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SCANNED MAR 2 6 2010

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150

2008

Open to Public Inspection

		f the Treasury nue Service		assets less than The organization may have	\$2,500,000 at the end of to use a copy of this reti			nts	Ins	pection
				, or tax year beginning	October 1	, 2008, and end		Septembe		, 20 09
_	Check if a	1	Please	C Name of organization						ition number
	Address	•	use IRS label or	American Society of	Civil Engineers Ka	nsas City Section		23	73	81281
닏	Name cha	•	print or	Number and street (or P (Room/suite E	Telephon	e number	
H	Initial retu Terminati		type. See	1801 Alexander Bell [Orive			(703)	2	95-6109
Ħ	Amended		Specific instruc-	City or town, state or cou	intry, and ZIP + 4		F	Group Ex	emption	
\Box	Application	on pending	tions.	Reston, VA 20191				Number	•	2676
	Secti	ion 501(c)(3)	organiz	ations and 4947(a)(1) non	nexempt charitable tr	usts must attach	G Accoun	ting metho	d ✓ C	ash Accrual
			a con	npleted Schedule A (Form	n 990 or 990-EZ).		Other (s	pecify) ▶		
							H Check	▶ ☐ ıf tl	ne organiz	zation is not
I	Websit	te: ▶					required	i to attach	Schedule	B (Form 990,
7	Organiz	zation type (c	heck or	nly one)- 🗸 501(c) (3)	(insert no) ☐ 49	47(a)(1) or 🔲 527	990-EZ,	or 990-PF	<u> </u>	
K	Check ▶	► If the org	janizatio	on is not a section 509(a)(3)	supporting organization	on and its gross receip	ots are norma	ally not mor	e than \$2	5,000 A return is
				ization chooses to file a ret						
				ne 9 to determine gross rece					\$	98,563
P	art I	Revenue,	Expe	nses, and Changes	in Net Assets or	Fund Balances (See the in	struction	s for Pa	
	1	Contribution	ns, gifts	s, grants, and similar amo	ounts received	•	•	_1		11,255
	2	Program se	ervice i	revenue including gover	nment fees and cor	ntracts		2		76,427
	3	Membersh	ip dues	s and assessments .				. 3		9,543
	4	Investment	incom	ie			• •	4		538
	5a			m sale of assets other	•	5a				
	b			er basis and sales expe		. [5b]				
ø	С	Gain or (los		ule) . 50	3					
Revenue	6	Special events		1						
eve	a			ot including \$	of cont			1	-	
ď		reported or		•		<u> 6a </u>				
	Ь			nses other than fundrais			C-\			
	C			ss) from special events		ract line 65 from lin	ie ba)	. 6		
	7a	b Less: cost of goods sold								
	1									
	C	The state of the s								800
	8	Total reve	nue (ue	dd lines 1, 2,3 4 dc f	Sc. 7c. and 8	np3) 8		98,563
	10	Crosto 12	MA	dd lines 1, 2, 3, 45 c, 6	sohodulo)	_ · · · · · · · · · · · · · · · · · · · 		10		
	11	R .		or for members .	scriedule) .	• •	•	11		
Ś	100	Salaries of		pipensation and emplo	 Waa hanafits	•	•	12		
JSe	13			and other payments to		otors		13	3	
Expense	14			utilities, and maintenan	Territoria de la companya de la comp			14		
Щ	15			ons, postage, and shipp				15	5	269
	16	Other expe	nses (d	describe ► Travel, me	etings, newsletter,	, conferences, awa	· .		5	101,176
_	17			Add lines 10 through 16				. > 17		101,445
S	18	Excess or	(deficit)) for the year (Subtract I	line 17 from line 9).			18	3	(2,882)
Net Assets	19	Net assets	or fun	nd balances at beginning	ng of year (from line	e 27, column (A)) (r	must agree	with		
As	ľ			e reported on prior year				. 19	<u> </u>	106,670
let	20			net assets or fund bala				. 20		
	21			d balances at end of ye			<u> </u>	▶ 21		103,788
Pa	art II	Balance S	Sheets	s. If Total assets on line	25, column (B) are	\$2,500,000 or mor				
			(S	See the instructions for f	Part II)		(A) Begini	ning of year	 	End of year
22	2 Cash	h, savings, a	ind inve					106,670		103,788
23		d and buildir	-				 		23	
24		•	scribe	-)		406 676	24	402 700
25		al assets .			•	•	 	106,670		103,788
26	Tota	al liabilities (describ	pe ► lances (line 27 of colum	nn (R) must sarac v	with line 21)	 	106,670	26	103,788
27 For				rk Reduction Act Notice,			Cat No 10			990-EZ (2008)

· OIII 550 LE (2000)					raye a
Part III Statement of Program Service Accom]	Expenses
What is the organization's primary exempt purpose?	dvance science & civil en	gineering profes	sion		quired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organization	ation's exempt purposes. In	a clear and conc	ise manner,		4947(a)(1) trusts,
describe the services provided, the number of persons be					onal for others)
28 Educational Seminars to enhance abilities of civ	il engineers: Regional and				
National Conferences, Monthly Technical Preser					1
Registration Examination Review Course					
	udes foreign grants, check	horo	▶ □	28a	43,652
				200	43,032
29 Community Service activities and fundraisers fo					
Habitat for Humanity, Adopt-A-Highway, Christm	as in October, charity gol	tourn-			
ament to benefit Make-A-Wish					
	udes foreign grants, check		. ▶ 🗆	29a	22,153
30 Educational Outreach to inform the general publ	ic about civil engineering	issues:			
Liquid Assets documentary & forum on local water	ter quality issues, Primary	sponsor-			
ship of educational local radio program about in	frastructure issues				
(Grants \$ 3,750) If this amount incli	udes foreign grants, check	here .	▶ 🗀	30a	27,041
31 Other program services (attach schedule) .					· · · · · · · · · · · · · · · · · · ·
· ·	udes foreign grants, check	here	. ▶ □	31a	
32 Total program service expenses (add lines 28a th	·		•	32	92.846
Part IV List of Officers, Directors, Trustees, and Key	 		d (See the inc		
List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
	devoted to position	enter -0)	deferred comper	nsation	other allowances
Alysen Abel, P.E.	President, 2hrs/wk				
8500 Santa Fe Dr, Overland Park KS 66212		0		0	
Joseph Marsh, P.E.	President-Elect, 2				
13910 W. 96th Terr, Lenexa KS 66215	hrs/wk	0		0	0
Kensey Russell, P.E.	1st VP/Treasurer, 3				
7450 130th, Ste400, Overland Park KS 66213	hrs/wk	0		0	C
Jennifer Jacka, EIT	2nd VP/Secretary, 1	· -			
4435 Mai, Ste 1000, Kansas City MO 64111	hr/wk	0		0	C
Aaron Gaul, P.E.					
1101 Walnut, St709, Kansas City MO 64106	Continuing Director, 1	0		o	
Sarah Fjell	hr/wk	<u> </u>		- 0	
4515 Walnut, Kansas City MO, 64111	Continuing Director, 1	0		o	•
	hr/wk	<u> </u>			
Mark Petersen, P.E.	1st Year Director, 1				_
11401 Lamar, Overland Park KS 66211	hr/wk	0		0	
James Duehning, P.E.	Associate Director, 1 hr/				
9400 Ward Parkway, Kansas City MO 64114	Additional Processing Time	0		0	
	-				 _
					
· <u> </u>					
	_				
		ĺ		1	
					
-					

Par	Other information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	_	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	_	<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	complete applicable parts of Schedule N			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	<u> </u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	· • •	√
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		·
39	Section 501(c)(7) organizations. Enter:			,
	initiation rees and capital contributions included on line 5	-		
	Gloss receipts, included on line 9, 101 public use of club facilities	-		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	40ь		1
	L, Part I			<u> </u>
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed.	١ ٥.	10.40	•
42a	The books are in care of ► Kensey W. Russell, P.E. Located at ► 7450 W. 130th St, Ste 400, Overland Park KS ZIP + 4 ZIP + 4) 3 66213-	12-48 2684	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	1./
	account)?	720		
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	!		
	and Financial Accounts.	40-		
	At any time during the calendar year, did the organization maintain an office outside of the U.S? If "Yes," enter the name of the foreign country: ▶	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•		▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Vec	No
	Duth a consist of the		162	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		1
A E	Form 990-EZ			<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		000		

Par	t VI	and complete the tables for lines 50 a		(c)(3) organiza	ations mu	st answer quest	lions 4	6–49	
6	Dld tl	he organization engage in direct or indirect p		ctivities on be	half of or i	n opposition to		Yes	No
•		Idates for public office? If "Yes," complete S					46		1
7	Did t	he organization engage in lobbying activities	? If "Yes," complet	e Schedule C,	Part II .		47	1	<u> </u>
8		organization operating a school as describe	•		•		48	-	1
		he organization make any transfers to an exe	•	•	ization?		49a	<u> </u>	├ ✓
		es," was the related organization(s) a section					49b	L	<u> </u>
iO		plete this table for the five highest compensative received more than \$100,000 of compensations.					y emple	oyees) who
	(a) 1	Name and address of each employee paid more than \$100,000	(b) Title and aver hours per weel devoted to positi	k ' '	mpensation	(d) Contributions to employee benefit plans & deferred compensation	acc	(e) Expense account and other allowances	
NON	VE.								
	·•••••								
,									
ota	numb	per of other employees paid over \$100,000							
1		plete this table for the five highest compensation from the organization. If there is no		ontractors who	each rece	eived more than \$	100,000) of	
		(a) Name and address of each independent contractor (pald more than \$100,000		(b) Ty	pe of service	(c) Con	npensa	ition
NON	VE.								
									
ota	numt	per of other independent contractors each re	celving over \$100,	000 ▶					
		Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declarate	ned this return, including on of preparer (other th	g accompanying so an officer) is base	chedules and d on all inform	nation of which prepar	best of n er has an	y knov y knov	wledge vledge.
ign	1	WAR				2/18/2010			
lere	9	Signature of officer			C	Date			
		Kensey W. Russell, Treasurer Type or print name and title							
ald	aronio.	Preparer's signature		Date	Check if self- employed	Preparer's Identifying	g Number (See Instr	ructions)
. •	arer's Only	Firm's name (or yours if self-employed),				in ▶			
		address, and ZIP + 4			P	Phone no. ► ()			1 .:
тау	the IR	S discuss this return with the preparer show	n above? See insti	ructions	· · · ·	<u> </u>	- U Y	98 <u> </u>	J No
							com MMI	/	17/1YIR

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

vame	9 OT T	ne organization	1						Employe	er identifica	ition number	
Am.	eric	an Society o	f Civil Engineer	s Kansas City Section	on				23		7381281	
Pa	tΙ	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part) (se	e <u>e</u> instru	ctions)	
The	orga	anization is n	ot a private four	ndation because it is:	(Please	check onl	ly one or	ganızatio	n.)			
1		A church, co	onvention of chu	irches, or association	of churc	hes desc	ribed in	section 1	70(b)(1)(A)(i).		
2		A school de	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3		A hospital o	r a cooperative l	hospital service organ	nization d	escribed	in section	on 170(b)	(1)(A)(iii).	(Attach	Schedule H.)	
4			•	ation operated in con	junction v	with a ho	spital de	scribed i	n sectior	170(b)(1	I)(A)(iii). Ente	er the
			ame, city, and st									
5	Ш		tion operated for (b)(1)(A)(iv). (Co	rthe benefit of a colle mplete Part II.)	ge or uni	versity ov	wned or	operated	by a gov	ernmenta	ıl unıt descrit	oed in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sec t	tion 170(b)(1)(A)(v).		
7		-		y receives a substanti	•	its suppo	ort from a	a governn	nental uni	t or from	the general p	oublic
_				(1)(A)(vi). (Complete F								
8			•	d in section 170(b)(1)								
9	V			receives: (1) more th								
				ed to its exempt func- ent income and unre								
				after June 30, 1975						JII lax) IIOIII busiii	C33C3
10			_	nd operated exclusive						(2)(4) (60	e inetriliction	c)
11		•	•	and operated exclusive	-		•					
	ш			blicly supported organ								
				at describes the type								
		a 🗌 Type	1 b 🗆] Type II c	: Typ	e III-Fun	ctionally	integrate	d	d□] Type III-Ot	ther
е		By checking	this box, I cert	tify that the organizat	tion is no	t control	lled direc	tly or inc	directly b	y one or	more disqua	alified
		•		on managers and othe	r than on	e or more	publicly	supporte	ed organiz	zations de	escribed in se	ection
		509(a)(1) or	section 509(a)(2)									
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	а Туре	I, Type II	, or Type	III supportii	ng _
		-	, check this box			•						
g		_		the organization acce	epted any	gift or c	ontribution	on from a	any of the)		
		following pe						11			Yes	No
			•	r indirectly controls, en ning body of the sup		-		tn persor	is descri	bea in (ii)	11g(i)	110
		· ·	-	erson described in (i)		yariizatio	11:	• •	•	• •	11g(ii)	
				of a person described		 (ii) above	.?			•	11g(iii)	
h			•	ation about the organ	• • •			upports.	•	• •	<u> </u>	
(1)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	s the	(vii) Amoun	t of
	org	anization		(described on lines 1-9 above or IRC section	in col (i) li	sted in your document?		nization in of your	organizat	ion in col zed in the	support	
				(see instructions))	g5 1511g			port?		S ?		
					Yes	No	Yes	No	Yes	No		
	_							ļ. <u> </u>			<u>-</u>	
		···					·					
								 	 			
									_			
						,						
					l		1	ŀ	I	i		

Pa	Support Schedule for Org (Complete only if you check) and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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 1-3	····	ļ				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4.						
	tion B. Total Support		<u> </u>				
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .		<u> </u>			<u> </u>	<u> </u>
12	Gross receipts from related activities, etc.	(see instruction	ons) .			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth			on 501(c)(3)
	tion C. Computation of Public Sup					1221	
14	Public support percentage for 2008 (line 6			i, column (f))	•	15	<u>%</u>
15	Public support percentage from 2007 Sch						
16a	33\% support test—2008. If the organization qualifies	as a publicly s	supported orga	nızation			▶
b	33% % support test – 2007. If the organization qualified box and stop here. The organization qualified the stop here.				and line 15 is	33½ % or more	e, check this ►
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	cts-and-circur	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test—2007. more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did".	acts-and-circum nces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here . cly supported o	Explain in Part rganization .	IV how the ▶

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.)

500	tion A. Public Support	od the box of	1 11110 0 01 1 4				
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
0,	alcindar year (or nood) year beginning in,	(a) 2004	(6) 2000	(6) 2000	(4) 2007	(e) 2008	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,251	16,256	16,601	27,852	21,598	96,558
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	31,552	34,141	65,140	92,109	76,427	299,369
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						0
6	Total. Add lines 1-5	45,803	50,397	81,741	119,961	98,025	395,927
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					<u> </u>	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						395,927
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	45,803	50,397	81,741	119,961	98,025	395,927
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42	72	2,353	1,188	538	4,193
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	42	72	2,353	1,188	538	4,193
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,156	6,074	5,600	2,000		16,830
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)						416,950
14	First five years. If the Form 990 is for to organization, check this box and stop I		n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sur	oport Percen	tage				
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S				n) . 	15	94.96% % 94.29% %
Sec	tion D. Computation of Investmen	it Income Pe	rcentage				
17	Investment income percentage for 2008	3 (line 10c, colu	umn (f) divided	by line 13, co	lumn (f)) .	17	1% %_
18	Investment income percentage from 20					18	6% %
19a	17 is not more than 331/3 %, check this bo	ox and stop he	re. The organiz	ation qualifies	as a publicly s	supported orga	anization 🕨 🗹
b	33\% % support tests—2007. If the organi line 18 is not more than 33\% %, check this	box and stop I	nere. The organ	ization qualifies	as a publicly	supported orga	inization 🕨 🔲
20	Private foundation, If the organization of	did not check a	a box on line 1	4. 19a. or 19b.	check this bo	x and see ins	tructions ▶ 🗍

Schedule A (P	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
•••••	
·	
	······································
•••••	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ To be completed by organizations described below. ▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C

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

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

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

if the	e organization answered "Yes	that have NOT filed Form 5768 (elections," to Form 990, Part IV, line 5 (Prox		(h)) Complete Pa	irt II-B Do	o not complete Part II-A		
	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III						
	me of organization					er identification number		
	rt I-A To be complete	gineers Kansas City Section ed by all organizations exemptions for Schedule C for details.		n 501(c) and	23 section	7381281 527 organizations.		
1 2 3	The state of the s	ne organization's direct and indirect	•	-	▶ \$	0		
Pa		ed by all organizations exemnons for Schedule C for details		on 501(c)(3).				
1 2 3 4a b	Enter the amount of any e	xcise tax incurred by the organiza xcise tax incurred by organization d a section 4955 tax, did it file For 	managers under	section 4955,	► \$ ► \$	0 0		
Pai		ed by all organizations exem ions for Schedule C for details		n 501(c), exc	ept sec	ction 501(c)(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities							
2	527 exempt function activ				▶ \$	•••••		
3	on Form 1120-POL, line 1	exempt function expenditures. Act			▶ \$	——————————————————————————————————————		
4 5	State the names, addresses were made. Enter the amo contributions received and p	file Form 1120-POL for this year? and employer identification numbe unt paid and indicate if the amour promptly and directly delivered to a see (PAC). If additional space is need	r (EIN) of all section t was paid from separate political o	n 527 political o the filing organi rganization, such	rganizati zation's 1 as a se	funds or were political		
	(a) Name	(b) Address	(c) EIN	(d) Amount pai filing organizat funds if none, e	tion's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
					-			
				l				

Pag	е	2

Pa	art II-A	To be completed by org					768			
		 ☐ If the filing organizatio ☐ If the filing organizatio 				ons apply.				
			bbying Expend	ditures		(a) Filing organization's totals	(b) Affiliated group totals			
ŀ	Total lo	obbying expenditures to influent obbying expenditures to influent obbying expenditures (add line exempt purpose expenditures	nce a legislative s 1a and 1b)	body (direct lobb	yying) . 					
1		xempt purpose expenditures (ng nontaxable amount. Enter t is.								
	1	nount on line 1e, column (a) or (b) is r \$500,000		nontaxable amou mount on line 1e	nt is:		:			
	Over \$5 Over \$1 Over \$1	00,000 but not over \$1,000,000 ,000,000 but not over \$1,500,000 ,500,000 but not over \$17,000,000 7,000,000	s over \$500,000 s over \$1,000,000 over \$1,500,000							
ç H i j	Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f)									
		Lobbyi	ng Expenditure	s During 4-Year	Averaging Period	1				
	Calend	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
28	Lobbyin	g non-taxable amount								
t		g ceiling amount f line 2a, column(e))								
(Total lob	obying expenditures								
ď	Grassro	ots non-taxable amount								
e		ots ceiling amount of line 2d, column (e))								
f	Grassro	ots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT five 5768 (election under section 501(h)). See the instructions for Schedule C for details.								
		(6	3)		(b)	<u>.</u>		
		Yes	No	A	moun	t		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	- ,						
а		✓		{				
b	3 · · · · · · · · · · · · · · · · · · ·	-	V		-			
C	Media advertisements?	-	1	 				
d			1	_				
e	Publications, or published or broadcast statements?	\vdash	V	 				
f	Grants to other organizations for lobbying purposes?			-		959		
g 5	Direct contact with legislators, their staffs, government officials, or a legislative body?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	ļ.——-		000		
h ;	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV		1	·				
	Total lines 1c through 1i			_	_	959		
2a			1					
b								
c								
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
	rt III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6). See the instructions for Schedule C for details.	tion	501(c)(5), o	r			
	section 301(c)(o). See the instructions for Schedule C for details.	-			Yes	No		
	W			1	763	140		
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•	•	2				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	•	•	3				
Pa	To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." See Schedule C instructions for details.		if Pa					
1	Dues, assessments and similar amounts from members		1					
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of						
а			2a					
b	Carryover from last year		2b					
С	Total		2c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of							
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble and political expenditure next year?	ying	4					
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	•	5					
	rt IV Supplemental Information	•						
Con	experimental information applete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, o, complete this part for any additional information.	line 5;	and	Part II-6	3, line	÷ 1ı		
••••								
••••								
								
			• • • • • •		• • • • • • • • • • • • • • • • • • •	• • • • • •		
		• • • • • •	•					

ichequie C (Foi	rm 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information (continued)	
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• • • • • • • • • • • • • • • • • • • •		

* 8868

(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

IIICITICI TIETETICE						
• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2				
Part I	plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee		iled Form 8868.			
	on required to file Form 990-T and requesting an automatic 6-month extension—check		and complete			
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to red	quest an extension of			
one of the relectronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howe y if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed an ore details on the electronic filing of this form, visit www.irs gov/efile and click on e-file if	ver, you ca s 990-BL, (ad signed p	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form			
Type or	Name of Exempt Organization	Employer identification number				
print	American Society of Civil Engineers Kansas City Section	23	7381281			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions 1801 Alexander Bell Drive					
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	Reston, VA 20191					
Check type Form 99 Form 99 Form 99 Form 99	0-BL		Form 4720 Form 5227 Form 6069 Form 8870			
Telephone If the orga If this is for the whole	s are in the care of ▶ Peter Shavalay No. ▶ (703) 295-6109 FAX No. ▶ (703) 295-6109 anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN). If it is for part of the group, check this box in the names and EINs of all members the extension will cover.		▶ □ If this is □ and attach			
until for the ▶ □	lest an automatic 3-month (6 months for a corporation required to file Formary 15, 20, 10, to file the exempt organization return for the organization organization's return for: calendar year 20or tax year beginning	m 990-T) named ab	extension of time ove. The extension is			
2 If this	tax year is for less than 12 months, check reason Initial return Final return [☐ Change	ın accounting period			
less ar	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax nonrefundable credits. See instructions.	3a	\$			
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			\$			
deposi	ce Due. Subtract line 3b from line 3a Include your payment with this form, or, if required the twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymern). See instructions.	d, nt 3c	- \$			
-	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84	53-EO and	Form 8879-EO			

	4						
Form 8	868 (Rev	4-2009)				Page 2	
Note.	Only co	iling for an Additional (Not Automatic) 3-Month Extension, complete of implete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on page 1).	sion on a prev	nd check the viously filed f	is box . Form 8868.	▶ □	
Part		Additional (Not Automatic) 3-Month Extension of Time. Only file		(no copies	needed).		
Type print	or	Name of Exempt Organization		Employer id	entification	number	
File by the extended due date for	Number, street, and room or suite no If a PO box, see instructions	:	For IRS use	only			
filing the return	e See	City, town or post office, state, and ZIP code For a foreign address, see instructions.					
Chec	k type	of return to be filed (File a separate application for each return):					
☐ Fo	orm 990	☐ Form 990-PF ☐ For	rm 1041-A		Form 6069		
	orm 990		rm 4720		orm 8870		
□ Fo	orm 990	P-EZ Form 990-T (trust other than above)	rm 5227				
STOP	! Do no	t complete Part II if you were not already granted an automatic 3-month	extension o	n a previous	ly filed For	m 8868.	
Tele If the If the for the	ephone le orgar lis is for e whole lith the	are in the care of ► No. ► () FAX No. ► () inization does not have an office or place of business in the United States a Group Return, enter the organization's four digit Group Exemption Nuite group, check this box ► If it is for part of the group, check this box did not be a said EINs of all members the extension is for.	mber (GEN)	box	If this and attach	IS	
		st an additional 3-month extension of time until				20	
6	If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period						
	8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions				\$		
	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any				•		
		paid previously with Form 8868.		8b	\$		
		Due. Subtract line 8b from line 8a. Include your payment with this form, or, if recoupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). S			\$		
		Signature and Verification					

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature >

Title ► CFO

Date ▶ 2-15-10

Form **8868** (Rev 4-2009)