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

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

			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva	/				
Dep	artment of	the Treasury	▶ Do not enter social security numbers on this form as it may be made	1 11 11 /	Open to Public			
Inter	nal Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest informat	tion.	Inspection			
<u>A</u>	For the	2018 cale	ndar year, or tax year beginning Jul 1 , 2018, and ending	Jun 30	<b>,20</b> 19			
В	Check If	applicable	C Name of organization AMERICAN COUNCIL OF ENGINEERING COMPANIE	ES D Employe	er identification number			
	Address	change	Doing business as		745115			
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address)  Room/suite	E Telephor	ne number			
	Initial ret	urn	1015 15TH STREET, NW, 8TH FLOOR	(202)	347-7474			
	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code					
	Amende		WASHINGTON, DC 20005	<b>G</b> Gross re	ceipts \$ 18,090,573.			
	Applicati	ion pending	F Name and address of principal officer H(a) is	this a group return for s	subordinates? 🗌 Yes 🗵 No			
LINDA BAUER DARR, 1015 15th Street, NW, 8th Floor, Washington, DC 20005 H(b) Are all subordinates included? Yes								
<u>ı</u>	Tax-exer	mpt status	□ 501(c)(3)	If "No," attach a	list (see instructions)			
J	Website	: <b>►</b> w	ww.acec.org	Group exemption	number >			
K	Form of o	organization	X Corporation ☐ Trust ☐ Association ☐ Other ►	1972 <b>M</b> State	of legal domicile DC			
P	art I	Summ	ary					
	1	Briefly de	scribe the organization's mission or most significant activities. THE VOICE OF	AMERICA'S E	NGINEERING INDUSTRY.			
9								
Governance				<del></del> 1				
ē	2	Check th	is box ▶ ☐ if the organization discontinued its operation of the disposer of the line of	than 25% of	its net assets			
Š	3	Number	of voting members of the governing body (Part VI, line 1a)	ပ္တု 3	61			
æ	4		of independent voting members of the governing body (Part VI, line 1b)	SO 4	61			
es	5			ن ا د ا	54			
Ξ	6		nber of volunteers (estimate if necessary)	SY 5 6	62			
Activities &	7a		elated business revenue from Part VIII, column (C), line 12GDEN. UT.	. 7a	371,648.			
_	b		ated business taxable income from Form 990-T, Ime 38	7b	106,770.			
_	<del>                                     </del>	1401 01110		or Year	Current Year			
	8	Contribu	tions and grants (Part VIII, line 1h)	387,302.	433,776.			
Ĕ	9			408,784.	16,633,536.			
Revenue	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)					
æ	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	333,262.	459,713.			
	12		· · · · · · · · · · · · · · · · · · ·	260,357.	115,376.			
	13			389,705.	17,642,401.			
			nd similar amounts paid (Part IX, column (A), lines 1–3)	72,500.	625,926.			
	14		paid to or for members (Part IX, column (A), line 4)	000 040	7 500 100			
Expenses	15			239,240.	7,522,122.			
ens	16a		anal fundraising fees (Part IX, column (A), line 11e)					
S.	b		draising expenses (Part IX, column (D), line 25)	<del></del>				
-	17			339,648.	8,708,802.			
	18			651,388.	16,856,850.			
	19	Revenue	less expenses. Subtract line 18 from line 12	738,317.	785,551.			
Net Assets or Fund Balances				of Current Year	End of Year			
set	20			,295,507.	12,703,624.			
et Ag	21			,737,663.	2,365,002.			
ž	22	Net asse	ts or fund balances. Subtract line 21 from line 20	,557,844.	10,338,622.			
P	art II	Signa	ture Block					
			ry, I declare that I have examined this return, including accompanying schedules and statements, ar		ny knowledge and belief, it is			
tru	ie, correc	t, and comp	ete Declaration of preparer (other than officer) is based on all information of which preparer has any	knowledge				
			. 41	Į –				
Sig	gn	Sign	ature of officer	Date	1./2 10			
He	re	LI	NDA BAUER DARR, PRESIDENT/CEO	I la	13/2019			
			or print name and title					
D-	.:	Print/Ty	pe preparer's name Preparer's signature Date	Check	T IF PTIN			
Pa		_ MICH	AELA CROMAR Ulcharla Comar 10/31/201		Dloyed P00895728			
	epare	71	CLUTIONI ADCOMALITMILID	Firm's EIN ▶4				
Us	se Oni	יי עי עי	ON NORTH CLERE DID CHITE 200 ADLINGTON VA 22202	Phone no 571	227.6500			
Ma	v tho IE	<del></del>	e this return with the preparer shown above? (see instructions)	1 ruotie no	▼ Ves □ No			

REV 05/20/19 PRO

Form **990** (2018)



art	Checklist of nequired Schedules			
			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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	×	
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete 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? If "Yes," complete Schedule D, Part IV	9		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	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	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b></b>	×
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		×
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		×
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		×
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		×
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		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E:\( \text{KE} \text{SO} \) 15 PROPIETE Schedule I, Parts I and II	21	×	
			000	

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		×
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	×	
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 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
		240		<del> </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	×	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		. 🗆
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u></u>		
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
		N 826-6	Yes	No
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 2a 54	546	<b>3035</b>	
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	/ <b>X</b>	12000
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	2000
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	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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).			3.23
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	×	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
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			
	required to file Form 8282?	7c	AMCEND 1	10.2000
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?	7e 7f		<b></b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	and the second	100 C	
	sponsoring organization have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.	<u> 图2器</u>	302{	- 3.2
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b></b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	320	11.534
10 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12		2	
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			223
	against amounts due or received from them.)			743
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	8. 5m	C/N 1978
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   Section 501(c)(29) qualified nonprofit health insurance issuers.			泛灣
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	254.1	/ :- <u>"</u>
_	Note. See the instructions for additional information the organization must report on Schedule O	142.5	\$37.	
b	Enter the amount of reserves the organization is required to maintain by the states in which		\$6.300 mg	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	- 13 m	Q4;	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	<u>×</u>
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	-	<del> </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2:03
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		التتشدي
	If "Yes," complete Form 4720, Schedule O.		25 m	15 TO 2
		Fon	m <b>990</b>	(2018)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S	ee ins		ons.
n1:	Check if Schedule O contains a response or note to any line in this Part VI		•	<u> X </u>
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	死念義		S A
Ia	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.			
ь				3.0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	T 1966./	×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_×_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
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 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 persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		_ ×_
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	SERVICE OF	×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1600
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>×</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13 14	Did the organization have a written whistleblower policy?	13 14	×	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	<b>×</b>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10 <u>0</u>	8732	
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		1.23.4
Secti	organization's exempt status with respect to such arrangements?			<b>.</b>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Violent Upon request Other (explain in Schedule O)	(Sec	tion (	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re BARRY DOYLE. ACTING CFO. 1015 15TH STREET, NW, 8TH FL, WASHINGTON, DC 20005 (2)			7474

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız			ompe	ensa	ated any curren	t officer, director	r, or trustee
					C)					
(A)	(B)	Position (do not check more than one					000	(D)	(E)	(F)
Name and Title	Average hours per	box, unless person is both an officer and a director/trustee)				is both	n an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Instriutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MITCHEL SIMPLER	5.00									_
CHAIR	0.10	×	L	×		<u> </u>	↓_	0.	0.	0.
(2) STEPHANIE HACHEM	5.00			l						
TREASURER	0.10	×		×	┞		<u> </u>	0.	0.	0.
(3) CHARLES GOZDZIEWSKI CHAIR-ELECT	5.00	×		×				3,544.	0.	0.
(4) W. ARTHUR BARRETT VICE CHAIR	5.00	×		×				0.	0.	0.
(5) JOHN CARRATO VICE CHAIR	5.00	×		×				0.	0.	0.
(6) KEITH JACKSON VICE CHAIR	5.00	×		×				2,250.	0.	0.
(7) KEITH LONDON VICE CHAIR	5.00	×		×				602.	0.	0.
(8) JERRY WOLVERTON VICE CHAIR	5.00	×		×				0.	0.	0.
(9) KENNETH SMITH VICE CHAIR	1.00	×						0.	0.	0.
(10) FLOYD DAMRON BOARD MEMBER	1.00	×						0.	0.	0.
(11) KEVIN BLAKE BOARD MEMBER	1.00	×						0.	0.	0.
(12) JEFFREY GEURIAN BOARD MEMBER	1.00	×						0.	0.	0.
(13) DAVID PETERSON BOARD MEMBER	1.00	×						0.	0.	0.
(14) JEFF WALKER BOARD MEMBER	1.00	×						0.	0.	0.

Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees			lignes	St C	ompensated E	mpioyees (c	continu	ea)		
(A) Name and title	(B) Average hours per week (list any	Position (do not check more than or box, unless person is both officer and a director/truste					an tee)	(D) Reportable compensation from	(E)  Reportable compensation related		(F) Estima amour othe	ated nt of	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızatıo (W-2/1099-M		compen from organiz and rel organiza	the ation ated	
(15) ELIZABETH STOLFUS	1.00							`					
BOARD MEMBER	<u> </u>	×						0.		0.			0.
(16) SOPHIA NIRSHBERG	1.00												
BOARD MEMBER		×	_	$ldsymbol{f eta}$	ļ		_	0.		0.			0.
(17) J. MICHAEL RIEMANN BOARD MEMBER	1.00	×						0.		0.			0.
(18) KIMBERLEE BERNSON DEBOSIER DIRECTOR	1.00	×						0.		0.			0.
(19) KEVIN MCOMBER BOARD MEMBER	1.00	×						0.		0.			0.
(20) PATRICK O'HARA BOARD MEMBER	1.00	×						0.		0.			0.
(21) TERRANCE ARASHIRO BOARD MEMBER	1.00	×						0.		0.			0.
(22) PATRICK EIKENBERRY BOARD MEMBER	1.00	×						0.		0.			Ο.
(23) TRACY ELLWEIN	1.00												
BOARD MEMBER	ļ	×					L	0.		0.			0.
(24) CHARLES CRADDOCK	1.00												
BOARD MEMBER		×	_	_	_	ļ		0.		0.			0.
(25) SHELBY SWANGO	1.00	×											^
BOARD MEMBER  1b Sub-total	<u>.                                    </u>	L		Ì	<u> </u>		▶	6,396.		0.			0.
c Total from continuation sheets to Parl		 n Δ					-	3,504,099.	<u> </u>	0.	57	8,3	
d Total (add lines 1b and 1c)								3,510,495.		0.1		8,3	
2 Total number of individuals (including bu								<u> </u>	ore than \$10			-,-	
reportable compensation from the organ					1		٠,			,	-		
		•				•					1	Yes	No
3 Did the organization list any former o	fficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compe	nsated			
employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ıvıdı	ual					3		<u>×</u>
4 For any individual listed on line 1a, is the organization and related organizations	e sum of re greater th	porta an \$	ble 150,	con	npe:	nsatio f "Ye	on a s,"	ind other comp	oensation from	om the	;		
<ul><li>individual</li></ul>											4	×	
for services rendered to the organization										· ·	5		×
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest compensation from the organization. Re year</li> </ol>												ı's ta	x
(A) Name and business add	dress							(B) Description of s	services		(C) Compensat	ion	
IMAGINATION PUBLISHING, 500 W. FULTO	ON ST C	HICA	.GO .	I	ட் 9	4707	MA	GAZINE PUE	LISHING		39	5,6	<u></u>
PRECON EVENTS, 11910 PARKLAWN DR, SU					_		_					2,9	
DEBRA COHEN GORDEN, 5705 TRAFTON	_						_	OGRAM MAN				2,5	

3

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

Form 990 (2018) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue business revenue excluded from tax Amounts Federated campaigns 1b b Membership dues 1c Fundraising events . 1d Related organizations . Similar Government grants (contributions) 1e Contributions, All other contributions, gifts, grants, Other and similar amounts not included above 1f 433,776 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 433,776 Program Service Revenue **Business Code** 900099 11,903,598 11,903,598. 2a MEMBERSHIP DUES Ο. 0. 900099 3,892,599. 3,892,599 MEETINGS & SEMINARS 0. SPONŚORSHIP REVENUE 391,403. 900099 391,403. 146,238. 146,238. PUBLICATION SALES 900099 0. 299,698. 0. ADVERTISING 541800 299,698. All other program service revenue Total. Add lines 2a-2f 16,633,536 Investment income (including dividends, interest, 350,266 350,266 Income from investment of tax-exempt bond proceeds ▶ 77,564. 77,564 5 Royalties (ii) Personal Gross rents 6a Less rental expenses Rental income or (loss) Net rental income or (loss) (i) Secunties (II) Other Gross amount from sales of assets other than inventory 480,055 Less: cost or other basis and sales expenses . 448,172 Gain or (loss) 31,883. 31,883 Net gain or (loss) 31,883 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . b Less: direct expenses . c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 Less direct expenses . c Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold . . . Net income or (loss) from sales of inventory . . . Miscellaneous Revenue **Business Code** 0. REIMBURSEMENT FEES 900099 30,468 30,468 11a

0.

0.

71,950.

371,648.

71,950

12,958

115,376

17,642,401

12,958

15,985,861

900004

b

All other revenue

Total, Add lines 11a-11d.

Total revenue. See instructions

	Statement of Functional Expenses	anista all aniversa	All other property	i i	olumn (A)
Sectio	n 501(c)(3) and 501(c)(4) organizations must cor		_,	ns must complete co	olumn (A). 17
<u></u>	Check if Schedule O contains a respon	ise or note to any li	ne in this Part IX (B)	(C)	<u> </u>
8b. 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	Program service	(C) Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	625 026			
2	Grants and other assistance to domestic	625,926.		25%) - (AKS) - 7 80%	
2	individuals. See Part IV, line 22	İ			
3	Grants and other assistance to foreign			201	PATE NO.
3	organizations, foreign governments, and foreign	•	1		
	individuals. See Part IV, lines 15 and 16 .				
4	Benefits paid to or for members		<u> </u>	######################################	
5	Compensation of current officers, directors,			37222477 ********************************	State of the state of the second section of the section of th
•	trustees, and key employees	3,210,025.			
6	Compensation not included above, to disqualified	3,210,023.			
·	persons (as defined under section 4958(f)(1)) and			,	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,158,857.	•		
8	Pension plan accruals and contributions (include	3/130/33.1			
	section 401(k) and 403(b) employer contributions)	264,198.			
9	Other employee benefits	498,829.		,	
10	Payroll taxes	390,213.	-		
11	Fees for services (non-employees):		1.5		
а	Management		,		
b	Legal	100,225.			
С.	Accounting	55,709.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			<b>数</b> 不分 <b>数</b> 你可 <b>没</b>	
f	Investment management fees	16,488.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	797,006.			
12	Advertising and promotion				
13	Office expenses	<u>/ 262,750.</u>			
14	Information technology	534,043.			
15	Royalties '				
´16	Occupancy	1,045,067.			
17	Travel	886,237.		<u> </u>	1
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	•	2 260 600			,
19 20	Conferences, conventions, and meetings . Interest	2,369,680.		-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	108,056.			
23	Insurance	22,877.			
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	BUSINESS RESOURCES AND EDUCATION	186,764.		ı	
b	SOFTWARE DEVELOPMENT COSTS	199,742.			
С	ENGINEERING EXCELLENCE AWARDS	181,754.	1		
d	MAGAZINE	423,117.			
е	All other expenses	1,519,287.	<del></del>		
25	Total functional expenses. Add lines 1 through 24e	16,856,850.			
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)			1	

Form **990** (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (R) Beginning of year End of year 777,013. 816,355. Cash-non-interest-bearing . . . . 1 3,045,000. 2 4,747,975. 2 Savings and temporary cash investments . . . Pledges and grants receivable, net . . 3 3 1,219,413. 1,163,476. Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 . . . . . . . Assets 7 Notes and loans receivable, net . . . . . 8 8 Inventories for sale or use 307,947. 281,641. 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 2.597.937 Less: accumulated depreciation . . . . 10b 2,172,768. 533,225. 425,169. 4,940,435. 11 Investments—publicly traded securities . . . . . 5,852,546. 11 Investments—other securities. See Part IV, line 11 . 12 12 Investments—program-related See Part IV, line 11 13 13 14 14 302,267. 586,669. 15 15 Other assets See Part IV, line 11 . . . . . . 12,295,507. 12,703,624. Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 807,179. 1,097,890. Accounts payable and accrued expenses . . . . . . 17 17 18 18 473,943. 222,013. 19 19 Deferred revenue . 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons.'Complete Part II of Schedule L . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ' Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,456,541. 25 1,045,099. 2,737,663. 2,365,002. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 7,831,687 8,404,616. Unrestricted net assets . . . . . 27 1,726,157. 1,934,006. 28 Temporarily restricted net assets . 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds. 9,557,844. 10,338,622. 33 33 12,295,507. 12,703,624. Total liabilities and net assets/fund balances

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,6	42,4	01.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,8	56,8	<u>50.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	7	85,5	<u>51.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,5	57,8	<u>44.</u>
5	Net unrealized gains (losses) on investments	5		-4,7	<u>73.</u>
6	Donated services and use of facilities	6	<u> </u>		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	10,3	38,6	<u> 22.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>· · · ·</u>	<del></del>	<u> </u>
_			SS 54295	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," ex Schedule O.	olain in		NA Z	
•	*****		2a		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		varioritation o		
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.	olled of			
	Separate basis Consolidated basis Both consolidated and separate basis	_			
h	Were the organization's financial statements audited by an independent accountant?		2b	×	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountant:	 dona	CONSTRUCTOR XIII	^	
	separate basis, consolidated basis, or both:	u on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight			
·	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	$  \times  $	
	If the organization changed either its oversight process or selection process during the tax year, ex		(6.20)		7.7
	Schedule O			444	E S
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Forr	n <b>990</b>	(2018)

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

**Political Campaign and Lobbying Activities** 

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

world "Vee " on Form 000 Bort IV line 5 (Proxy Toy) (see congrete instructions) or Form 000-F7 Part V line 35c (Proxy

Tax) (see separate instruc	ed "Yes," on Form 990, Part IV, line 5 tions), then	(Froxy Tax) (see separate	instructions, or Form 930-	LZ, Fait V, line ooc (Froxy
<ul> <li>Section 501(c)(4), (5), or</li> </ul>	(6) organizations Complete Part III	_		
Name of organization	**************************************		Employer iden	tification number
AMERICAN COUNCIL	OF ENGINEERING COMPANIE	s	52-07451	15
Part I-A Complet	e if the organization is exemp	t under section 501(c	c) or is a section 527 o	rganization.
definition of "polit  Political campaign	otion of the organization's direct a lical campaign activities") n activity expenditures (see instruction or political campaign activities (see	ons)	<b>▶</b> \$	IV. (see instructions for
	e if the organization is exemp			
<ul> <li>2 Enter the amount</li> <li>3 If the organization</li> <li>4a Was a correction</li> <li>b If "Yes," describe</li> <li>Part I-C Complet</li> <li>1 Enter the amount</li> </ul>	in Part IV te if the organization is exemp t directly expended by the filing of	file Form 4720 for this ye  t under section 501(corganization for section	section 4955 > \$ ear?	
2 Enter the amount 527 exempt funct	of the filing organization's funds of the filing organization's funds of the filing organization is funds of the filing organization or the filing or the filing organization or the filing or the filing organization	contributed to other orga	anizations for section ▶ \$	0.
<ul> <li>line 17b</li> <li>Did the filing orga</li> <li>Enter the names, organization made the amount of pol</li> </ul>	nization file Form 1120-POL for thi addresses and employer identificate payments. For each organization litical contributions received that we regated fund or a political action coi		ection 527 political organization from the filing organization delivered to a separate political control of the separate political control of	zation's funds. Also enter olitical organization, such
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) ACEC/PAC	1015 15TH ST. NW, 8TH WASHINGTON, DC 200		0.	1,959.
(2)				
(3)				
(4)				
(5)				
(6)				

Pari		Complete if the organization section 501(h)).	n is exempt u	nder section 50	)1(c)(3) and filed	d Form 5768 (ele	ection under
A C	heck ► [	If the filing organization belon- address, EIN, expenses, and				liated group memb	er's name,
B C	heck ► [	If the filing organization check	ed box A and "	limited control" pr	ovisions apply		
		Limits on Lobb				(a) Filing	(b) Affiliated
		(The term "expenditures" me	eans amounts	paid or incurred.)	<u> </u>	organization's totals	group totals
1a	Total lob	bying expenditures to influence	public opinion	(grass roots lobby	ing)		
þ	Total lob	bying expenditures to influence	a legislative bo	dy (direct lobbying	9)	1	
C	Total lob	bying expenditures (add lines 1a	a and 1b)				
d	Other ex	empt purpose expenditures .					
е	Total exe	empt purpose expenditures (add	l lines 1c and 1d	d)			
f	Lobbying columns	g nontaxable amount Enter	the amount fr	om the following	table in both		
	If the amo	ount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:		
	Not over \$	5500,000	20% of the am	ount on line 1e			
	Over \$500	,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000		
	Over \$1,00	00,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		#2
	Over \$1,50	00,000 but not over \$17,000,000	ver \$1,500,000				
	Over \$17,0	000,000					
g	Grassroo	ots nontaxable amount (enter 25	% of line 1f)				
h	Subtract	line 1g from line 1a. If zero or le	ss, enter -0-				
i	Subtract	line 1f from line 1c. If zero or les	ss, enter -0-				
j		is an amount other than zero section 4911 tax for this year?		1h or line 1, did	_		Yes No
	(Some	organizations that made a sec See the	ction 501(h) ele separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
		Lobbying	Expenditures	During 4-Year Av	veraging Period	<del></del>	
	Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying	g nontaxable amount					
b		g ceiling amount f line 2a, column (e))					
С	Total lob	bying expenditures					
d	Grassroo	ots nontaxable amount					
е		ots ceiling amount f line 2d, column (e))					
f	Grassroo	ots lobbying expenditures					
				REV 11/14/18 PRO		Schedule C (Fon	n 990 or 990-EZ) 2018

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led	Forn	1 5768		
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
		Yes	No	Ar	nount	t
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)?					
С	Media advertisements?					
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?	atauti eto	un ricerina de la constante de			
j	Total. Add lines 1c through 1i			V1. 45.80	v. Ant. v r in Ya	12 10 766
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	v	10.0			( ) / 13 g
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	150	<b>266</b> 5	Title a. I familiación	dusurens and ex	CONTRACTOR
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .			8.89.5°		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), (	or se	ction		
					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 the p				<u>'</u>	×
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."	(5), ( ? (b)	or se Par	ction t III-A,	line (	3, is
1	Dues, assessments and similar amounts from members		1	11,9	<u>03,5</u>	98.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	•	2a	3,2	35,3	
b	Carryover from last year		2b			0.
C	Total	•	2c		<u>35,3</u>	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	3,3	85,C	)44.
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 lobbyg and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0.
Par				·		<u> </u>
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıp lıs	t); Pa	rt II-A, I	nes 1	and
			<b></b>			
					<b>-</b>	
	`					
			<b></b>			••••
						·- <b></b>

Schedule C (For	m 990 or 990-EZ) 2018	Page <b>4</b>
Part IV	Supplemental Information (continued)	
		,
••••		
		15
	,	
4		
	-	

### 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.

OMB No 1545-0047

Inspection

2018
Open to Public

Employer identification number Name of the organization AMERICAN COUNCIL OF ENGINEERING COMPANIES 52-0745115 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 3 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 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No 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 ☐ 'Yes ☐ No Conservation Easements. Part II 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 ☐ 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 Tax Year Total acreage restricted by conservation easements . . . . . . . . . 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 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) 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . 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 **b** Assets included in Form 990, Part X

REV 11/12/18 PRO

Page	2

Part								
3	Using the organization's acquisition, accelection items (check all that apply):	ession, and other	record	ls, check	any of the	e follov	ring that are a si	gnificant use of its
а	☐ Public exhibition		d [	] Loan o	r exchang	e progi	ams	
ь	Scholarly research		e [	Other			·	
С	Preservation for future generations							
4	Provide a description of the organization's	s collections and	explaii	n how the	y further	the org	anızatıon's exem	npt purpose in Part
	XIII.		•		•	•	•	
5	During the year, did the organization solid	cit or receive don	ations	of art. hi	storical tr	easures	s, or other simila	r
•	assets to be sold to raise funds rather than	n to be maintained	d as pa	art of the	organizati	on's co	llection?	☐ Yes ☐ No
Part			•		<del></del>			
	Complete if the organization and 990, Part X, line 21.	swered "Yes" or						
1a	Is the organization an agent, trustee, custincluded on Form 990, Part X?							t □ Yes □ No
<b>.</b>	If "Yes," explain the arrangement in Part X							☐ 1es ☐ 140
b	ii res, explain the arrangement in Fart A	and complete t	ile ion	owing tal	ne.		T Ar	mount
_	Designing belongs					1c	+	
C	Beginning balance					1d		
d	Additions during the year					1e	<del></del>	<del></del>
e	Distributions during the year					1f		
f O-	Ending balance							2 Voc No
2a								
	If "Yes," explain the arrangement in Part X  Endowment Funds.	iii. Check here ii i	ne exp	Dianation	nas been	provide	O OII Pait Aiii .	· · · · · · · · · · · · · · · · · · ·
Part	Complete if the organization ans	awarad "Vac" or	Eorn	000 Pc	ort IV line	. 10		
			(b) Prior		(c) Two year		(d) Three years back	(e) Four years back
4-	<u> </u>	ij Garrent year	(6) 1 1101	year	(c) Two year	3 Daox	(a) Three years back	(c) rodr yours back
1a	Beginning of year balance			ļ				<del> </del>
b	Contributions						- <u>-</u>	<del> </del>
С	Net investment earnings, gains, and							
	losses							<del>                                     </del>
	Grants or scholarships							<del>                                     </del>
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2								
а	Board designated or quasi-endowment	·%						
ь	Permanent endowment ▶9	6						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%	<b>6</b> .					
3a	Are there endowment funds not in the po	ssession of the o	rganıza	ation that	are held	and ad	ministered for th	e
	organization by.							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as	require	ed on Sch	edule R?			3b
4	Describe in Part XIII the intended uses of							<del></del>
Part	Vi Land, Buildings, and Equipme	nt.		***				
	Complete if the organization ans		Forn	n 990, Pa	art IV, line	e 11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other to		(b) Cost or			Accumulated	(d) Book value
	. , , ,	(investment)		(oth	er)	de	epreciation	
1a	Land		0.					0.
b	Buildings							
c	Leasehold improvements		-+	1.16	1,448.		737,770.	423,678.
d	Equipment		-+		6,489.	1	,434,998.	1,491.
e	Other	<del></del>	-+	-, 13	-, 100.		, ,	_,.,
	Add lines 1a through 1e. (Column (d) must	equal Form 900	Part Y	column	(R) line 10	)c )		425,169.
· Juli.	rida inica la dirough les (Column (d) must	Squar , Silli 550,			_,,	٠., ٠		

Part VII	Investments—Other Securities. Complete if the organization answ	vered "Yes" on For	m 990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
,	(a) Description of security or category (including name of security).		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				,
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)				<u> </u>	
(E)					
(F)					
(G) (H)				-	
	h) must agual Form 000. Part V. agl. (P) line; 12.)			<b>68</b>	
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related				
Part VIII	Complete if the organization answ		m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
<del></del>	(a) Description of investment	Voica 100 Oil 101	(b) Book value	Ti-	hod of valuation
			. ,	Cost or end	-of-year market value
(1)					
(2)	L.				
(3)					
(4)			·		
_(5)			· · · · · · · · · · · · · · · · · · ·		
(6)					
(7)					
(8)				,	
(9)	b) must equal Form 990, Part X, col (B) line 13.)	•		1010	
Part IX	Other Assets.			Martine Commission of St.	Contribution (Contribution Contribution Cont
T GIV IX	Complete if the organization answ	vered "Yes" on For	m 990. Part IV. lin	e 11d. See Form	990, Part X, line 15.
		) Description	,		(b) Book value
(1)					
(2)		1			
(3)					
(4)		-	·		,
(5)					
(6)					
(7)					
(8)					
(9)	At and Form 000 Post V	1 /D) line 15 )			
Part X	mn (b) must equal Form 990; Part X, co	oi. (B) iine 15.)	<u> </u>	· · · · · ·	
Part X	Other Liabilities. Complete if the organization answ	vored "Vee" on For	m 000 Part IV Jun	a 11a or 11f Sa	a Form 990 Part Y
<b>\</b>	line 25.	weled les offroi	ili 990, Fait IV, ili	e i le oi i ii. Sei	. · · · · ·
1.	(a) Description of liability	(b) Book value	£ 12		
(1) Federal ır					
	ED RENT PAYABLE	809,1	58		
	ED COMPENSATION PAYABLE	235,9			
(4)					
(5)					
(6)		1	1.49		
(7)					
(8)					
(9)			* ***		
	b) must equal Form 990, Part X, col. (B) line 25 ) ▶	1,045,0			
	r uncertain tax positions. In Part XIII, provi				
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text of t	the footnote has bee	en provided in Part XIII

Part	ΧI	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, F		Return.	
1	Totalı	revenue, gains, and other support per audited financial statements	<del></del>	1	
2		nts included on line 1 but not on Form 990, Part VIII, line 12.		2568	
a		nrealized gains (losses) on investments	2a		
b		ed services and use of facilities	2b		
c		reries of prior year grants	2c		
ď		(Describe in Part XIII.)	2d		
e		nes 2a through 2d	<del></del>	2e ·	
3		act line <b>2e</b> from line <b>1</b>		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1.		****	
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a ·		
b	Other	(Describe in Part XIII.)	4b		
С		nes <b>4a</b> and <b>4b</b>		4c	
_ 5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	XII	Reconciliation of Expenses per Audited Financial Statem		er Return.	
		Complete if the organization answered "Yes" on Form 990, F			
1		expenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а		ed services and use of facilities	2a		
b	•	/ear adjustments	2b .	_	
С		losses	2c	_	
d		(Describe in Part XIII.)	2d		
е		nes 2a through 2d		2e	
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a		ment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b		(Describe in Part XIII.)		4c	
5		nes 4a and 4b expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
		Supplemental Information.		1	
		escriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4: Part IV. lines 1b and 2	b: Part V. line 4: Part X. line	
		es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
		•			
Pt I	I, Li	ne 3: THE COUNCIL FOLLOWS THE ACCOUNTING STAN	DARD REGARDING TH	E MEASUREMENT	
OF UNCERTAIN TAX POSITIONS. THE COUNCIL EVALUATED ITS TAX POSITIONS AND DETERMINED					
THAT	ITS	POSITONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTA	INED ON EXAMINATI	ON. THE	
COUN	CIL'S	TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMIN	ATION BY FEDERAL	AND STATE	
AUTH	ORITI	ES			
			***************************************	,	
Pt X	I, Li	ne 2d: ACEC/RMF REVENUE			
Pt X	II, I	ine 2d: ACEC/RMF EXPENSE			
Pt X	II, I	ine 4b: ACEC CONTRIBUTION TO RMF			
		•	,		

Schedule D (For	m 990) 2018	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
	<del></del>	
••••	•••••••••••••••••••••••••••••••••••••••	
		Jaonosaguro
		•
	······	
	<u>-</u>	
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No 1545-0047 2018

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Employer identification number

52-0745115

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

Part I General Information on Grants and Assistance AMERICAN COUNCIL OF ENGINEERING COMPANIES

**%**□ X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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 that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

Fart IV, line ZI, for any recipient that received in	y recipient mat	received more m	an ab, ooo. Fari	i cari pe dubiica	ilea II additional	nore man 35,000. Part il can de duplicated il additional space is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACEC/VIRGINIA 8600 MAYLAND DRIVE HENRICO VA 23294	54-0850837	501(c)(6)	16,500.	0.	CASH	N/A	ADVOCACY SEE PART IV
(2) ACEC/FLORIDA PO BOX 750 TALLAHASSEE FL 32301	59-0651891	501(c)(6)	18,500.	0.	CASH	N/A	ADVOCACY SEE PART IV
	41-6037352		200,000.	0.	CASH	N/A	ADVOCACY SEE PART IV
	83-0800667		40,000.	0.	CASH	N/A	ADVOCACY SEE PART IV
(5) ACEC/OHIO 1650 LAKE SHORE DR NO 200 COLUMBUS ON 43204 31-0915184	31-0915184	501(c)(6)	7,500.	0.	CASH	N/A	ADVOCACY SEE PART IV
(6) ACEC/NEW MEXICO PO BOX 3773 ALBUQUERQUE NM 87190	85-0236265	501(c) (6)	.000,7	0.	CASH	N/A	ADVOÇAÇY SEE PART IV
(7) COLORADANS FOR COLORADANS 1660 LINCOLN ST SUITE 1800 DENVER CO 80264	81-1101374		80,000.	0.	CASH	N/A	ADVOCACY SEE PART IV
	35-1101396	501(c)(6)	.000,09	0	CASH	N/A	ADVOCACY SEE PART IV
-	74-1545969	501(c)(6)	. 000 , 25	0.	CASH	N/A	ADVOCACY SEE PART IV
	51-0217287	501(c)(6)	.000,01	0.	CASH	N/A	ADVOCACY SEE PART IV
(11) ACEC/NORTH CAROLINA 150 PAYETEVILL STREET 1340 RALEIGH NC 27601	56-1334000	501(c)(6)	15,000.	0.	CASH	N/A	ADVOCACY SEE PART IV
(12)See Statement			144,000.	.0			
2 Enter total number of section 501(c)(3) and government o	501(c)(3) and go	vernment organiza	rganizations listed in the line 1 table	ne 1 table			0
3 Enter total number of other organizations listed in the line	rganizations lister	d in the line 1 table					15

S Enter total number of other organizations listed in the line T is For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

REV 11/06/18 PRO

Schedule I (Form 990) (2018)

Schedule I (Fc	Schedule I (Form 990) (2018)					Page 2
Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.	nestic Individuals. space is needed.	<u>s</u>	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>-</b>						
2						
က						
4						
rs.						
9						
7						
Part IV	Supplemental Information. Provide the information	he information re	equired in Part I, lin	e 2; Part III, column	nation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
Pt I Li	Line 2: The following are general		reporting requirements for the		grant recipients: (1) A brief	rief report
should	should be sent to ACEC on how the grant money was used, including the name of the recipients of the Minuteman	ant money wa	s used, includ	ing the name o	f the recipients of	the Minuteman
funding	funding paid through the Member Orga	Organizations, a	ons, and the amounts		and dates of payments to them. (2) Certify	(2) Certify
that the	he grant money was used solely	for the	purpose for which	the grant was provided.	(3)	If the grant money
was not	t used within 90 days of receipt,	pt, it should be	returned	to ACEC, unless an	extension	is given. (4) Within
30 days	s after resolution of the matter	er for which the	funds	are provided, a report	eport to ACEC should	d state the
outcome	e of the issue.					
Other:	ACEC MINUTEMAN FUND GRANTS PROVIDE	i	T TO MEMBER OR	GANIZATIONS FO	R LOCAL ISSUES OF N	SUPPORT TO MEMBER ORGANIZATIONS FOR LOCAL ISSUES OF NATIONAL IMPORTANCE,
WHICH !	WHICH MAY POTENTIALLY AFFECT A LARGE	SEGMENT OF	THE MEMBERSHIP	OF ACEC OR OT	SEGMENT OF THE MEMBERSHIP OF ACEC OR OTHERWISE HAVE MAJOR PRECEDENT-SETTING	PRECEDENT-SETTING
IMPLICATIONS	ATIONS.					

Schedule I (Form 990) (2018)

REV 11/06/18 PRO

BAA

### SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN COUNCIL OF ENGINEERING COMPANIES

Employer identification number 52-0745115

art	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			E X
	☐ Travel for companions ☐ Payments for business use of personal residence			2
,	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		3000	2. 5
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)	3. h.		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	<u>***</u>		
	explain	1b	×	
		2000		***
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	×	
				2.2
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		300	12. A
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract	黎.	7 P	
	☐ Independent compensation consultant ☐ Compensation survey or study	1		
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	Z.,		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	×	<u> </u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	- W	×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	100 C		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
		N.C.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	15		
	compensation contingent on the net earnings of		100	L.O.
а	The organization?	6a		<u> </u>
b	Any related organization?	6b	Sur (800)	1. 200 5344
	If "Yes" on line 6a or 6b, describe in Part III.			A. A
_	5 5		<u> </u>	اشتنا
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		<del>                                     </del>
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
	· ·		1200	EG N
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1000	J.	111111111111111111111111111111111111111
	Begulations section 53 4958-6(c)?	ا م	l	1

Page 2

Schedule J (Form 990) 2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)()—(iii) for each listed individual must equal the total amount of Form 990. Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amounts of that individual Note: The sum of columns (B)(I)—(III) for each listed individual for that individual	or eac	uisted individual mu	ist equal the total amo	unt of Form 990, Pa	T VII, Section A, line 1	a, applicable column	n (U) and (E) amount	s for that individual.
		(b) Breakdown o	1 W-2 and/or 1099-IVID	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
LINDA BAUER DARR	8	218,290.	0.	0.	0.	7,086.	225,376.	0.
ENT &	Ξ	.0	.0	0.	.0	0.	0.	0.
1	ε	231,312.	30,000.	0	32,288.	43,651.	337,251.	0
2 SENIOR VP, ADVOCACY & EXTERNAL APPAIRS	€	.0		0.	0.		0.	0.
	€	176,443.	11,000.	0	20,750.	9,319.	217,512.	0
3 SENIOR VP, BRE	Ξ	0.	0.	0.	0.	0.	0.	0.
MICHAEL PRAMSTALLER	ε	157,946.	.000,6	0.	18,633.	23,514.	209,093.	·
4 SENIOR VP, MEETING, EXHIBITS & AWARDS	€	0.	0.	0.			0.	0.
GREGORY KNOPP	€	211,658.	13,000.	0.	27,623.	24,852.	277,133.	0
5 VP ACEC FOUNDATION & MO SERVICES	€	.0	0.	0.			0.	0.
BARRY DOYLE	Ξ	133,277.	5,000.	0	14,246.	21,667.	174,190.	0
6 VP FINANCE	€	.0	.0	0.		0.		0.
CHARLES KIM	ε	148,531.	10,000.	2,621.	17,288.	18,328.	196,768.	0
7 GENERAL COUNSEL & CORPORATE SECRETARY	<u>(i)</u>	.0				0.		0.
ERIN MCLAUGHLIN	(1)	.088,781		0.	13,547.	8,053.	188,930.	0
8 SR. DIR PRIVATE MARKET RESOURCES	Ξ	. 0	0.	0.			0.	0.
KATHARINE MOTTLEY	ε	176,742.	, <sub>L</sub>	0	19,691.	10,056.	213,489.	0
9 DIRECTOR, TAX & REGULATORY AFFAIRS	(i)	0.		0.		- 1		0.
MATTHEW REIFFER	(I)	161,648.	0	0	17,569.	15,483.	194,700.	0.
10 DIR. TRANSPORTATION PROGRAM	€	0.		0.		0.	0.	0.
LYNN SCHLOESSER	€	157,964.	0	0	17,960.	27,970.	203,894.	.0
11 DIR. ENVIRONMENTAL & ENERGY PROGRAMS	€	0.	0.	0.	0.	0.		0.
гео носн	(i)	149,902.	0	8,405.	16,759.	15,483.	190,549.	0
12 EXEC DIR BUSINESS RELATIONS & MEMBERSHIP	<u>(ii</u>	0.	0.	0.		0.		0.
DAVID RAYMOND	(i)	394,158.	125,800.	185,393.	33,106.	45,957.	784,414.	49,886.
13 PRESIDENT & CEO-RETIRED 8/31/18	(ii)	0.	0.			0.	0.	0.
MARY ANN EMELY	Θ	205,639.	25,000.	1,206.	27,698.	24,018.	283,561.	0.
14 VP OPERATIONS-RETIRED 12/31/18	Ξ		1	I	0.	0.	0.	0.
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15	€							
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16	€							
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	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 parl	
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or any additional information.	Pt I Line la: THE TEN MEMBERS OF THE EXECUTIVE COMMITTEE ARE REIMBURSED FOR THEIR ACCOMPANYING SPOUSE'S TRAVEL	TO THE FOUR EXECUTIVE COMMITTEE MEETINGS HELD EACH YEAR. FOR ANY TRAVEL BY THE PRESIDENT & CEO ON ACEC BUSINESS,	HE IS REIMBURSED FOR HIS ACCOMPANYING SPOUSE'S TRAVEL. ACEC HOSTS BUSINESS RELATED EVENTS AT LOCAL SOCIAL	CLUBS, AND MAINTAINS MEMBERSHIPS AT THOSE CLUBS IN THE NAME OF ACEC'S PRESIDENT & CEO. REIMBURSEMENTS MADE	DIRECTLY TO THE INDIVIDUAL ARE TREATED BY ACEC AS TAXABLE COMPENSATION. REIMBURSEMENTS MADE TO THE INDIVIDUAL'S	EMPLOYER ARE THAT EMPLOYER'S RESPONSIBILITY TO REPORT.													
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### **SCHEDULE 0** (Form 990 or 990-EZ)

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

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

2018 Open to Public ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization AMERICAN COUNCIL OF ENGINEERING COMPANIES 52-0745115 Pt VI, Line la: A Member Organization, current in its payments, shall have voting power in the Board of Directors and for elections to office in proportion to the Member Firm dues obligation to the Council for the current fiscal year in accordance with the following table: Annual Dues Paid Number Dollars of Votes 1,000 and under 1 1,000 to 2,500 2 2,501 to 5,000 3 Over 5,000\* \*One additional vote for each additional \$5,000 or any part thereof. The number of votes permitted to be cast by a certain Appointed Director on behalf of a Member Organization, and the number of votes permitted to be cast by an Officer, shall be referred to in these Bylaws as the Voting Power. Pt VI, Line 1a: Between meetings of the Board of Directors, the Executive Committee shall exercise full powers of the Board of Directors in matters which in the judgment of the Executive Committee must be acted upon before the next regular meeting of the Board of Directors, except as provided for in the Certificate of Incorporation and as limited by applicable law. The Executive Committee shall have immediate supervision of the financial affairs of the Council, and shall advise the Board of Directors on all financial matters. All actions taken by the Executive Committee shall be in accordance with the general policies of the Board of Directors and shall be reported to the Board of Directors at its next meeting. Pt VI, Line 6: REGULAR AND AFFILIATE Pt VI, Line 7a: ELECT THE EXECUTIVE COMMITTEE MEMBERS VIA THE VOTE OF THEIR STATE OR REGIONAL MEMBER.

IN SUCH INSTANCES, THE INDIVIDUAL MAY BE ASKED TO RECUSE THEMSELVES FROM THEIR

EXAMPLES OF RELEVANT SITUATIONS WOULD INCLUDE PAID RELATIONSHIPS OR FINANCIAL

POSITION OR WORK WITH ACEC. (2) OFFICERS AND DIRECTORS OF ACEC SHOULD EXERCISE

OR BIAS THEIR CONDUCT OR VIEWS IN ISSUES RELATED TO ACEC. IF SUCH ARRANGEMENTS

EXIST OR ARE PERCEIVED TO EXIST, THAT INDIVIDUAL SHOULD DISCLOSE THESE ARRANGEMENTS.

INTERESTS WITH VENDORS DOING, OR SEEKING TO DO, BUSINESS WITH ACEC. (3) INDIVIDUALS

OR MEMBERS OF COMMITTEES PREPARING OFFICIAL STATEMENTS FOR ACEC SHOULD DISCLOSE

FINANCIAL RELATIONSHIPS OR LEGAL OBLIGATIONS THAT INTERFERE, OR COULD INTERFERE,

WITH THE TASK. THIS POLICY IS DIRECTED PRINCIPALLY AT OFFICERS AND DIRECTORS

CAUTION BEFORE ENTERING INTO FINANCIAL OR LEGAL ARRANGEMENTS THAT COULD PREJUDICE

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

AMERICAN COUNCIL OF ENGINEERING COMPANIES

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 33.

Open to Public Inspection 2018

OMB No. 1545-0047

Employer identification number 52-0745115

(g) Section 512(b)(13) controlled entity? ٥N (f) Direct controlling 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. Yes × (f)
Direct controlling 'entity (e) End-of-year assets ACEC (e)
Public charity status
(if section 501(c)(3)) 509 (A) (2) (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) Legal domicile (state or foreign country) (b) Pnmary activity DC 1015 15TH STREET, NW, 8TH FLOOR WASHINGTON DC 20005 SCHOLARSHIPS (b) Primary activity (1) ACEC/RESEARCH & MANAGEMENT FOUNDATION 52-1140340 (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization Part II Ξ 3 ල € 3 9 2 ପ € 3 E 9

Schedule R (Form 990) 2018

REV 05/17/19 PRO

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

Schedule R (Form 990) 2018												Page 2
Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organizations treated as a partnership during the tax year	Related Organiza e or more related	itions Taxable organizations t	ble as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, as treated as a partnership during the tax year.	<b>ship.</b> Con artnership	nplete if the	organizati tax year.	on answer	ed "Yes"	on Form 990,	Part IV, I		1 ·
(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	) nnant Sha related, I sted, I d from nder 12—514)		(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or 20 managing -1 partner?		(k) Percentage ownership
								Yes No		Yes	<b>8</b>	
(1)												
(2)								-				
(3)												
(4)												
(5)												
(9)												
(7)												
Part IV 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.	Related Organiza	Itions Taxable related organiz	as a Corpora	ation or T	rust. Comp	lete if the trust durin	organizatio g the tax y	n answer ear.	ed "Yes" on l	Form 990	Part IV	
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	micile D	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or frust)	ntity Shai	(f) Share of total encome	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	2(b)(13) led ?
											Yes	٩
(1)												
(2)					L							
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(4)												
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(9)												
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	Onships and transaction thresholds.  Method of determining amount involved  Schedule R (Form 990) 2018	Other transfer of cash or property from related organization(s)	s for information on who must complete this line, including covered relationships and  (b)  Transaction  type (a – s)  Transaction  Amount involved  Method o
uding covered relati		ny trom related organization(s)  Ve is "Yes," see the instructions for information on who must cortain to related organization  Name of related organization  REV 05/17/19 PRO	the answer to any of the above is "Yes," see the instructions for information on who must constituted organization  Name of related organization  Name of related organization  Name of related organization
mplete this line, including covered relative (b)  Transaction  Type (a – s)  Type (a – s)	mplete this line, inclincation type (a – s)	Name of related organization	the answer to any of the above is "Yes," see the instructions of the answer to any of the above is "Yes," see the instructions of the answer to any of the above is "Yes," see the instructions of the answer to any of the above is "Yes," see the instructions of the above is "Yes," see the above is "Yes," see the instructions of the above is "Yes," see the above is "Yes," se
for information on who must complete this line, including covered relative to the including covered relative	for information on who must complete this line, incling the inclination on who must complete this line, inclination of the line,	t  t  t  t  t  t  t  t  t  t  t  t  t  t	the answer to any of the above

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

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.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partitle snips.	ganization. See	Instructions re	sgarding exclusi	on tor cen	ain investment pa	armersnips.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of		(h) Disproportionate	(I) nate Code V—UBI		
	_	(state or foreign	income (related,	section 501(c)(3)		end-of-year assets	aflocation	s? amount in box 20 of Schedule K-1	managing partner?	ownership
		Î	from tax under	organizations				(Form 1065)		
			sections 512-514)	Yes No			Yes	No	Yes No	Τ
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Schedule R (F	Form 990) 2018	Page <b>5</b>
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.	
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Schedule R (Form 990) 2018

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