIA	23-1293484	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	TO PROMOTE THE PUBLIC WELFARE AND ENHANCE THE REPUTATION		
	CONSULTING ENGINEER BY ENCOURAGING THE MAINTENANCE OF TH		
	STANDARDS OF PROFESSIONAL ETHICS AND PRACTICE, TO ENCOUR		D. C.
	INTELLECTUAL AND SCIENTIFIC ADVANCEMENT AND DEVELOPMENT	OF THE MEMBE	RS
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>.</b>
	prior Form 990 or 990-EZ?	L Yes	X No
_	If "Yes," describe these new services on Schedule O.		FØT.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O	managerad by avanage	
4	Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported	s, the total expenses, al	ilu
4a			
74		ROFESSION	,
	THROUGH MEETINGS AND EDUCATION FOR THE MEMBERS		
		· · · · · · · · · · · · · · · · · · ·	
			·
4b	(Code) (Expenses \$	ie \$	)
4c	(Code) (Expenses \$ including grants of \$) (Revenue)	e\$	)
			<del></del>
			-
			<del></del>
 4d	Other program services (Describe in Schedule O.)		
7U	Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$	١	
	(Expenses \$ including grants of \$ ) (Revenue \$		

Form **990** (2018)

# AMERICAN COUNCIL OF ENGINEERING Form 990 (2018) COMPANIES OF PENNSYLVANIA Part IV Checklist of Required Schedules

	·		_res	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_	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	ļ	<u></u> ,	L
	during the tax year? If "Yes," complete Schedule C, Part II	_4_	N/	Α
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			۱,,
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9	Schedule D, Part III	8_		-
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?			
		9		х
10	If "Yes," complete Schedule D, Part IV  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, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>1</u> 1a	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 167 If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			<b>.</b>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	145		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_11f		
120	Schedule D, Parts XI and XII	12a		х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		х
10	column (A), lines 6 and 11e <sup>9</sup> If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17		Λ
18		18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 IV column (A) line 12 # "Ves " secondate Schodule I. Parts I and II	24		x

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Form 990 (2018)

AMERICAN COUNCIL OF ENGINEERING COMPANIES OF PENNSYLVANIA

Pa	rt IV Checklist of Required Schedules (continued)			
	1		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	_		T
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1	†	1
Ĭ	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	†
		240	+	†
ZJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a	N/	/ <b>b</b> _
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	11/	<del></del>
D	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	05.	N/	<u>/</u> _
00	Schedule L, Part I	25b	11/	₽
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,"			٠,
	complete Schedule L, Part II	26	+	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			۱
	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).	<u> </u>	ļ	<del>↓</del>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
C	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	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Î	
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			T
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	<u> </u>	ᢡ
<b></b> -	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pai	t V   Statements Regarding Other IRS Filings and Tax Compliance		<u></u>	
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
10	Enter the number reported in Roy 3 of Form 1006. Enter 0 of not applicable.	) [	168	110
		5		1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ή		1
C		1	X	<del>                                     </del>
	(gambling) winnings to prize winners?	1 <u>c</u>	_4\	

	(continued)					т
23	Enter the number of employees reported on Form W.2. Transmittel of Wage and Tay Statements		I	31,74	Yes	No
Zq	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	2a		olî S		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	(3) 24 1 51	1 A - 4
u	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			7500	14 14 14 14 14 14 14 14 14 14 14 14 14 1	
За		3)		23.25	122.007.40	X
	· · · · · · · · · · · · · · · · · · ·	_		3a 3b		-
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		tu over e	30	<del>                                     </del>	<del> </del>
44	At any time during the calendar year, did the organization have an interest in, or a signature or other a			100		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a lf "Yes," enter the name of the foreign country	accour	it) <sup>,</sup>	4a	W	1.3%
u	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	.ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		X
b		ction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?	•		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		N/A	经额	習際や	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	rovided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ııred			
	to file Form 8282?		1	7c	W	
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d			製造	*4%\$
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	1?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		<u>7f</u>		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7 <u>g</u>	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		Ø.58	Barton (	
_	sponsoring organization have excess business holdings at any time during the year?		N/A	8	NSSR and YO	~25444
9	Sponsoring organizations maintaining donor advised funds.		NT / 7		NIX.	
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A N/A	9a	$\vdash$	
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b	81. e. F	7115000
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	100				
a	Initiation fees and capital contributions included on Part VIII, line 12  N/A  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter	IUD			· · · · · · · · · · · · · · · · · · ·	
	Gross income from members or shareholders  N/A	11a	Ī			
	Gross income from other sources (Do not net amounts due or paid to other sources against	''"				
-	amounts due or received from them.)	11b		libe!		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a	80150 5084	41,44, 248
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	lu .	2.54	24. F	")" 🎉
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				10 A	
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			<b>772</b> W		
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	13b				
c	Enter the amount of reserves on hand	13c		2000	糖學	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or			
	excess parachute payment(s) during the year?			15		<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N					- 48
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16	]	X
	If "Yes," complete Form 4720, Schedule O			で再選	"知論	类学
					000	

Form 990 (2018) COMPANIES OF PENNSYLVANIA

23-7293484

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 17 1a Enter the number of voting members of the governing body at the end of the tax year 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. 17 1h b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? Яа X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X 16a taxable entity during the year? 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 NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Own website Another's website 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 20 LEEANN SHERMAN - 800-651-1946 800 NORTH THIRD STREET, SUITE 301, HARRISBURG, 17102

COMPANIES OF PENNSYLVANIA

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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, 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

X Check this box if neither the organization ne	or any related o	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos		than o	200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson ı	s both	ı an	compensation	compensation	amount of
	week	<b>—</b>	cer an	o a o	recto	or/trus	(ee)	from	from related	other .
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	Institutional trustee		yee	mpeu		(** 27 1000 111100)		and related
	below	ıduai	untion	<sub>=</sub>	Key employee	est co	<u>ة</u>			organizations
	line)	Mpul	Instil	Officer	Key (	Highest compensated employee	Former			
(1) JOESPH O'NEIL	1.00				l					
PRESIDENT		X		X	_					
(2) PERRY SCHWEISS	1.00									
PRESIDENT ELECT		X		Х						
(3) ERIC FRARY	1.00									
VICE PRESIDENT		X		X		<u>.                                    </u>				
(4) TROY HOLLOWAY	1.00									
TREASURER	4 - 2	X		X			_			
(5) ERIC VEYDT	1.00									
SECRETARY		Х		Х	<u> </u>	<u> </u>	ļ			
(6) MICHAEL BOUGHER	1.00									
DIRECTOR	1 00	Х	_				_			
(7) ROSELINE BOUGHER	1.00									
DIRECTOR	1 00	X					_			_
(8) YASSMIN GRAMIAN	1.00									
DIRECTOR	1 00	Х								
(9) BILL GROSS	1.00									
DIRECTOR	4 00	Х					<u> </u>			
(10) JON LIVINGSTON	1.00									
DIRECTOR	1 00	X				<u> </u>				
(11) MATTHEW MARQUARDT	1.00	٠,								
DIRECTOR	1 00	Х				<u> </u>				
(12) TODD MORRIS	1.00	v								
DIRECTOR	1 00	Х								
(13) LEA NADLER	1.00	х								
DIRECTOR (14) MATTHEW NATALE	1.00	Λ				$\vdash$				<del> </del>
DIRECTOR	1.00	x								
(15) ED REESE	1.00	^		-						
DIRECTOR	1.00	х								
(16) DEREK ROGERS	1.00						_			
DIRECTOR	1.00	х								
(17) MARGARET TALARICO	1.00							7		
DIRECTOR	1.00	х								
		41				L				000 (22.2)

COMPANIES OF PENNSYLVANIA

Part VII   Section A. Officers, Directo	rs, Trustees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			_
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC	or a	mpensa from th ganizat nd relat ganizati	e ion ed
(18) LEEANN SHERMAN	40.00	<u> </u>			_							
EXECUTIVE DIRECTOR		_	-	Х		-			<u> </u>	$-\!\!\!\!+\!\!\!\!\!-$	_	
	<del></del>											
		Г										
		⊢				<u> </u>				$\dashv$	<u> </u>	
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		Н			_		-	<del></del>			-	
						L						
	-											
1b Sub-total						<u> </u>	<b></b>					
c Total from continuation sheets to	Part VII, Section A											
d Total (add lines 1b and 1c)  Total number of individuals (includir compensation from the organization		ose '	liste	d ab	ove	 ) wh	o re	Leceived more than \$100,	000 of reportable			
Compensation from the organization								<del>_</del>			Yes	No
3 Did the organization list any former		istee	, ke	y em	plo	yee,	or h	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, i		e co	mpe	nsat	tion	and	oth	er compensation from the	ne organization	3		<u> </u>
and related organizations greater th										4		Х
5 Did any person listed on line 1a reco	•				-		elate	ed organization or individ	lual for services	<u> </u>		<u> </u>
rendered to the organization? If "Ye Section B. Independent Contractors	s." complete Schedule	J fc	or su	ch c	ers	on			***************************************	5		
1 Complete this table for your five hig	•	-								nsation f	rom	
the organization Report compensation	(A)	are	nain	g wi	tri o	or wi	T	(B)	ear		(C)	
Name and b	usiness address	NC	NE	<u> </u>			_	Description of s	ervices		ensation	<u> </u>
							-					
										·		
					_					<u>-</u>		
							$\dashv$					
							+					
2 Total number of independent contra	ctors (including but no		nted	to t	hos	e list	ted :	above) who received mo	re than			
\$100,000 of compensation from the						<b>.</b>						

Form 990 (2018) COMPANI
Rart VIII Statement of Revenue COMPANIES OF PENNSYLVANIA

\$1.00 m	Check if Schedule O contains a response or note to any line in this Part VIII									
		Creck if Scredule O conta	ains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
ts	1	a Federated campaigns	1a							
irar		<b>b</b> Membership dues	1b							
S, G		c Fundraising events	1c							
Sift ar		d Related organizations	1d							
S, E		<ul> <li>Government grants (contribution)</li> </ul>								
tion 2		f All other contributions, gifts, grant	ts, and							
έğ		similar amounts not included abov	/e <b>1f</b>							
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines :	1a-1f \$			PAGES SERVICE		1840 - 1824 - 1836 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846 - 1846		
O e		h Total. Add lines 1a-1f		Dusiness Code	ozeraneatavegen.	edika ja sama kojiki. Cikoo koje kastiko kojik	ALIVERSA DE LA TENTO			
	2	a MEETING REVENUE		Business Code 900099	31,200.	31,200.	. # 15# (COM 1911 SOCK # 15 TO 19 TO 1	**************************************		
Program Service Revenue	2	b		300033	31,200.	31,200.				
Ser		c								
me.		d								
gra		e	•							
Pr		f All other program service reve	nue							
		g Total. Add lines 2a-2f		<u> </u>	31,200.	EFFARMANIC	ANE AGV. NOST			
	3	Investment income (including	dividends, intere	st, and	0.55			266		
		other similar amounts)		<b>&gt;</b>	266.			266.		
	4	Income from investment of tax								
	5	Royalties		<b>_</b>		888-1881/A/1886-198	ANSTERNATION			
	_	- 0	(i) Real	(II) Personal		100				
		a Gross rents								
		b Less rental expenses c Rental income or (loss)								
		d Net rental income or (loss)	(	<u> </u>	A STATE BESTELLINGS TO STATE OF THE STATE OF	Died 2, a 2011 a 2012 a ratio all della la construir	THE PARTY OF THE PARTY OF THE PARTY OF	SSC-250-13-21-13-14-1-15-00-10-00-10-10-10-10-10-10-10-10-10-10-		
		a Gross amount from sales of	(ı) Securities	(II) Other	100					
	•	assets other than inventory	() = = = = = = = = = = = = = = = = = = =							
	!	b Less cost or other basis								
		and sales expenses								
		c Gain or (loss)								
		d Net gain or (loss)		<b>•</b>		Total City and a Mark Mark		111 . Children an Market Market		
ø	8	a Gross income from fundraising	g events (not							
nua		including \$	of							
ev.		contributions reported on line	1c). See					4		
Other Revenu		Part IV, line 18	a							
됩		b Less direct expenses	. <b>b</b>		X23978438275315775144		(30.4191349454.75°)	Sector residence of the section of t		
		Net income or (loss) from fund				8.0	3.0763.0342.034	**************************************		
	9 :	a Gross income from gaming ac Part IV, line 19								
	ı	b Less direct expenses	a b							
		Net income or (loss) from gam			LANDERS LATINGS XX OF YE	49297 12:01.12:04/93:27 21:04	14. 2 side 45.467.450.4.91.94.7450.434.4	Part of the state		
		a Gross sales of inventory, less i					47.00			
		and allowances	a							
	ı	b Less cost of goods sold	b							
		Net income or (loss) from sales	s of inventory	<b>&gt;</b>						
		Miscellaneous Revenue		Business Code			Nation of the second			
	11 a	a	,							
	ı	b								
	•	e								
	•	d All other revenue				BEST NEWS CONSTRUCTOR		Captiversandae		
	e Total. Add lines 11a-11d				31,466.	31,200.	0.	266.		

23-7293484 Page 10

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	·
_	Check if Schedule O contains a respo		this Part IX		
	not include amounts reported on lines 6b, 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		<u></u>		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign		İ		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			APPLANT CONTROL OF THE	SPECIES DE LES
5	Compensation of current officers, directors,				1
	trustees, and key employees	9,744.			
6	Compensation not included above, to disqualified		ļ		]
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		ļ <u></u>		
7	Other salaries and wages	11,181.		<u> </u>	<u> </u>
8	Pension plan accruals and contributions (include		]		
	section 401(k) and 403(b) employer contributions)	468.			
9	Other employee benefits				
10	Payroll taxes	987.			
11	Fees for services (non-employees)		]		
а	Management				
þ	Legal	200		ļ———	
C	Accounting	300.		<del></del>	<u> </u>
q	Lobbying		TO A TOTAL OF THE PARTY OF THE	- vaccons dev. Pér, pope, victor, assay vi	
ę	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			,	
9	Other (If line 11g amount exceeds 10% of line 25,	5 040			
	column (A) amount, list line 11g expenses on Sch 0.)	5,040.			
12	Advertising and promotion	0.040			
13	Office expenses	2,049.	<del></del>		
14	Information technology	270.	<del> </del>	<del>                                     </del>	
15	Royalties	2 000		<u> </u>	<u></u>
16	Occupancy	3,829. 648.		<del> </del>	<u> </u>
17	Travel	648.		<u> </u>	<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.702	<u> </u>		
19	Conferences, conventions, and meetings	9,783.		-	
20	Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates	732.			
22	Depreciation, depletion, and amortization	2,397.			
23	Insurance	4/3/2/2008		T. 20 (20 (20 (20 (20 (20 (20 (20 (20 (20	
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 0.)				
	MEETING EXPENSE	17,663.	2000-1-1-1000-1-1000-1-1000-1-1000-1-1000-1-1000-1-1000-1-1000-1-1000-1-1000-1-1000-1-1000-1-1000-1-1000-1-100	PERSONAL POR PROBREMENTS ASSETS	\$88978 C. 47-AS980888720 5-54- XX-27-5887
a b	DUES / SUBSCRIPTIONS	1,564.		<del>                                     </del>	
_	2025 / BODDCKII I TOND	2,004.		<del> </del>	
q					
_	All other expenses		<del></del>		
25	Total functional expenses. Add lines 1 through 24e	66,655.	<del></del> -		
<u>25                                    </u>	Joint costs Complete this line only if the organization	00,000.		<u> </u>	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)	li .	) 		

23-7293484 Page 11

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 96,613. 46,677. Cash · non-interest-bearing 58,151. 59,151 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 5,500. 0. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 158,473 basis. Complete Part VI of Schedule D 10a 145,375. 13,829. 13,098. 10b 10c b Less. accumulated depreciation 117,451. 117,880. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 291,544. 16 236,806. 16 Total assets. Add lines 1 through 15 (must equal line 34) 116,735. 124,409. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 0. 29,025. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key émployees, 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 24 Unsecured notes and loans payable to unrelated third parties 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 145.760 124,409 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 

X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 123,026. 89,639. 27 Unrestricted net assets 22,758. 22,758. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 112,397. 145,784. 33 33 Total net assets or fund balances 291,544. 236,806. 34 Total liabilities and net assets/fund balances

AMERICAN COUNCIL OF ENGINEERING 23-7293484 COMPANIES OF PENNSYLVANIA Page 12 Form 990 (2018) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 31,466. 1 Total revenue (must equal Part VIII, column (A), line 12) 66,655. 2 Total expenses (must equal Part IX, column (A), line 25) -35,189 3 3 Revenue less expenses Subtract line 2 from line 1 145,784. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 166. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 1,636. 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 112,397. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Consolidated basis Both consolidated and separate basis Separate basis b Were the organization's financial statements audited by an independent accountant? 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

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Form **990** (2018)

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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

### SCHEDULE C

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

<ul> <li>Section 501(c)(4), (5), or (6) organi</li> </ul>								
Name of organization AMERIC	Empl	Employer identification number						
COMPAN	NIES OF PENNSYLVAN	IA		23-7293484				
Part I-A   Complete if the c	organization is exempt und	ler section 501(c) or	r is a section 527 org	ganization.				
Provide a description of the orga     Political campaign activity exper     Volunteer hours for political cam	nditures paign activities		<b>▶</b> \$					
Part I-B Complete if the c	organization is exempt und	ler section 501(c)(3)						
1 Enter the amount of any excise t	ax incurred by the organization und	der section 4955	▶ \$					
2 Enter the amount of any excise t			▶\$					
3 If the organization incurred a sec	tion 4955 tax, did it file Form 4720	for this year?		Yes No				
4a Was a correction made?				Yes No				
b If "Yes," describe in Part IV.  Part I-C   Complete if the or	organization is exempt und	er section 501(c) e	ycent section 501/c	1/3)				
<ol> <li>Enter the amount directly expended</li> <li>Enter the amount of the filing orgenement function activities</li> <li>Total exempt function expendituline 17b</li> <li>Did the filing organization file Formation</li> <li>Enter the names, addresses and made payments For each organizations received that were</li> </ol>	ded by the filing organization for se ganization's funds contributed to ot res. Add lines 1 and 2. Enter here a rm. 1120-POL for this year?	and on Form 1120-POL,  IN) of all section 527 politic from the filing organization section 527 politic description.	n activities  tion 527  \$ \$  cal organizations to which tion's funds Also enter the ization, such as a separate	Yes No the filing organization amount of political e segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate				
PA CONSULTING ENGINEERS PAC	HARRISBURG, PA 17102	83-3423930	0.	political organization If none, enter -0-				

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Schedule C (Form 990 or 990 EZ) 2018	COMPANIES	OF PENNSYLVÁ	NIA	23-7	293484 Page 2
Partil A Complete if the org	janization is ex	empt under section	1 501(c)(3) and file	ed Form 5/68 (ele	ction under
section 501(h)).					
	<del>-</del>	affiliated group (and list in	n Part IV each affiliated	group member's name	, address, EIN,
_ ' '	re of excess lobbyir	• ,			
B Check ▶	ation checked box A	and "limited control" pro	ovisions apply	1	
	its on Lobbying Ex ditures" means an	penditures lounts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinio	n (grass roots lobbying)			
b Total lobbying expenditures to infl	uence a legislative l	oody (direct lobbying)			·
c Total lobbying expenditures (add I	ines 1a and 1b)				
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c and	1d)			
f Lobbying nontaxable amount Ent	er the amount from	the following table in bot	h columns		
If the amount on line 1e, column (a)	or (b) is: The	obbying nontaxable am	ount is:		
Not over \$500,000	20%	of the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100	,000 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5		,000 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000 \$225	,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,0	00,000			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a If zer	o or less, enter -0-		•		
i Subtract line 1f from line 1c If zero	o or less, enter -0-				<u>.</u>
j If there is an amount other than ze	ro on either line 1h	or line 1i, did the organiz	ation file Form 4720	_	_
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section See the sep	Averaging Period Under n 501(h) election do not parate instructions for li	have to complete all ones 2a through 2f.)	of the five columns be	low.
	Lobbying Ex	penditures During 4-Yea	ar Averaging Period	T	
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount		and the state of t	AND A SECOND STATE OF THE	VIPATE I CO. L. CO. L. CONT. LEBERT	
b Lobbying ceiling amount					
(150% of line 2a, column(e))	: (THERES)	R SAZETE LEGA	NAV.5448PB8644	**************************************	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		F 48 F40 VE v-10038			
(150% of line 2d, column (e))			Editor State		
	THE R. P. LEWIS CO., LANSING MICH. LANSING	and the same than the private of the same and the same an	The second secon		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 COMPANIES OF PENNSYLVANIA 23-72934

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

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(b)		
of th	e lobbying activity	Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state, or	TO SERVICE STATE OF THE SERVIC		487,465°, 0	721868	
	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)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
g				_		
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
i	Total Add lines 1c through 1i	<b>基础</b> 标识别	<b>海流</b> 流線			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<b>然</b> 性心理	MANAGEM NEWS	
	If "Yes," enter the amount of any tax incurred under section 4912	\$######	Difficient			
	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	Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or sec	tion	-	
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	he prior year	7 3			
Par	tilli-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(	5), or sec	tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	(b) Part	III-A, line	e 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical	\$403			
-	expenses for which the section 527(f) tax was paid).	,iou,	(35) W			
а	Current year		2a			
b	Carryover from last year		2b		<del></del>	
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	WE 1.27			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	<del>-</del>				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list). Part II-	A. lines 1 a	nd 2 (see		
	ctions), and Part II-B, line 1 Also, complete this part for any additional information	p,,	, ,	(355		
	T I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF	ORMATIO	ON:			
PA_	CONSULTING ENGINEERS PAC					
8 O C	NORTH THIRD STREET, SUITE 301 HARRISBURG, PA 1710	2				
				·—		

### **SCHEDULE D**

(Form 990) . •

Department of the Treasury Internal Revenue Service

## **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

AMERICAN COUNCIL OF ENGINEERING COMPANIES OF PENNSYLVANIA

Employer identification number 23-7293484

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 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes 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? Vas 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 year Amount 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) Yes and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a 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 service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 service, provide the following amounts relating to these items

2 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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

23-7293484 Schedule D (Form 990) 2018 COMPANIES OF PENNSYLVANIA Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 · Úsing the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition Loan or exchange programs а b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table Amount c Beginning balance 10 d Additions during the year 1d e Distributions during the year 16 Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Endowment Funds. Complete of the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes by No 3a(i) (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (b) Cost or other (c) Accumulated (d) Book value (a) Cost or other basis (investment) basis (other) depreciation 1a Land **b** Buildings 14,677. 7,124 553 c Leasehold improvements 143,796. 138,251. d Equipment e Other 13,098 Total, Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018

# AMERICAN COUNCIL OF ENGINEERING COMPANIES OF PENNSYLVANIA

23-7293484 Page 3

Schedule D (Form 990) 2018

	F PENNSYLVANI	[A	23-7293 <u>484 Page 3</u>
Part VII Investments - Other Securities.	F 000 B-+ N/ b	. ddb. Cae Farm 000 Best V bro 12	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-vear market value
	(b) Book value	(c) Method of Valuation Cost of	ond or your market value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other			
	-		
(A)	<del></del>	-	
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)		<u> </u>	
(2)		<u> </u>	
(3)			
(4)			
(5)			
(6)			
	<u>.</u>		
(8)			
(9)		Shire I'm occupied of resulting which was to be a factor	to somethy of the St. so. of the Windowski State of the St. of
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part X Other Assets.	5 000 D 4 N/ 1	444 O- 5 000 D-4 V has 45	
Complete if the organization answered "Yes"	On Form 990, Part IV, line	e 11d See Form 990, Part X, line 15	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4) (5)			*
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>
Part X. Other Liabilities.	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f See Form 990, Part X, line	25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			ANTONIA SANTANIA MARANA
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740) Check	k here if the text of the footnote has bee	en provided in Part XIII

	AMERICAN COUNCIL OF ENGINE	PETING		
	dule D (Form 990) 2018 COMPANIES OF PENNSYLVANIA	- A- W/Ab- Davis		age 4
Ήä	Reconciliation of Revenue per Audited Financial Stateme		nue per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u> </u>		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 = 1		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	-
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b	4.5	
C E	Add lines 4a and 4b		4c   5	
Pai	Total revenue Add lines 3 and 4c. This must equal Form 990. Part I. line 12.)    Total revenue Add lines 3 and 4c. This must equal Form 990. Part I. line 12.)	ents With Expe		
S . S	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		nioco por riotariii	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
² a	Donated services and use of facilities	2a		
h	Prior year adjustments	2b		
	Other losses	2c		
ď	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pai	XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	t IV, lines 1b and 2b;	Part V, line 4, Part X, line 2, Part XI,	
	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add			
			<u>.</u>	
	•			
				-
		<del></del>		

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest information.

AMERICAN COUNCIL OF ENGINEERING

Open to Public Inspection

2018

Employer identification number COMPANIES OF PENNSYLVANIA 23-7293484

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN ORDER TO ENHANCE THEIR PROFESSIONAL AND ECONOMIC WELFARE, TO FOSTER
HARMONY, COOPERATION AND MUTUAL UNDERSTANDING THROUGHOUT THE
ENGINEERING AND ALLIED PROFESSIONS, AND TO ACT ON BEHALF OF THE MEMBERS
IN CONNECTIONS WITH PROPOSALS OF GOVERMENTS OR OTHER BODIES CONCERNING
THEM.
FORM 990, PART V, LINE 1C:
THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING
WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION
IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT
ACCORDINGLY.
FORM 990, PART VI, SECTION A, LINE 2:
ROSELINE BOUGHER, AT-LARGE DIRECTOR AND MICHAEL BOUGHER, AT-LARGE DIRECTOR,
HAVE A FAMILY RELATIONSHIP.
<del></del>
FORM 990, PART VI, SECTION A, LINE 6:
THE MEMBERSHIP OF THE ACEC/PA CONSIST OF MEMBER FIRMS, ASSOCIATE MEMBER
FIRMS, AFFLILIATE MEMBER FIRMS, AND SUPPLIER MEMBER FIRMS EACH MEETING THE
MEMBERSHIP REQUIRMENTS AND SHALL BE REPRESENTED BY RESIDENT PRINCIPALS
(PROPRIETORS, PARTNERS, OFFICERS, OR MANAGERS).
FORM 990, PART VI, SECTION A, LINE 7A:

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Partl

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number 23-7293484 Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 AMERICAN COUNCIL OF ENGINEERING COMPANIES OF PENNSYLVANIA Name of the organization

(g) Section 512(b)(13) å × controlled entity? Direct controlling Yes entity 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 Direct controlling entity End-of-year assets N/A e Public charity status (if section 501(c)(3)) **e** LINE 7 Total income Exempt Code Ē section ਉ 527 Legal domicile (state or Legal domicile (state or foreign country) foreign country) PENNSYLVANIA POLITICAL ACTION CAMPAIGN Primary activity Primary activity 9 83-3423930, 800 NORTH THIRD STREET, SUITE PENNSYLVANIA CONSULTING ENGINEERS PAC Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 301, HARRISBURG, PA 17102 Part II

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

Schedule R (Form 990) 2018

COMPANIES OF PENNSYLVANIA Schedule R (Form 990) 2018 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 Part III

Page 2

23-7293484

Schedule R (Form 990) 2018 Seneral or Percentage Section 512(b)(13) controlled entity? ownership Yes No 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 \$ Percentage ownership managing partner? 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē <u>e</u> Legal domicile (state or foreign country) ত Direct controlling entity ਭ Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

832162 10-02-18

Schedule R (Form 990) 2018 COMPANIES OF PENNSYLVANIA

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

Page 3

23-7293484

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yeś	2
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?	s with one or more re	lated organizations listed i	n Parts II-1V?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		X
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				<del>Q</del>		×
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				₽		×
e Loans or loan guarantees by related organization(s)				<b>-</b>		×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				5		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				Ę		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			7	×	.
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			T L	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n	X	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10		×
						ĵ
p Reimbursement paid to related organization(s) for expenses				1p		×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				+	×	
s Other transfer of cash or property from related organization(s)				1s		×
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	who must complete th	is line, including covered r	elationships and transaction thresholds.	,		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
832.163.10-02-18			Schedule R (Form 990) 2018	B (Form	1060	2018

Schedule R (Form 990) 2018 COMPANIES OF PENNSYLVANIA

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

Page 4

23-7293484

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

(k) 1 centage nership	<b>-</b>	 -	-	-	-	-	 		  - •	, -		   -		-	-	-		-  -	-	_	-	-	-	-	-
l or Perc	9			_			 	_						 				<u> </u>		-		+			_
(j) Genera ) manag	Yes No	 							 L			 1		 T				1				1		_	_
Ospropor Code V-UBI General or Percentage libraria amount in box 20 managing ownership	(Form 1065)																								
(h) Otspropor- tionate allocations?	Yes No			_							-	 +		 +				+							_
(g) Share of end-of-year																	_								
(f) Share of total	income																								
(e) Are all partners sec 501(c)(3) orgs?	Yes No	 			 				 -			 T	 	+			-	+							_
(d) Predominant income particular de la concentration de la concen	sections 512-514)																						_		
(c) Legal domicile (state or foreign	( <u>2</u>		_																						
(b) Primary activity																									
(a) Name, address, and EIN of entity																									

AMERICAN COUNCIL OF ENGINEERING COMPANIES OF PENNSYLVANIA 23-7293484 Page 5 Schedule R (Form 990) 2018 Part VIII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions