Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

A	For the	2014 calendar year, or tax year beginning OCT	1, 2014 and	ending S	EP 30, 2015				
В	Check if applicable	C Name of organization AMERICAN SOCIETY FOR ENGINEERING			D Employer ide	ntific	ation number		
Г	Addres change	EDUCATION							
F	Name Ichange				37	7-07	30118		
F	Initial return	Number and street (or P.O. box if mail is not deliver	ed to street address)	Room/suite	E Telephone nur	nher			
F	Final	1818 N STREET NO	•	600	202-331-3500				
L.	lreturn/ termin- ated		or foreign postal code		G Gross receipts \$		70,539,453.		
Г	Amend		or roroign poolar oodo		H(a) Is this a grou	in ref			
F	Applica tion		FORTENBERRY				Yes X No		
-	pendin	SAME AS C ABOVE			H(b) Are all subordina				
	Γαν.ανα	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1		list. (see instructions)		
		e: WWW.ASEE.ORG	(Mader (104) (1)		H(c) Group exem				
		organization: X Corporation Trust Assoc	iation Other	I Vear			State of legal domicile: PA		
	art I	Summary	- OMOS P	= 10th	or formation,	1 102	Outo or legal dollatolo.		
(3.13.00)		Briefly describe the organization's mission or most sign	nificant activities: FOSTER	AND SUPP	ORT ENGINEERIN	IG	· · · · · · · · · · · · · · · · · ·		
S	' :	AND ENGINEERING TECHNOLOGY EDUCATION.	miodife Bolividos.	<u> </u>					
Governance	2	Check this box if the organization disconting	ued its operations or dispos	ed of more	than 25% of its ne	1 2006	etc		
ě	3	Number of voting members of the governing body (Par	•			3	20		
ģ	4	Number of independent voting members of the govern				4	19		
8	1 .	Total number of individuals employed in calendar year				5	88		
ties		Total number of volunteers (estimate if necessary)				6	24		
Activities &		Total unrelated business revenue from Part VIII, colum				7a	494,173.		
Ą		Net unrelated business taxable income from Form 990				7b	<2,250.>		
_		Net difference pusifiess taxable filcome from Form 990	-1, IIIIG 04	·····	Prior Year	7.6	Current Year		
		Contributions and grants (Part VIII line 1b)			81,172,94	19.	68,766,233.		
he	8			1,607,08		1,634,482.			
Revenue	9		d 7al		24,76	\rightarrow	83,412.		
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and		22,6		55,326.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c		1	82,827,47	_	70,539,453.		
-		Total revenue - add lines 8 through 11 (must equal Par			75,615,08	-	61,873,261.		
		Grants and similar amounts paid (Part IX, column (A), I			73,013,00	0.	0.		
	E	Benefits paid to or for members (Part IX, column (A), li			5,646,43		5,823,604.		
es Se	15	Salaries, other compensation, employee benefits (Part			0.		0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line		. 500					
꼾	_ n	Fotal fundraising expenses (Part IX, column (D), line 25			4,035.09) '7	3,815,614.		
_	17 '	Other expenses (Part IX, column (A), lines 11a-11d, 11a			85,296,61		71,512,479.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, or			<2,469,141	_	<973,026.>		
		Revenue less expenses, Subtract line 18 from line 12							
ets or	7	Fatal accepts (Dank V. Bara de)		Be	ginning of Current Ye 16,868,52		End of Year 11,268,562.		
		Fotal assets (Part X, line 16)		├─	16,467,28		10,772,076.		
let As	21	Fotal liabilities (Part X, line 26)			401.24		496,486.		
تک	art II	Net assets or fund balances. Subtract line 21 from line Signature Block	20		*0.1,2		=50, ±00.		
750,0000	Antique, and conserves	ties of perjury, I declare that I have examined this return, incl	udina accompanyina eshadular	and etatama	nte and to the best o	f navel	knowledge and heliaf it is		
		ties of perfury, r declare that t have examined this return, incr i, and complete. Declaration of preparer (other than officer) is				ı ırıy ı	Kimmianña giia nailei' ir is		
true	, correc	, and complete. Decidation of preparal (order than ordicer) is	DAZEG ON AM INIONMATONI ON WA	пси ртерагет і	nas any knowledge.	,/.	2010		
O!		Signature of officer			Date	7	<i></i>		
Sig		JOSEPH DILLON, CHIEF FINANCIAL OFFIC	°EP						
Her	e	Type or print name and title	-1410						
	-	,		<u> </u>	ate Checi	, _	PTIN		
Do!-	, [EPRIPATER LONGWOOD 1/16/200							
Paid	·		the Gardenig	7 11		mpleyed	52-1855942		
-	Darer		· · · · · · · · · · · · · · · · · · ·		Firm's EIN	<u> </u>	JA-103334A		
use	Only	Firm's address 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036	,		Dh	/202	2) 293-2200		
			/		į Pnone no.	(404			
May	/ the IH	S discuss this return with the preparer shown above?	(see instructions)				. X Yes No_		

AMERICAN SOCIETY FOR ENGINEERING

Form	1990 (2014) EDUCATION	37-07301	18	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			Х
1	Briefly describe the organization's mission:			
•	ASEE ADVANCES INNOVATION, EXCELLENCE, AND ACCESS AT ALL LEVELS OF			
	EDUCATION FOR THE ENGINEERING PROFESSION.			
	EDGGLIIM TOK THE ENGLISHMENT TOTAL PROPERTY.			
2	Did the organization undertake any significant program services during the year which were not listed on		Yes	V N.
	the prior Form 990 or 990-EZ?		Yes	T NO
	If "Yes," describe these new services on Schedule O.			1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as me			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to	he total exp	enses, and	1
	revenue, if any, for each program service reported.		****	
4a	(Code:) (Expenses \$ 60,658,342. including grants of \$ 59,403,506.) (Revenue \$	i)
	FELLOWSHIPS - MANAGE DOD, NSF, AND NASA FELLOWSHIP PROGRAM ACTIVIIES			•
	INCLUDING PROMOTIONS, PROCESSING APPLICATIONS, REVIEWING APPLICATIONS,			
	MAKING AWARDS, AND PAYING STIPENDS AND TRAVEL AND TUITION COSTS			
	DEPENDING ON THE PROGRAMS.			
	AND DESCRIPTION OF THE AND DESCRIPTION OF THE PROPERTY OF THE			-
	·			
4b	(Code:) (Expenses \$ 2,532,857. including grants of \$ 2,469,755.) (Revenue \$,	167	,004.)
	NON-GOVERNMENT PROGRAMS - ASEE MANAGES AND ADMINISTERS PROGRAMS FUNDED			
	BY DIFFERENT ORGANIZATIONS AND INSTITUTIONS.			
	· · · · · · · · · · · · · · · · · · ·			
4c	(Code:) (Expenses \$ 1,937,794. including grants of \$) (Revenue \$		955	,180. }
	PUBLICATION SERVICES - ASEE PRODUCES PRISM MAGAZINE AND JOURNAL OF			
	ENGINEERING EDUCATION. AN ANNUAL DIRECTORY OF PROFILES ON COLLEGES AND			•
	UNIVERSITIES AN ONLINE NEWSLETTER CALLED CONNECTIONS, A K-12 MAGAZINE,			
	EGFI PROMOTES ENGINEERING TO YOUNG STUDENTS, AN ONLINE JOURNAL CALLED			
	ADVANCES IN ENGINEERING EDUCATION THAT DISSEMINATES SIGNIFICANT, PROVEN			
	INNOVATIONS IN ENGINEERING EDUCATION PRACTICE, ESPECIALLY THOSE THAT			
	ARE BEST PRESENTED THROUGH THE CREATIVE USE OF MULTIMEDIA, AND A WEEKLY			
	CAPITOL SHORTS E-NEWSLETTER INTENDED TO KEEP DEANS AND DEPARTMENT			
	CHAIRS ABREAST OF IMPORTANT DEVELOPMENTS IN CONGRESS AND FEDERAL			
	AGENCIES AFFECTING ENGINEERING EDUCATION AND RESEARCH.			
Δd	Other program services (Describe in Schedule O.)			
τu	0.427.520	512,298.	. 1	
	CH ECT CO2	,		
46	Total program service expenses 67,564,623.		Form 99	0 (2014)

432002 11-07-14

	1990 (2014) EDUCATION 37-073	0118 .	Р	age 3
Pa	rt IV Checklist of Required 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	Х	
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	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		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, Pan	t/ 6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		х.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part iV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	1	x	
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	150.653	2027	6100.00
••	as applicable.	1987.000		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	2-21.0-222.2		1000000000
a	Part VI	11a	х	
h	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		х
_	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		х
ď	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			Ì
u	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		х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		\vdash
IZa		12a	i	х
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	. 124	-	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
40	If "Yes," and if the organization answered "No to line rza, then completing schedule B, Farts XI and XII is optional"	• • • • • • • • • • • • • • • • • • • •	1	х
13				x
14a	The state of the s	140		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		1/h		x
41-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15		15		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4		x
4.0	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	-^

Form 990 (2014)

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Pai	TilV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ĺ
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	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		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		<u> </u>
q	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			İ
	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		Х
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,"			۱
	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			
	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	393843333	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):	33.5000	2000	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	, , , , , , , , , , , , , , , , , , , ,	28b		Х
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		X
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			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	04		х
	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	00		х
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
05	Part V, line 1	35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	บัน		
Ð		35b	x	
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	OOD		
36		36		х
27	If "Yes," complete Schedule R, Part V, line 2	30		-
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
	195/44 / #11 6111 500 Water and redemant to naturalist and redemant of the second of t			

Check If Schedule O centains a response or note to any line in this Part V Test T	orm	990 (2014) EDUCATION		37-073011	8	P	age 5
tal. Enter the number reported in Box 3 of Form 1095, Enter Or Innot applicable b Finter the number of Forms W-26 included in line 1s. Enter 3- if not applicable c Did the organization couply with backup witholding rules for reportable symmets to vendors and reportable gaming (gamiling) withoutings to prize winnere? 22 Enter the number of employees reported or Form W-3, Transmitted or Wage and Tax Statements, filled for the calendary server anding with or within the year acrowed by this return 18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 29 Enter the number of employees reported on Form W-3, Transmitted or Wage and Tax Statements, filled for the calendary server anding with or within the year acrowed by this return 19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 City of the organization have unrelated business gross income of \$1,000 or more during the year? 30 City of the organization have unrelated business gross income of \$1,000 or more during the year? 31 Enter the number of the foreign country. In the calendary year, did the organization have an interest in, on a signature or other authority over, a strand with the organization in the complex of the calendary year. 32 Enter the number of the foreign country. In the calendary or other financial secountry? 33 Enter the number of the foreign country. In the calendary or other financial secountry over, a strandary contribution or aprate to a prehibited tax sheller transaction in the tax year. 33 Enter the number of the foreign country. In the calendary or other standards or a party to a prohibited tax sheller transaction. 34 Enter the number of the filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 35 Enter the number of the filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 36 Enter the sample of the organization in relatio	Par	Statements Regarding Other IRS Filings and Tax Compliance					
16 Enter the number reported in BWS 3 of Form 1506. Enter 0 Hinot applicable 1 1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W/S included in line 1a. Enter 4-8 if not applicable 1						Yes	No
Did the organization comply with backup withholding rudae for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Ze Einter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fided for the calendar year ending with or within the year covered by this return. Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-fige fees instructions). By If eleast one is reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-fige fees instructions). By If Yes, and It filed a Form 990-T for this year? If Y-No, 1s this 8s, provide an explanation in Schedule O. By If If eleast the third of the complex year of the complex and the co	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2858			
gambling) winnings to prize winners? Better the number of amplycesser proted 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 Note, if the aum of lines 1 and 22 is greater than 250, you may be required to e-fleg feet instructions) Did the corporated on line 2a, did the organization file all required (feet all omployment fax returns? Did the organization have unrelated business gross frecine of \$1,000 or more during the year? By Y-Yes, I had filed a form 1990 Tor file year? """, "No, "to file 3b, your owde an explanation in Schedule O. All 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, scouttles account, or other financial accounts)? By If "Yes," enter the name of the foreign country. \(\begin{align*} \) as a bank account, scouttles account, or other financial accounts (FBAR). See instructions for filing requirements for FinCSH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for FinCSH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization appropriation that it was or is a party to a prohibited tax shelter transaction? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Circle (FYes, "indicates the full that organization that it was or is a party to a prohibited tax shelter transaction? Circle (FYes, "indicates that a transaction that it was or is a party to a prohibited tax shelter transaction? Did the organization have arrowed social shall are normally greater than \$100,000, and did the organization social are visible and the party of the organization shall be accounted to the very social tax of the party of the party of the pa	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	6.00		100000
gambling) winnings to prize winners? Better the number of amplycesser proted 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 Note, if the aum of lines 1 and 22 is greater than 250, you may be required to e-fleg feet instructions) Did the corporated on line 2a, did the organization file all required (feet all omployment fax returns? Did the organization have unrelated business gross frecine of \$1,000 or more during the year? By Y-Yes, I had filed a form 1990 Tor file year? """, "No, "to file 3b, your owde an explanation in Schedule O. All 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, scouttles account, or other financial accounts)? By If "Yes," enter the name of the foreign country. \(\begin{align*} \) as a bank account, scouttles account, or other financial accounts (FBAR). See instructions for filing requirements for FinCSH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for FinCSH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization appropriation that it was or is a party to a prohibited tax shelter transaction? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Circle (FYes, "indicates the full that organization that it was or is a party to a prohibited tax shelter transaction? Circle (FYes, "indicates that a transaction that it was or is a party to a prohibited tax shelter transaction? Did the organization have arrowed social shall are normally greater than \$100,000, and did the organization social are visible and the party of the organization shall be accounted to the very social tax of the party of the party of the pa	C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	le gaming			
field for the calendar year ending with or within the year covered by this return Sa					1c_	х	l
field for the calendar year ending with or within the year covered by this return Sa	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
by 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 present than 250, you may be required to e.p. efig (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has if fined a Form 990-T for this year? #*Nh," in line 3b, provide an explanation in Schedulo O 4a At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, societies account, or other financial accounts (FBAR). See instructions for filling requirements for FBCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filling requirements for FBCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line Sa or Sb, did the organization file Form 8889-17 but one See or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to life organization the include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions? but if "Yes," did the organization in leaves of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If "Yes," did the organization motify the donor of the value of the goods or services provided? 7d If "Yes," did the organization motify the donor of the value of the goods or services provided? 7a If the organization ecolve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If the organization seel, exclude the payment in excess of \$75 made party as a contribution of payment payment payment payment payment payment paym			2a	88			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Section 501(c)(7) organizations. Enter: 11 Initiation fees and capital contributions included on Part VIII, line 12 12 Gross income from members or shareholders 13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: 13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 14 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 16 It is enoughly a dualified nonprofit health insurance issuers. 17 J X 7 J X 7 J X 7 J X 7 J X 1 J X J X J X J X J X J X J X J X J	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				1000
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a X 15							
c Enter the amount of reserves on hand			406				
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Z							
	מ	it jes, has it lied a ruffit /20 to report these payments? If "No," provide an explanation in Scheduk	; ()			990	/2014\

Form	990 (2014) EDUCATION 37-07301			age 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re		
	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			X
Sec	tion 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 1a 2)	100 M	
	If there are material differences in voting rights among members of the governing body, or if the governing	7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			105
_	officer, director, trustee, or key employee?	2	Througener.	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	2222223
b	Each committee with authority to act on behalf of the governing body?	8b	х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	15		
	This Section B requests information about policies not required by the internal nevertide code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	110
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a		11a	х	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	200		V 200
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	TANGGA X	0.0000000000000000000000000000000000000
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
С		12c	х	
13	in Schedule O how this was done	13	x	
	Did the organization have a written whateshower policy? Did the organization have a written document retention and destruction policy?	14	x	
14	Did the process for determining compensation of the following persons include a review and approval by independent		 30888	67876FE
15				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	X	
a				х
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	50 X 50 X A	
40				
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	2000 TAN	Beauty terr	X
	taxable entity during the year?	16a		A
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	500 mes		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-	FEFE	9450A
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a conv of this Form 990 is required to be filed NONE			
17	Elat the states with whom a copy of this form see is required to be med.	Markala		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vanable	;	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	I.d	-1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	aı	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	NORMAN FORTENBERRY - 202-331-3500			
	1818 N STREET NW, NO. 600, WASHINGTON, DC 20036			

Form 990 (2014)

EDUCATION

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

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 ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one			than c	one	Reportable	Reportable	Estimated
	hours per	box	, unie: cer an	ss pe	rson i	s boti	an	compensation	compensation	amount of
	week	⊢.	LO, E,		, 6010	1,1100		from	from related	other
	(list any hours for	Individual trustae or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10.0	stee			satec		(W-2/1099-MISC)	(14-27 1055 14100)	organization
	organizations	truste	Institutional trustee		yes	mper		(11 2) 1000 111100)		and related
	below	igna	ution	<u>,</u>	Key emplayee	st co	5 5			organizations
	line)	- B	ast tts	Officer	Key	Highest compensated employee	Former		'	
JOSEPH J. RENCIS	2.00									
PRESIDENT	0.00	х		х				0.	0.	0.
LOUIS A. MARTIN-VEGA	2.00									
PRESIDENT-ELECT	2.00	х		x				0.	0.	0.
KENNETH F. GALLOWAY	2.00									
IMMEDIATE PAST PRESIDENT (THRU 6/15)	0.00	Х		Х				0.	0.	0.
NICHOLAS J. ALTIERO	2.00									
IMMEDIATE PAST PRESIDENT	0,00	х		x				0.	0.	-0.
BEVLEE WATFORD	2.00									
FIRST VICE PRESIDENT (THRU 6/15)	2.00	Х		х				0.	0.	0.
ADRIENNE MINERICK	2.00									
FIRST VICE PRESIDENT	0.00	х		х				0.	0.	0.
TERRI MORSE	2.00							,		
VP FINANCE	2.00	X		х				0.	0.	0.
B. GRANT CRAWFORD	2.00									
VP MEMBER AFFAIRS	0.00	x		x				0.	0.	0.
CATHERINE SKOKAN	2.00									
VP EXTERNAL RELATIONS (AS OF 6/15)	0.00	х		х				0.	0.	0.
RANDY MOSES	2.00									
VP INSTITUTIONAL COUNCILS	0.00	х		х				0.	0.	0.
DIANE MATT	2.00									
CHAIR CORP MEMBER COUN (THRU 6/15)	0.00	х						0.	0.	0.
DAN SAYRE	2.00		<u> </u>	<u> </u>				ı		
CHAIR CORP MEMBER COUN (AS OF 6/15)	0.00	х						0.	0.	0.
KENNETH BURBANK	2.00									
CHAIR ENG TECHNOLOGY COUN	0.00	х						0.	0.	0.
GERALD HOLDER	2.00									
CHAIR ENG DEANS COUN (AS OF 6/15)	0.00	х						0.	0.	0.
MARJAN EGGERMONT	2,00									
CHAIR PROF. INTEREST COUNCIL II	0,00	х						.0.	0.	0.
SHERYL SORBY	2.00									
CHAIR PROF. INTEREST COUNCIL III	0.00	х						0,	0.	0.
MAURA JENKINS BORREGO	2,00									
CHAIR PROF. INTEREST COUNCIL IV	0.00	х		х			l	0.	0.	0.

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Form 990 (2014)

Form 990 (2014) EDUCATION									21-012011	o Page O
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustae)					an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key emplayse	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
LEA-ANN MORTON	2.00									
CHAIR PROF. INTEREST COUNCIL V	0.00	Х						0.	0.	0.
SUZANNE KEILSON	2.00									
CHAIR COUN OF SECT, I (THRU 6/15)	0.00	х						0.	0.	0.
NAVARUN GUPTA	2.00									
CHAIR COUN OF SECT, I (AS OF 6/15)	0.00	Х						0.	0.	0.
RUBY MAWASHA	2.00									
CHAIR COUN OF SECT, II	0.00	Х						0.1	0.	0.
CHARLES MCINTYRE	2.00							١		
CHAIR COUN OF SECTS, III (THRU 6/15)	0.00	Х						0.	0.	0.
STEVE E. WATKINS	2.00									
CHAIR COUN OF SECT, III (AS OF 6/15)	0.00	X						0.	<u>, 0.</u>	0.
ERIC WANG	2.00									
CHAIR COUN OF SECT, IV	0.00	Х						0.	0.	0.
NORMAN FORTENBERRY	40.00				1					
EXECUTIVE DIRECTOR	1.00	Х		Х				270,673.	0.	31,425.
STEVE POLK	40.00									
INTERIM CHIEF FIN OFFICER (THRU 6/15	1.00			Х				0.	0.	0.
1b Sub-total								270,673.	0.	31,425.
c Total from continuation sheets to Part VII								885,297.	110,333.	135,649.
d Total (add lines 1b and 1c)							▶	1,155,970.	110,333.	167,074.
Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	7

compensation from the organization

Yes No

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

To be a such as a such a

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
KNOWINNOVATION, INC.		
1207 DELAWARE AVENUE, BUFFALO, NY 14209	SCIENTIFIC CONSULTING	265,000
CENTERPLATE	event catering & hospitality	
2187 ATLANTIC STREET, STAMFORD, CT 06902	SERVICES	236,854
ABET, 415 NORTH CHARLES STREET, BALTIMORE,		
MD 21201	ACCREDITATION PROGRAMS	127,329
THREE RIVERS ENTERTAINMENT & PRODUCTION	COMPUTER & AUDIO VISUAL	
1028 SAW MILL ROAD, PITTSBURG, PA 15220	RENTALS	120,000
	•	
		go Donat schieler technique de la compression della compression de
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 (2014)

432008 11-07-14

(0st any burns for related organization below 1	Form 990 EDUCATION									37-07303	L18
(A) Name and title Name and title	Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	es (continued)	
week	(A)	(B) Average hours) Pos	C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	Estimated amount of
NHIGH FINANCIAL OFFICER (AS OF \$/15)		week (list any hours for related organizations below	Individual trustee or director	institutional trustee	Officer	Кеу втріоуев	Highest compensated employee	Former	the organization	organizations	compensation from the organization
ASHOK AGRAMAL A1.00 DIRECTOR, PROFESSIONAL SERVICES O.00 AVX DIRECTOR, MEMBER SERVICES A0.00 AVX O. 110,333, 17,431 ANGENN KAHL A0.00 ANGENN KAHL A0.00 SETH MOUNTS 1.00 REITH MOUNTS PROGRAM DIRECTOR CHEF INFORMATION OFFICER A0.00 BRIDEN AGRAMANT A0.00 AVX A146,255, O. 20,222 BRIC HURNITT A0.00 BRICTOR, FELLOWSHIPS O.00 AVX A146,255, O. 20,222 BRIC HURNITT A0.00 BRICTOR, FELLOWSHIPS O.00 AVX A148,274, O. 20,444 BRILLIAM RELLY A0.00 BRICTOR, EXT AFFAIRS (THRU 1/15) BRICAR LUGO FORMER CHIEF FIN OFFICER (THRU 9/14) A0.00 BRICTOR, EXT AFFAIRS (THRU 9/14) A0.00 BRICTOR, EXT AFFAIRS (THRU 9/14) A0.00 AVX A17,774, O. 11,102	JOSÉPH DILLION							İ			_
DIRECTOR, PROFESSIONAL SERVICES	T. W. T. W. H. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W.			_	Х	_			0.	0.	0
DATRICIA GREENANALT 1.00 DIRECTOR, MENNERS SERVICES 40.00 X 0. 110,333. 17,431 ANTHAN KARL 40.00 DIRECTOR, COMMUNICATIONS 0.00 X 87,552. 0. 17,76: REITH MOUNTS 1.00 HIEF INFORMAZION OFFICER 40.00 PROGRAM DIRECTOR 0.00 X 112,752. 0. 13,56: RICH HUNNITE 40.00 DIRECTOR, FELLOWSHIPS 0.00 X 112,752. 0. 13,56: RICH HUNNITE 40.00 DIRECTOR, FELLOWSHIPS 0.00 X 148,274. 0. 20,444 WILLIAM KELLY DIRECTOR, EXT AFFAIRS (THRU 1/15) DOGAR LUGO ROMMER CHIEF FIN OFFICER (THRU 9/14) 1.00 X 117,774. 0. 11,10:					v				127 506	0	21 402
DIRECTOR, MEMBER SERVICES 40.00 X 0. 110,333. 17,431 MATHAN KAML 40.00 DIRECTOR, COMMUNICATIONS 0.00 X 87,552. 0. 17,763 KEITH MOUNTS 1.00 HIEF INFORMATION OFFICER 40.00 PROGRAM DIRECTOR 0.00 X 112,752. 0. 13,563 FINOTHY TURNER 40.00 FINITHY TURNER 40.00 FORMER CHIEF FIN OFFICER (THRU 9/14) 1.00 FORMER CHIEF FIN OFFICER (T		 			•			\vdash	137,390.	U .	21,403
NATHAN KAHL JIRETOR, COMMUNICATIONS 0.00 0.00 X 87,552, 0. 17,76 ESTH MOUNTS CHIEF INFORMATION OFFICER 40.00 X 146,255, 0. 20,22 SRIC HURWITT 40.00 ZRIC HURWITT 40.00 JIRECTOR, FELLOWSHIPS 0.00 JIRECTOR, FELLOWSHIPS 0.00 JIRECTOR, EXT AFFAIRS (THRU 1/15) 0.00 ZRICH MOUNTS DEGRAR DIGG FORMER CHIEF FIN OFFICER (THRU 9/14) 1.00 ZRICHOTHY TURNER 40.00 ZRICHORITT 40.00 X 148,274, 0. 20,444 135,094, 0. 13,63 DEGRAR DIGG FORMER CHIEF FIN OFFICER (THRU 9/14) 1.00 ZRICHORIT ZRICHORITT ZRIC					х					110 333	17 438
DIRECTOR, COMMUNICATIONS 0.00 X 87,552. 0. 17,76: KETH MOUNTS 1.00 VX 146,255. 0. 20,22: BRIC HURNITT 40.00 PROGRAM DIRECTOR 0.00 DIRECTOR, FELLOWSHIPS 0.00 DIRECTOR, FELLOWSHIPS 10.00 DIRECTOR, FELLOWSHIPS (THRU 1/15) 0.00 DIRECTOR (THRU 1/15) 0.00 DIRECTOR (THRU 1/15) 0.00						\vdash			•	,	
1,00					x			ĺ	87,552.	0.	17,762
ERIC HURWITT 40.00 0.00 X 112,752. 0. 13,565 FINOTHY TURNER 40.00 X 148,274. 0. 20,444 DIRECTOR, FELLOWSHIPS 0.00 X 135,094. 0. 13,635 DIRECTOR, EXT AFFAIRS (THRU 1/15) 0.00 DIRECTOR, EXT AFFAIRS (THRU 9/14) 1.00 X 117,774. 0. 11,103 FORMER CHIEF FIN OFFICER (THRU 9/14) 1.00 X 117,774. 0. 11,103	KEITH MOUNTS					 -					,
ERIC HURNITT 40.00 X 112,752. 0. 13,565 PROGRAM DIRECTOR 0.00 X 112,752. 0. 13,565 ERICOTRY TUNNER 40.00 DIRECTOR, FELLOWSHIPS 0.00 MILLIAM KHLLY 40.00 DIRECTOR, EXT AFFAIRS (THRU 1/15) 0.00 EXTRECTOR, EXT AFFAIRS (THRU 1/15) 0.00 EXTRECTOR, EXT AFFAIRS (THRU 9/14) 1.00 EXTREMENT CHIEF FIN OFFICER (THRU 9/14) 1.00 EXTREMENT CHIEF FIN OFFICE	CHIEF INFORMATION OFFICER	40.00			х	ĺ			146,255.	o.	20,223
FINCTLY TURNER 100	ERIC HURWITT	40.00									
DIRECTOR, FELLOWSHIPS	PROGRAM DIRECTOR	0.00					х		112,752.	0.	13,569
WILLIAM KELLY DIRECTOR, EXT AFFAIRS (THRU 1/15) 0,00 40,00 FORMER CHIEF FIN OFFICER (THRU 9/14) 1,00 NOTICE CHIEF FIN OFFICER (THRU 9/14) 1,00 NOTICE CHIEF FIN OFFICER (THRU 9/14) N	TIMOTHY TURNER	40.00									
DIRECTOR, EXT AFFAIRS (THRU 1/15) 0.00	DIRECTOR, FELLOWSHIPS						Х		148,274.	0.	20,440
EDGAR LUGO	WILLIAM KELLY										
FORMER CHIEF FIN OFFICER (THRU 9/14) 1.00						L	Х	ļ	135,094.	0.	13,632
									448 554		44 400
	FORMER CHIEF FIN OFFICER (THRU 9/14)	1.00						X	117,774.	0.	11,102
		-									
		,									

							ļ				
995 207 110 222 125 (46											
995 207 110 222 125 (46											
207 207 110 222 125 (46								-			
207 207 110 222 125 646											
995 207 110 222 125 646											
991 207 110 222 125 646											
	Total to Part VII, Section A, line 1c								885,297.	110,333.	135,649.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded
from tax under
sections
512 - 514 Related or Unrelated Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts. 1 a Federated campaigns <u>1a</u> 1,370,426, Membership dues 1b Fundraising events 1c d Related organizations 1d 64,641,350, e Government grants (contributions) f All other contributions, gifts, grants, and 2,754,457 similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 68,766,233 Total, Add lines 1a-1f Business Code 2 a PUBLICATION 541800 955,180 461,007 494,173 Program Service Revenue MEETING & CONFERENCE 900099 225,925 225,925 BASS ACCOUNT REVENUE 900099 224,244. 224,244. 900099 167,004. 167,004. FEE FOR SERVICE INCOME 900099 62,129. 62,129. MEMBERSHIP SERVICES All other program service revenue 1,634,482 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 83,412 83,412. other similar amounts) Income from investment of tax-exempt bond proceeds 8,700. 8,700. 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 46,626 46,626 d All other revenue 46,626 e Total. Add lines 11a-11d 70,539,453 1,078,180. 494,173. 200,867. Total revenue. See instructions Form 990 (2014)

Form 990 (2014) EDUCATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, Bb, 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				55 (4) (6) (0)
	and domestic governments. See Part IV, line 21	98,386.	98,386.		
2	Grants and other assistance to domestic			10 at 4 G at 2 at 2	
	individuals. See Part IV, line 22	61,774,875.	61,774,875.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				51-928-08-08-08-18-15-15-15
4	Benefits paid to or for members			4-04-0-0-0-0	
5	Compensation of current officers, directors,				
	trustees, and key employees	732,969.		732,969.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		,		
7	Other salaries and wages	4,088,824.	2,886,769.	1,202,055.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	129,822.	129,822.		
9	Other employee benefits	516,231.	348,010.	168,221.	
10	Payroll taxes	355,758.	213,455.	142,303.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	59,983.	59,983.		
C	Accounting	105,883.		105,883.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	*			
	column (A) amount, list line 11g expenses on Sch O.)	718,415.			
12	Advertising and promotion	102,495.	· · · · ·	2,050.	
13	Office expenses	868,378.	668,650.	199,728.	
14	Information technology	145,505.	116,404.	29,101.	
15	Royalties				
16	Occupancy	800,430.		800,430.	
17	Travel	222,629.	155,840.	66,789.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			·	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	274,907.		274,357.	
23	Insurance	78,850.	158.	78,692.	
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.)				
а	BASS ACCOUNTS	354,639.	354,639.		
b	HONORARIUM	83,500.	83,500.		
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	71,512,479.	67,564,623.	3,947,856.	0.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined			and the same of th	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
43201) 11-07-14				Form 990 (2014)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 596. 0. Cash - non-interest-bearing 1 4,355,180, 3,573,868. Savings and temporary cash investments 2 9,633,154, Pledges and grants receivable, net 3 3 437,631. 5.556.397. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 82,344. 1.798. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 670,162. 2,983,139. 923,781 b Less: accumulated depreciation 10b 10c 1,435,839. 1,466,337. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 11,268,562. 16,868,525, Total assets. Add lines 1 through 15 (must equal line 34) 16 16 5,573,691, 9,163,188. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 3,299,691. 6,105,026. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 1,898,694. 1,199,070 10,772,076. 16,467,284. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Fund Balances 494,781. 399,536, 27 Unrestricted net assets 27 1,705. 1,705. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets or 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 496,486. 401,241 Total net assets or fund balances 33 33 16,868,525, 11,268,562. 34 Total liabilities and net assets/fund balances

Form 990 (2014)

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

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

Х

Form 990 (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

ZU 14
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

8

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

AMERICAN SOCIETY FOR ENGINEERING

Empl

m990. Inspection
Employer identification number

37-0730118

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,

city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (iv) is the organization (v) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN listed in your (described on lines 1-9 other support (see support (see organization governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 EDUCATION 37-073011

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total					
1	Gifts, grants, contributions, and					•						
	membership fees received. (Do not											
	include any "unusual grants.")	84,720,066.	84,946,065.	84,105,963.	81,172,949.	68,766,233.	403,711,276.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	84,720,066.	84,946,065.	84,105,963.	81,172,949.	68,766,233.	403,711,276.					
5	The portion of total contributions			0.250 6.000								
	by each person (other than a					10000000						
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the				on 31 (0.15) 51 E							
	amount shown on line 11,											
	column (f)	ACT STATE OF THE S										
	Public support. Subtract line 5 from line 4.						403,711,276.					
	ction B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total					
	Amounts from line 4	84,720,066.	84,946,065.	84,105,963.	81,172,949.	68,766,233.	403,711,276.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties	CO 2005	F0 063	C4 1C4	40 0FF	00 110	724 060					
	and income from similar sources	69,375.	52,063.	64,164.	47,255.	92,112.	324,969.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on					··· ··						
10	Other income. Do not include gain											
	or loss from the sale of capital	2 224		22 607	184.	16 626	66 006					
	assets (Explain in Part VI.)	<3,321.>		22,607.	104,	46,626.	66,096. 404,102,341.					
	Total support. Add lines 7 through 10	1 / 1 / 1			7.05	40	9,554,259.					
	Gross receipts from related activities,					12	0,334,233.					
13	First five years. If the Form 990 is for											
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage	***********************		***************************************	·····					
	Public support percentage for 2014 (I			nlumn (fl)		14	99.90 %					
	Public support percentage from 2013			Jidinin (1)		15	99.68 %					
	33 1/3% support test - 2014. If the			line 13, and line 1	4 is 33 1/3% or m							
,,,,,	stop here. The organization qualifies						- TV					
h	33 1/3% support test - 2013. If the o											
	and stop here. The organization qual											
17a												
	7a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization											
	meets the "facts-and-circumstances" test, The organization qualifies as a publicly supported organization											
b	10% -facts-and-circumstances test	- 2013. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or					
	more, and if the organization meets the											
	organization meets the "facts-and-circ	:umstances" test. 1	The organization q	ualifies as a public	ly supported orgar	nization	▶□					
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box at	nd see instructions	<u> </u>					
	B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2014											

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose			.			
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						÷
	the organization without charge					_	
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and			1			
	3 received from disqualified persons			1		-	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					•	
	amount on line 13 for the year				-		
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.) ction B. Total Support	<u>l</u>					
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(a) 2010	(0) 2011	(0) 2012	(8) 2010	(0) 2014	(i) total
	Gross income from interest,				-		-
106	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b					:	
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)				1		,,,,,
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiza	ition,
	check this box and stop here					····	>
	ction C. Computation of Publi			-,			
	Public support percentage for 2014 (column (f))		15	%
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves	**				T T	
17	Investment income percentage for 20	•					<u>%</u>
18				time #4 time		18	% 7 is not
19a	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box as						
t	33 1/3% support tests - 2013. If the						
00	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
		AT OIL FIOL CRECK A	BOX OF MRC 14, 15	a, or rap, check t		hedule A (Form 99	
4320	23 09-17-14				36	יייספיים על לי מזווז ספו	

Schedule A (Form 990 or 990-EZ) 2014 EDUCATION

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
Self-Carlotteress			
- 1	1		
	2 3a		
OWNERS COMMO			
000000	3b 3c	200	
-20	4a		
	4b		

GONE STREET	4c		
-	5a		
L	5b 5c		
	6		
	7		
	8		910000
	9a		
-	9h		
	9c		
	10a		
2) 4:2 1:0 1:0	10b	0. 57 \	2014

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2014

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

AMERICAN SOCIETY FOR ENGINEERING

Schedule A	(Form 990 or 990-EZ) 2014 EDUCATION	37-0730118	Page I
Part VI	(Form 990 or 990-EZ) 2014 EDUCATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o	r 17b: and Part III. line	12.
A. and the second training	Also complete this part for any additional information. (See instructions).	, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Also complete this part for any additional information, (See Instructions).		
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

2014

1	AMERICAN SOCIETY FOR ENGINEERING	
	BUCATION	37-0730118
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling my one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ibutions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educator of cruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, ento purpose. Do no	tion described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from a ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo er here the total contributions that were received during the year for an exclusively religious to complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box i, charitable, etc., received <i>nonexclusively</i>
	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

AMERICAN SOCIETY FOR ENGINEERING
EDUCATION

Employer identification number

|--|

Part I	Contributors (see instructions), Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF DEFENSE 3985 CUMMINGS ROAD, BLDG 116 SAN DIEGO, CA 92136	\$59,745,710.	Person X · Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NATIONAL SCIENSE FOUNDATION 2415 EISENHOWER AVENUE ALEXANDRIA, VA 22314	\$4,454,005.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Martin		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICAN SOCIETY FOR ENGINEERING

EDUCATION

37-0730118

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

423454 11-05-14

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN SOCIETY FOR ENGINEERING

EDUCATION

Employer identification number 37-0730118

Pai	TI Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2h
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
þ	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	lodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
3 - 3707	conservation easements.	A . 10	Jan Cincillon Accorde
Lai	t III Organizations Maintaining Collections of		iner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre		I gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$
	•		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

670,162.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

)UC/	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			A STATE OF THE STA
<u>(E)</u>			
<u>(F)</u>			
(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"		e 11c. See Form 990, Part X, line 13.	and of very more test value
(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		Formation of the second	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d, See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(6)			
(6) (7) (8) (9)			
(6) (7) (8)	÷ 15.)		>
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line			25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		e 11e or 11f. See Form 990, Part X, line	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability		e 11e or 11f. See Form 990, Part X, line	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes		a 11e or 11f. See Form 990, Part X, line (h) Book value	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT & LEASE INCENTIVE		11e or 11f. See Form 990, Part X, line (b) Book value	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT & LEASE INCENTIVE (3) DUE TO AFFILIATES		11e or 11f. See Form 990, Part X, line (b) Book value	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT & LEASE INCENTIVE (3) DUE TO AFFILIATES (4)		11e or 11f. See Form 990, Part X, line (b) Book value	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT & LEASE INCENTIVE (3) DUE TO AFFILIATES (4) (5)		11e or 11f. See Form 990, Part X, line (b) Book value	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT & LEASE INCENTIVE (3) DUE TO AFFILIATES (4) (5) (6)		11e or 11f. See Form 990, Part X, line (b) Book value	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT & LEASE INCENTIVE (3) DUE TO AFFILIATES (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line (b) Book value	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT & LEASE INCENTIVE (3) DUE TO AFFILIATES (4) (5) (6) (7) (8)	to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line (b) Book value	25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT & LEASE INCENTIVE (3) DUE TO AFFILIATES (4) (5) (6) (7) (8) (9)	to Form 990, Part IV, line	1,898,694. 2.11e or 11f. See Form 990, Part X, line (b) Book value 626,019. 1,272,675.	nts that reports the

432053 10-01-14 Schedule D (Form 990) 2014

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to 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	2014	Open to Public

Inspection

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

№ Employer identification number 37-0730118 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? AMERICAN SOCIETY FOR ENGINEERING Part 1 General Information on Grants and Assistance EDUCATION Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 2 Des Part II

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

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addition	onal space is neede	Ġ			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVE., NW WASHINGTON, DC 20418	53-0196932 501(C)(3)	501(¢)(3)	31,750.	0.			SUBRECIPIENT AWARD ON NSF GRANT
ARIZONA STATR UNIVERSITY 1834 CONNECTICUT AVE., NW WASHINGTON, DC 20009	86-0196696	115	41,116.	0.			SUBRECIPIENT AWARD ON NSF GRANT
QUALITY EVALUATION DESIGN 16469 W. ELLSWORTH DR. GOLDEN, CO 80401	87-0620334		25,520.	0.			SUBRECIPIENT AWARD ON NSF GRANT
				٠.			·
	-					·	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	line 1 table				2.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					1.
1							

432101

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

Schedule I (Form 990) (2014)

AMERICAN SOCIETY FOR ENGINEERING

Schedule I (Form 990) (2014) EDUCATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

37-0730118

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SMART SCHOLARSHIP PROGRAM	907	16,092,607.	0.		
NAVY RESEARCH LABORATORY AND OTHER POSTDOCTORAL FELLOWSHIP PROGRAM	한	3,604,185.			
YOUTH SCIENCE COOPERATIVE OUTREACH PROGRAM	2350	5,315,619.	•0		
NAVAL RESEARCH ENTERPRISE INTERN PROGRAM/SCIENCE AND ENGINEERING APPRENTICE PROGRAM	788	5,637,445.	• 0		
AIR FORCE NATIONAL DEFENSE SCIENCE AND ENGINEERING PROGRAM 525 26,455,255.	525	26,455,255.	0.		

Part V Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE FEDERAL AGENCIES FUND THESE PROGRAMS, ASEE ADMINISTERS AND DISTRIBUTES PART I, LINE 2:

THE FELLOWSHIP/SCHOLARSHIP TO SELECTED INDIVIDUALS AS SPECIFICED IN THE

CONTRACTS TO THE AGENCIES.

432102 10-15-14

Schedule I (Form 990) (2014)

AMERICAN SOCIETY FOR ENGINEERING EDUCATION

37-0730118 Page 2		(f) Description of non-cash assistance								Schedule I (Form 990)
	(;	(e) Method of valuation (book, FMV, appraisal, other)								
	in the United States (Schedule I (Form 990), Part III.)	(d) Amount of non- cash assistance	.0	.0	.0	o	.0			
	States (Schedule	(c) Amount of cash grant	56,466.	2,048,811.	43,447.	355,765.	2,165,275.			
NGINBERING	uals in the Unitec	(b) Number of recipients	11 38	.04	. 107.	r.				
AMERICAN SOCIETY FOR ENGINEERING SCHOOL (Form 990) EDUCATION	Part III Continuation of Grants and Other Assistance to Individuals	(a) Type of grant or assistance	AIR FORCE SUMMER FACULTY FELLOWSHIP PROGRAM	NSF SMALL BUSINESS POSTDOCTORAL RESEARCH DIVERSITY PELLOWSHIP PROGRAM	NSF IDEAS LABS: GEOSCIENCE, ENGINEERING, BIOLOGY	NAVAL SURFACE WARFARE CENTER INDIAN HEAD TECH.	ARGONNE NATIONAL LABORATORY ~ ECOCAR PROGRAM			

432242 05-01-14

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.

2014

OMB No. 1545-0047

Open to Public
m990. Inspection
Employer identification number

37-0730118

Internal Revenue Service

Name of the organization

Department of the Treasury

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

AMERICAN SOCIETY FOR ENGINEERING

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AMERICAN SOCIETY FOR ENGINEERIN

EDUCATION

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 in 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 Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 explain 1b 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 in line 1a? 2 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 related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? **4**a Х 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2014

Regulations section 53.4958-6(c)?

Page 2

EDUCATION

Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

37-0730118

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	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	compensation	benetits	(c)-(b)(s)	ın column (ʁ) reported as deferred in prior Form 990
NORMAN FORTENBERRY	Ε	270,673.	0	0	23,452.	7,973.	302,098.	.0
EXECUTIVE DIRECTOR	Ξ		0.	0	0	0	0	0
ASHOK AGRAWAL	≘	137,59	0	0.	9,349.	12,134.	159,07	0
DIRECTOR, PROFESSIONAL SERVICES	Ξ		.0	0	.0	•0	0	0
	≘	146,25	.0	.0	12,744.	7,479.	166,478.	.0
CHIEF INFORMATION OFFICER	: @		0	0.	0	•0	0	0
	ε	148,27	.0	0	12,958.	7,482.	168,714.	0
DIRECTOR, FELLOWSHIPS	: €		0	0	0	• 0	0	0
EDGAR LUGO	18	2,86	0.	19,230.	4,117.	.586,9	128,876.	0
FORMER CHIEF FIN OFFICER (THRU 9/14)	<u> </u>		0	0	0	.0	0	* 0
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432112							Schedu	Schedule J (Form 990) 2014

432112 10-13-14

AMERICAN SOCIETY FOR ENGINEERING

Schedule J (Form 990) 2014 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 37-0730118 EDGAR LUGO, FORMER CHIEF FINANCIAL OFFICER, RECEIVED \$19,230 IN SEVERANCE EDUCATION Part III Supplemental Information Schedule J (Form 990) 2014 PART I, LINE 4A: PAY.

432113 10-13-14

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.

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

AMERICAN SOCIETY FOR ENGINEERING

EDUCATION

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

37-0730118

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MEMBER SERVICES & BASS:	
MEMBER SERVICES - 540 INSTITUTIONS AND 12,000 INDIVIDUAL MEMBERS FROM	
ENGINEERING AND ENGINEERING TECHNOLOGY SCHOOLS, ACTIVITIES ARE CARRIED	
OUT THROUGH A SYSTEM OF SMALL GROUPS. EACH COUNCIL, DIVISION, AND	
SECTION IS SELF-GOVERNING THROUGH ITS BY-LAWS	
	1.14.114.114.114
BASS - ASEE PROVIDES ACCOUNTING SERVICES, REFERRED TO AS BANKING AND	
ACCOUNTING SERVICES SYSTEM, FOR THE BENEFIT OF 62 PARTICIPATING	
OPERATING FIELD UNITS.	
EXPENSES \$ 1,412,118. INCLUDING GRANTS OF \$ 0. REVENUE \$ 286,373.	
	· · · · · · · · · · · · · · · · · · ·
AWARDS - AN ANNUAL AWARDS PROGRAM PROVIDES HONORS AND AWARDS TO	
DISTINGUISHED EDUCATORS AND ENGINEERS. ASEE PRESENTS UP TO 20 NATIONAL	www.companies.com
AWARDS EACH YEAR IN A WIDE ARRAY OF DISCIPLINES. ASEE AWARDS WINNERS	
PROBLURD HOMODADTHM SPAURI, RADENIZES AND COMMEMODATIVE DIVOHER	
RECEIVED HONORARIUM, TRAVEL EXPENSES, AND COMMEMORATIVE PLAQUES.	
EXPENSES \$ 128,044. INCLUDING GRANTS OF \$ 0. REVENUE \$ 225,925.	1. Inches and the control of the con
OTHER PROGRAM SERVICES	:
EXPENSES \$ 895,468. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 3:	
STEVE POLK, INTERIM CHIEF FINANCIAL OFFICER, IS AN EMPLOYEE OF ROBERT	
JOSEPH GROUP, A MANAGEMENT COMPANY WHICH PROVIDED STAFFING SERVICES FOR THE	·
	and the part of the second of
CHIEF FINANCIAL OFFICER POSITION TO ASEE DURING THE TAX YEAR. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization AMERICAN SOCIETY FOR ENGINEERING	Employer identification number
EDUCATION	37-0730118
FORM 990, PART VI, SECTION A, LINE 6:	A A A A A A A A A A A A A A A A A A A
THE ORGANIZATION HAS INDIVIDUAL MEMBERS AND INSTITUTION MEMBERS.	
	•
FORM 990, PART VI, SECTION A, LINE 7A:	
THE INDIVIDUAL MEMBERS HAVE VOTING RIGHTS FOR BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE ORGANIZATION HAS THE 990 AVAILABLE ON A SECURE WEBSITE FOR THE BOAR	n's
REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY BOARD MEMBERS	AND
STAFF EVERY YEAR. IF THERE IS A CONFLICT OF INTEREST, AN INTERESTED PER	son
(ANY OFFICER, MEMBER OF ASEE, COMMITTEE MEMBER, OR EMPLOYEE OF ASEE, WH	6
HAS A DIRECT OR INDIRECT FINANCIAL INTEREST) MUST IMMEDIATELY DISCLOSE	THE
EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO ASEE. FAILURE	то
THEORY & GOVERNOON OF THE PROPERTY OF THE CORPORATION ACCURATION THE HINTING	DIM
REPORT A CONFLICT OF INTEREST CAN RESULT IN CORRECTIVE ACTION INCLUDING	BUT
NOT LIMITED TO REMOVAL FROM OFFICE, COMMITTEE OR TERMINATION OF EMPLOYM	ENT.
PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:	
A. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITT	EE
MEETING, BUT AFTER SUCH PRESENTATION, SHE/HE SHALL LEAVE THE MEETING DU	RING
THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGMENT THAT	
RESULTED IN A CONFLICT OF INTEREST.	
B. THE AUTHORIZED COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERES	TED .
PERSON OR COMMITTEE TO INVESTGATE ALTERNATIVES TO THE PROPOSED TRANSACT	ION
OR ARRANGEMENT.	
32212 08-27-14	Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization AMERICAN SOCIETY FOR ENGINEERING EDUCATION	Employer identification number 37-0730118
C. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE	
WHETHER ASEE CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH	
REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A	·
CONFLICT OF INTEREST.	
D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY	
ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF	
INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE	
DISINTERESTED PERSONS WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO	
ASBE AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE	
TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.	
VIOLATIONS OF THE CONFLICT OF INTEREST POLICY:	
A. IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A PERSON	
HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL	
INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN	
OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	
B. IF, AFTER HEARING THE RESPONSE OF THE PERSON AND MAKING SUCH FURTHER	
INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR	
COMMITTEE DETERMINES THAT THE PERSON HAS IN FACT FAILED TO DISCLOSE AN	
ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE	
DISCIPLINARY AND CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15A:	
EXECUTIVE DIRECTOR - ASEE HAS AN OVERSIGHT COMMITTEE (SELECTED MEMBERS OF	
BOARD OF DIRECTORS) WHO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE AND	
SALARY AMOUNT ANNUALLY. HUMAN RESOURCES PROVIDES THE COMMITTEE WITH SURVEYS	· ·
DONE BY DIFFERENT COMPANIES ON EXECUTIVE DIRECTOR/CEO SALARY AND BENEFITS	
FOR NONPROFIT ASSOCIATIONS.	
432212 08-27-14	Schedule O (Form 990 or 990-EZ) (2014

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization AMERICAN SOCIETY FOR ENGINEERING	Employer identification number
Name of the organization AMERICAN SOCIETY FOR ENGINEERING EDUCATION	37-0730118
OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION REPORT TO THE	
EXECUTIVE DIRECTOR (ED). THE ED EVALUATES THEIR PERFORMANCES AND SALARY	
BARCOTTVE DIRECTOR (BD). THE BD HAMMANTED THEIR PRINCESS THE SHEET	
AMOUNTS AS PART OF THE ORGANIZATION'S ANNUAL PERFORMANCE EVALUATION SYSTEM	
CONDUCTED FOR ALL EMPLOYEES. THE HR DIRECTOR PROVIDES THE ED WITH SALARY	
RANGE SURVEYS DONE ON COMPARABLE POSITIONS WITHIN THE NONPROFIT ASSOCIATION	
industry.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
	1111 - 111 -
FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE	
AND UPON REQUEST.	
	•
FORM 990, PART XII, LINE 2C:	
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS	
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE FABVIOUS	
YEAR.	
	•
	P-1/140-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	A-Million .

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

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

▶ Attach to Form 990.

Open to Public Inspection 2014

Direct controlling

End-of-year assets

Total income

Legal domicile (state or

Primary activity

Name, address, and EIN (if applicable)

of disregarded entity

foreign country)

ਉ

(e)

OMB No. 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 AMERICAN SOCIETY FOR ENGINEERING EDUCATION

Employer identification number 37-0730118 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Schedule R (Form 990) 2014 (g) Section 512(b)(13) ş controlled entity? Yes × × 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. AMERICAN SOCIETY AMERICAN SOCIETY Direct controlling FOR ENGINEERING OR ENGINEERING SDUCATION EDUCATION Public charity status (if section 501(c)(3)) INE 11A, INE 11A, <u>@</u> Exempt Code 501(C)(3) 501(C)(3) 冟 Legal domicile (state or foreign country) ELAWARE ELAWARE Primary activity PROMOTE ENGINEERING HONOR SOCIETY FOR ENGINEERING TECH For Paperwork Reduction Act Notice, see the Instructions for Form 990. PROFESSION EDUCATION ASEE CONVENTION & SEMINAR CORP - 52-1755430 TAU ALPHA PI OF ASEE INC - 52-2121038 Name, address, and EIN of related organization 1818 N STREET, NW, SULTE 600 1818 N STREET, NW, SUITE 600 20036 WASHINGTON, DC 20036 WASHINGTON, DC PartII

AMERICAN SOCIETY FOR ENGINEERING

EDUCATION Schedule R (Form 990) 2014

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.

Page 2

37-0730118

(j) (k) General or Percentage Dautner? Ves No	THE PROPERTY OF THE PROPERTY O			elated	Section 512(b)(13) controlled entity?			390) 2014
				one or more i	(h) Percentage ownership			Schedule R (Form 990) 2014
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				ecause it had	(g) Share of Fend-of-year (gassets			Schedi
(h) Disproportionate allocations?			·	IV, line 34 b				
(g) Share of pend-of-year assets				n 990, Part	(f) Share of total income			
				es" on Forr	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income				nswered "Y				_
				rganization a	(d) Direct controlling entity			
(e) Predominant income (ralated, unrelated, excluded from tax under sections 512-514)				nplete if the o	(c) Legal domicile (state or foreign country)			4.1
(d) Direct controlling entity				ration or Trust Conear.	(b) Primary activity			
(C) Legal domicile (state or foreign				is a Corpoi	Prim			
(b) Primary activity				anizations Taxable a poration or trust durin	Z c			-
(a) Name, address, and EIN of related organization				Partiv 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.	(a) Name, address, and EIN of related organization			432162 08-14-14

AMERICAN SOCIETY FOR ENGINEERING Schedule R (Form 990) 2014 EDUCATION

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

Note Complete line 1 if any entity is listed in Darte II III or IV of this schedule.

Page 3

37-0730118

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Xes No	ž
	with one or more rel	ated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<u>6</u>		×
 b Gift, grant, or capital contribution to related organization(s) 				4		×
c Gift, grant, or capital contribution from related organization(s)				ပ္		M
:				10		M
e Loans or loan guarantees by related organization(s)				, e	-	×
f Diridende from related organization(s)						>
			***************************************	= ,	†	4 ,
				5	1	×4
h Purchase of assets from related organization(s)			***************************************	Ę		×
Exchange of assets with related organization(s)				Ţ		×
Lease of facilities, equipment, or other assets to related organization(s)		***************************************		1j		×
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
K. Lease of facilities, equipment, of other assets from related organization(s)			mentanananananananananananananananananana	¥	Ť	⊲ :
 Performance of services of membership of fundraising solicitations for related organization(s) Derformance of services or membership or fundraising solicitations by related organization(s) 	ization(s)			=		4 b
m - Charing of toolifies agricment mailtog lists or other assets with related organization (s)	(2)			= 1		
	(e)			,	: ×	
				2	1 200	
 Reimbursement paid to related organization(s) for expenses 				-		M
Reimbursement paid by related organization(s) for expenses				p		×
P. Other transfer of cash or nonerty to related organization(s)				+	×	1355 1355
: U		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		= 4	×	
17	o must complete thi	s line including covered a	for information on who must complete this line including covered relationships and transaction thresholds	2		
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) ASEE CONVENTION & SEMINAR CORP	N	397,184.	COST			
				•		
432163 0B-14-14	C V		Schedule R (Form 990) 2014	R (Form	(066	2014

Page 4

Schedule R (Form 990) 2014

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

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

3	(n) ercentagé wnership						90) 2014
\vdash	Ping 6		 				Ë
15	O) General or managing partner? Yes No				,	į	Ĭ,
0	-UBI box 20 lie K-1 065)						Schedule R (Form 990) 2014
3	Dispropertionations?						
	Ves alloga						
(6)	Share of end-of-year assets						
Œ.	Share of total income						
(a)	Are all partners sec. 501(c)(3) orus.?						
- 1	oder <u>aa</u> 7 der 7						
(d)	Predominant income (related, unrelated, excluded from fax under sections 512-514)	·					
(3)	nicile oreign y)						
delibris regarding exclusions	Primary activity						
user was not a related diganization; See instructions regarding exclusion for tall interstiller, partities in	Name, address, and EIN of entity						

AMERICAN SOCIETY FOR ENGINEERING

Schedule R	(Form 990) 2014	EDUCATION					37-0730118	Page 5
Part VII	(Form 990) 2014 Supplemental Inforn	nation	•					
	Provide additional informa	tion for respons	ses to questions o	n Schedule B /s	ee instruction	e)		
	1 TOVIGO EGGICOTES FISORITE	dorrior tosponi	aca to quodatoria o	ii concado ii jo	CC INSTITUTION			
			 					
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