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## Form **990-EZ**

Department of the Treasury Internal Revenue Service

SCANNED APR 29

# 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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

**Open to Public** Inspection

Α	For the	2008 calenda	ar year	, or tax year beginning	October 1	, 2008, and e	nding Se	ptembe	<u>r 30</u> ,	, 20 09
В	Check if a		Please	C Name of organization			DE	mployer	identification	n number
닏	Address o	Change	use IRS label or	American Society of Ci	ivil Engineers Sa	icramento Section		94	6097	7155
닏	Name cha	ange	print or	Number and street (or P O	box, if mail is not deli	vered to street address	Room/suite E T	elephone	e number	
片	Initial retu Termination		type. See	1801 Alexander Beil Dr	ive		(	703 )	295	5-6109
H	Amended	Lecture	Specific	City or town, state or count	rv, and ZIP + 4		E	roup Ex		
片			Instruc- tions.	Reston, VA 20191	7, 2.2 =			lumber	. •	2676
=				ations and 4947(a)(1) none	vemnt charitable (	ruete muet attach	G Accounting		d 🗸 Cas	<del></del>
	- Jecti			npleted Schedule A (Form			Other (spe	_		
							H Check ▶	☐ if th	ne organizat	tion is <b>not</b>
-	Websit	.e		sacto.org			required to	attach	Schedule B	(Form 990,
J	Organiz	zation type (cl	heck or	nly one) – 🗹 501(c) ( 3 ) ◀	(insert no ) 🔲 49	947(a)(1) or 🔲 527	990-EZ, oi	990-PF	)	
				on is not a section 509(a)(3) s			eipts are normally	not mor	e than \$25,0	000 A return is
	<u> </u>			ization chooses to file a returne 9 to determine gross receip		<del>`</del>	stand of Form 000	-EZ ▶	•	239,583
										<del></del>
	art I	Revenue,	Expe	nses, and Changes in	1 Net Assets of	r Fund Balances	(See the inst	ruction	s for Part	
	1			s, grants, and similar amou				·   1		43,383
	2	Program se	ervice i	revenue including governi	ment fees and co	ontracts		. 2		134,034
	3	Membershi	p dues	s and assessments				. 3		40,600
	4	Investment	incom	ne	·			. 4		2,476
Revenue	5a	Gross amor	unt fro	m sale of assets other th	an inventory .	5a				
	b	Less: cost	or othe							
	C	Gain or (loss	s) from	sale of assets other than in	nventory (Subtract	line 5b from line 5a)	(attach schedule	e) . 50	<b></b>	
	6	Special events		j						
	_				14,483 of con			_		
	"	reported or	-			6-	18,	200		
	Ь	•		nses other than fundraisii		1	18,	155		
	C			ss) from special events a			<del></del>	6		45
						7a	c ou, .		_	
	7a			ventory, less returns and	allowances .	7b				
	1	b Less. cost of goods sold								
	C	Other reven	t or (lo	ss) from sales of inventor	ry (Subtract line /	ro from line raj		, 8	-	891
	8	8 Other revenue (describe ► Additional Plaques/Awards 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.								221,428
						DECEN	/ED Schedule	▶ 9 e 1 10		60,327
	10			ir amounts paid (attach so	chedule) !	- NEVEL				- 00,021
,,	11	•						. 11		
šės	12	Salaries, ot	her co	mpensation, and employe	ee benefits .	8 APR 08	<b>₹010.</b> [9] .	. 12		44.500
enses	13	Professiona	al fees	and other payments to ir	ndependent contr		2010. IO	. 13		11,590
Exp	14	Occupancy	, rent,	utilities, and maintenance	e			. 14		8,173
Ш	13			ons, postage, and shippii	ng, ,	OGDEN	<u>, U I</u>	15		9,779
	16		•	describe ►			Schedu	- ′		127,888
	17	Total expe	nses.	Add lines 10 through 16	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · ·	<u>▶ 17</u>	<del></del>	217,757
ts	18	Excess or (	deficit)	) for the year (Subtract Iin	ne 17 from line 9)			. 18	3	3,671
Net Assets	19			nd balances at beginning	•		(must agree w	uth	_	
As				e reported on prior year's		, v w		19	9	323,224
et	20			net assets or fund balan		nation)		20	)	
Z	21			d balances at end of year				▶ 2		326,895
P	art II	Balance S	Sheets	s. If Total assets on line 2	25, column (B) ar	e \$2,500,000 or m	ore, file Form 9	90 inste	ad of Forr	n 990-EZ.
			(S	See the instructions for Pa	art II.)		(A) Beginnin	g of year	( <b>B</b> ) En	d of year
22	Cash	h, savings, a	•		•		3	23,224	22	326,895
23		d and buildin						-	23	
24			-	<b>&gt;</b>					24	
25		al assets	30,100			/	3	23,224	25	326,895
26			describ					0	26	0
20		annaviilles (l	ucoull	pe ►	a (D) must sare			22 224	<del></del>	326 905

22 (2000)					rage a
Part III Statement of Program Service Accom					Expenses
What is the organization's primary exempt purpose?	dvance science & civil er	ngineering profes	sion	(Red	quired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz	ation's exempt purposes. Ir	a clear and cond	ise manner,	and	4947(a)(1) trusts:
describe the services provided, the number of persons be		<del></del>	rogram title.	Opti	onal for others)
28 Meetings, conferences, educational seminars to	enhance abilities of civil	engineers			
Inlcudes honor/awards ceremonies					
(0.2.4.4.0.0		· · · · · ·		00-	420.000
	udes foreign grants, check			28a	136,000
Includes technical articles, new technology, case	histories honors and av	varde			
modues technical articles, new technology, cast		Varus			
(Grants \$ 0 ) If this amount incli	udes foreign grants, check	here	. ▶ □	29a	15,000
30 Committees, Student Outreach and Community	Outreach				
Includes student scholarships, support of civil e					
Charity Golf Tournament, Misc. Charitable Organ					
(Grants \$ 0) If this amount incl	udes foreign grants, check		▶ 🗓	30a	45,000
31 Other program services (attach schedule) .					
	udes foreign grants, check	here	<u> </u>	31a	
32 Total program service expenses (add lines 28a th		<u> </u>	<u>, , , </u>	32	196,000
Part IV List of Officers, Directors, Trustees, and Key					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution (d) Co	plans &	(e) Expense account and
Farnad Bittahuala	devoted to position	enter -0)	deferred compe	nsation	other allowances
Fareed Pittalwala PO Box 1492, Lincoln, CA	President / 8 hrs/week	0		0	
Larry Smith					·
PO Box 1492, Lincoln, CA	President-Elect / 2 hrs/week	0		0	
Joyce Copelan	Executive Director / 2			<u>_</u>	
PO Box 1492, Lincoln, CA	hrs/week	o		0	
Thor Larsen	Senior Director 1				
PO Box 1492, Lincoln, CA	hr/week	0		0	
Erik Johnson	Junior Director / 1				
PO Box 1492, Lincoln, CA	hr/week	0		0	
Jeremy Zorne	Treasurer / 4 hrs/week				
PO Box 1492, Lincoln, CA		0	<del></del>	0	
Natalie Calderone PO Box 1492, Lincoln, CA	Secretary / 4 hrs/week	_		^	
FO BOX 1492, Ellicolli, CA		0		0	
		J			
••••••					
					_
		<u> </u>		_	<u> </u>
		<u> </u>	<del> </del>		
				_	
			ļ <u></u>		
	1				

Pa	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		1
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_		<b>✓</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		1
38a	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		<b>✓</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	$\dashv$		
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
	initiation rees and capital contributions included on the s	-		ĺ
	aross receipts, included of line 3, for public use of club facilities	$\dashv$		
	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 L, Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	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. ▶			
42a	The books are in care of ▶ Jeremy Zorne  Located at ▶ PO Box 1492, Lincoln, CA  Telephone no. ▶ (916)  ZIP + 4 ▶	) 81 956	70-68 48	88
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	No_
	account)?	42b		<u> </u>
	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.			
С	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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<b>✓</b>
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

_			
μ	ac	36	4

Form 990-EZ (	(2008)						r	age 4
Part VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 and		organizati	ons mu	st answer question	ons 40		
	ne organization engage in direct or indirect po					46	Yes	No
	dates for public office? If "Yes," complete So					46		1
	ne organization engage in lobbying activities?					48		7
	organization operating a school as described ne organization make any transfers to an exer				ete Schedule E .	49a		7
	s," was the related organization(s) a section (	· •				49b	-	
<b>50</b> Comp	plete this table for the five highest compensation received more than \$100,000 of compensation	ted employees (other the	nan officers,	director	s, trustees and key	empk	oyees	) who
(a) N	lame and address of each employee pald more than \$100,000	(b) Tille and average hours per week devoted to position	(c) Comp	pensation	(d) Contributions to employee benefit plans & deterred compensation	acc	Expens ount a allowa	nd
NONE								
Total numb	er of other employees paid over \$100,000 ▶							
	plete this table for the five highest compensation from the organization. If there is not		ictors who e	each rec	eived more than \$1	00,000	) of	
	(a) Name and address of each independent contractor p	aid more than \$100,000		(b) Ty	pe of service	(c) Con	npensa	tion
NONE								
Total numb	per of other independent contractors each re-		▶					<del></del>
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including acco on of preparer (other than off	icer) is based o	edules and on all infor	statements, and to the limation of which prepare	oest of n r has ar	ny kno ny knov	vledge
Sign		·			3/29/10			
Here	Signature of officer			١	Date I			
	Jeremy Zorne, PE, GE, M.ASCE / Treas Type or print name and title.	urer						
Paid	Preparer's signature	Date	s	Check if elf- employed	Preparer's Identifying	Number (	See inst	ructions)
Preparer's Use Only	Firm's name (or yours If self-employed),				EIN ►			
1	address, and ZIP + 4				Phone no. ▶ ( )	<del></del>		7
May the IR	S discuss this return with the preparer show	n above? See instruction	ons , ,	<del></del>	<u>.,,,,</u>	<u>    Y</u>	05 <u>L</u>	J No

#### **SCHEDULE A**

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

lame	of t	he organization							Employe	r identificat	ion number
Am	eric	an Society o	f Civil Engineer	s Sacramento Sectio	n				94	6	097155
Pa	t I	Reason	for Public Ch	narity Status (All organical	ganızatıd	ons mus	t comple	ete this	part.) (se	e instruc	ctions)
he	orga	anization is no	ot a private foun	idation because it is:	(Please c	heck only	y <b>one</b> org	ganızatıor	າ.)		
1		A church, co	onvention of chu	rches, or association	of church	hes desci	ribed in s	ection 1	70(b)(1)(/	A)(i).	
2		A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (Att	ach Sch	edule E.)					
3		A hospital or	r a cooperative h	nospital service organ	ization d	escribed	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	(Attach S	Schedule H.)
4			esearch organiza	ation operated in conj						170(b)(1	)(A)(iii). Enter the
5		An organizat	· •	the benefit of a colle						ernmental	unit described in
6	$\Box$			ernment or governme	ental unit	describe	d ın <b>sect</b>	ion 170(l	o)(1)(A)(v)	).	
7		An organizat	ion that normally	y receives a substantia (1)(A)(vi). (Complete P	al part of						the general public
8	П			d in section 170(b)(1)		Complete	Part II.)				
9	$\overline{Z}$			receives: (1) more that				m contrib	utions, m	nembershi	p fees, and gross
		receipts from	n activities relate n gross investm	ed to its exempt funct ent income and unre a after June 30, 1975.	tions-su lated but	bject to d siness tax	certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 % of its
0		An organizat	tion organized at	nd operated exclusive	ely to tes	t for publ	ic safety	See sec	tion 509	(a)(4). (se	e instructions)
1		An organizate purposes of	tion organized a one or more pul	and operated exclusive blicly supported organ	ely for th	ne benefi describe	t of, to p d in secti	oerform t on 509(a)	he functi )(1) or sec	ons of, or otion 509(	r to carry out the a)(2). See <b>section</b>
		509(a)(3). Ch	neck the box tha	at describes the type	of suppo	rting orga	anızation	and com	plete line	es 11e thr	ough 11h.
		a 🗌 Type				e III-Fun					Type III-Other
е		By checking	this box, I cert	tify that the organizat	tion is no	ot control	led direc	tly or inc	directly b	y one or	more disqualified
			er than foundatio section 509(a)(2)	on managers and other	r than on	e or more	publicly	supporte	ed organiz	zations de	scribed in section
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	l, Type II	, or Type	III supporting _
			, check this box					•			. ــــ
g		_		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	9	
		following pe									Yes No
				r indirectly controls, ening body of the supp				th persor	ns descril	oed in (ii)	11g(i)
				erson described in (i) a		:		•			11g(ii) 11g(iii)
				of a person described					•	•	119(11)
<u>h</u>	<b>.</b>		T	ation about the organ			i		(40)	s the	(vii) Amount of
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	tion in col zed in the S?	support
				(000 11101 00110110)	Yes	No	Yes	No	Yes	No	
		•						-			
Fota	.1						_				
, Ulč			i .	1	I	ı	I	1	1	1 1	

Schee	dule A (Form 990 or 990-EZ) 2008		_			· <del></del>	Page <b>2</b>
Par	Support Schedule for Org					and 170(b)	(1)(A)(vi)
Sec	(Complete only if you chection A. Public Support	ked the box	on line 5, 7,	or 8 of Part I.	)		
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(5, 200)	(5) 2005	(1, 200)	(0, 2000	, comment
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						
5	Total. Add lines 1-3  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>				<u> </u>	
	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</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 .	L	<u> </u>				
12	Gross receipts from related activities, etc				• •	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		, or fifth tax y	ear as a sect	ion 501(c)(3)
	tion C. Computation of Public Su	<del>' ' '                                </del>			<del> </del>	44	0/
14	Public support percentage for 2008 (line		•	I, column (t))		15	<u>%</u> %
15	Public support percentage from 2007 Sc						
16a	33% % support test—2008. If the organiand stop here. The organization qualifies				ine 14 is 33/3	% or more, cn	eck this dox
b	33\% % support test—2007. If the organi		• •		and line 15 is	331/2 % or more	·
17a	box and stop here. The organization qualifies as a publicly supported organization						
b 18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .   10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						

## 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.)

<u>Sac</u>	tion A. Public Support	tile box of	i iiile 9 Oi Fa	101.)		<del></del>	
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	(a) 2004	(6) 2000	(0) 2000	(4) 2001	(6) 2000	(1) 10121
	membership fees received. (Do not include any "unusual grants.")	50,869	61,998	62,047	62,879	84,027	321,820
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	9,595	22,389	61,448	33,154	134,925	261,511
3	organization's tax-exempt purpose 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 , , , .	60,464	84,387	123,495	96,033	218,952	583,331
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						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						0
c	year or \$5,000	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)		~	**	~		583,331
Sec	tion B. Total Support			······································			
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	60,464	84,387	123,495	96,033	218,952	583,331
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	839	1,078	2,133	902	2,476	7,428
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	839	1,078	2,133	902	2,476	7,428
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			,			0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						590,759
14	First five years. If the Form 990 is for to organization, check this box and stop I		n's first, secon	nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) . ▶ □
Sec	tion C. Computation of Public Su	pport Percer	ntage			·······························	
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S					15 16	98.74% % 94.29% %
Sec	tion D. Computation of Investmen	t Income Pe	ercentage				
17	Investment income percentage for 2008	3 (line 10c, col	umn (f) divided	by line 13, co	olumn (f)) .	17	1% %
18	Investment income percentage from 20					18	6% %
19a		anization did no	ot check the bo	ox on line 14, a	nd line 15 is m	nore than 331/3 9	%, and line
b	17 is not more than 33½%, check this be 33½% support tests—2007. If the organ	ization did not	check a box on	line 14 or line 1	9a, and line 16	6 is more than 3	331/3 %, and
20	line 18 is not more than 33½ %, check this		_	•			_
20	Private foundation. If the organization	uid flot check	a DOX ON line 1	4, 19a, or 19b,		ox and see inst edule A (Form 990	

ochedule A (i	Page	-
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)	
		_
•••••		
·		
		• •
		<u>.</u> -
		- <b>-</b>
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#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization	e Caeramanta	Saction			Employer identifi	6097155
American Society of Civil Engineer  Fundraising Activitie			nization s	enswered "Ves" t		
Form 990-EZ filers ar					——————————————————————————————————————	
<ul> <li>Indicate whether the organization</li> <li>Mail solicitations</li> <li>Internet and email solicitation</li> <li>Phone solicitations</li> <li>In-person solicitations</li> </ul>	ns	e [] f [] g []	Solicitati Solicitati Special f	on of non-governm on of government ( fundraising events	ent grants grants	
<ul> <li>Did the organization have a writt or key employees listed in Form</li> <li>If "Yes," list the ten highest paid to be compensated at least \$5,</li> </ul>	990, Part VII) od individuals o	or entity in o r entities (fi	connection	with professional f	undraising service	s? LYes No
to be compensated at least 45,	ood by the org	ariizatiori.				
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		<u> </u>	
	<u> </u>		l			
Total		stered or li	. ►	solicit funds or hi	as been notified it	is exempt from
registration or licensing.	nzation to regi	stored or in	ochoca to	Solicit lands of the	as been nemed in	. to exempt trem
		·				
•••••	••••••	·				
•••••			· · · · · · · · · · · · · · · · · · ·			
•	••••••••	• • • • • • • • • • • • • • • • • • • •		•••••		

Pa	rt II	Fundraising Events. Comore than \$15,000 on F	omplete if the organization orm 990-EZ, line 6a. L	tion answered "Yes" to	o Form 990, Part IV, li	ne 18, or r 55,000.	eporte	d
			(a) Event #1  Golf Outing (event type)	(b) Event #2	(c) Other events	(d) Tota (add col (	al events (a) throug (c))	jh
Revenue	1 2	Gross receipts						2,683
	3	contributions						4,483 8,200
	4	Cash prizes	<u> </u>					
	5	Noncash prizes	935				<u>_</u>	935
ses	6	Rent/facility costs	17,220				17	7,220
Direct Expenses	7	Food and beverages .						
Direct	8	Entertainment					<del></del>	
	9	Other direct expenses						
Pa	10 11 Iri II		ine line 3, column (d), a the organization ansv	nd line 10	▶	, or repor		,155) 45 ore
	•	than \$15,000 on Form		(h) D. II A-b- (	(2) (2) (2)	/d) Total	I gaming (	(ndd
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col (a) th	rough co	i (c))
-Be	1	Gross revenue						
nses	2	Cash prizes			-			
t Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses .			□ Ves %	<del> </del>		
	6	Volunteer labor .	☐ Yes% ☐ No	☐ Yes% ☐ No	│			
	7	Direct expense summary Ac	ld lines 2 through 5 in c	olumn (d)	•	(		)
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<u>.</u> <b>▶</b>	<u></u>		
9 a		ter the state(s) in which the o		•			Yes	No
b		'No," explain						
	Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," explain:							
11		es the organization operate o	jaming activities with ne	onmembers?		1	1	
12	ls	the organization a grantor, be med to administer charitable	eneficiary or trustee of	a trust or a member of	a partnership or other		2	

Name ▶.....

Description of services provided ▶

Gaming manager information:

Gaming manager compensation ▶ \$ \_\_\_\_\_

or spent in the organization's own exempt activities during the tax year ▶ \$

Schedule G (Form 990 or 990-EZ) 2009

Tax Year 2008

#### Schedule 1: Part I, Line 10 - Grants and Similar Amounts Paid

Class of Activity: Grantee's Name and Address (1)	Total Cash Amount	Property Other than Cash (Details Below)	Relationship if Individual (2)
STUDENT OUTREACH (1)			
1 1 Student Outreach - 5 contributions ranging from \$2,000 to \$3,000 ea	11,500		
UCD, CSUS, UOP, CSU Chico			
1 2 CSU Chico Student Chapter	1,000		
CSU Chico			
1 3 CSUS Student Chapter (SSGI)	1,000		
CSUS			
1 4 Student Outreach (Capital Branch) - 2 contributions, \$3,750 ea	7,500		
CSUS, UCD			
1 5 Student Outreach (Central Valley Branch)	3,900		
UOP	24,900	0	•
Total - STUDENT OUTREACH (1)	24,900	<u> </u>	:
STUDENT OUTDEACH (2)			
STUDENT OUTREACH (2)  2.1 Student Outreach (Sacramento Section) - 2 contributions, \$1,000 ea	2,000		
CSUS, UCD	2,000		
2 2 Student Outreach (Shasta Branch)	2,000		
Shasta	2,000		
2 3 Golze Scholarships - 8 awards, ranging from \$750 to \$1,500 ea	7,946		
Sacramento	,,,,,,		
Total - STUDENT OUTREACH (2)	11,946	0	•
•			•
COMMUNITY OUTREACH			
3 1 Sacramento Regional Science Fair	1,000		
Sacramento, CA			
3 2 Engineers without Borders - 3 contributions, \$2,000, \$1,000, and \$1,000	4,000		
Chico, CSUS, UCD			
3 3 Sustainability Committee - Startup Contribution \$1,000	1,000		
Sacramento, CA			
3 4 Make-A-Wish Foundation	14,700		
3841 N Freeway Blvd , Sacramento, CA 95834			•
Total - COMMUNITY OUTREACH	20,700	0	ı
Assessed One of Oral Engineers			
American Society of Civil Engineers	2 704		
4 1 Region 9 Alottment - \$1 per member	2,781		
Total - American Society of Civil Engineers	2,781	0	•
Total - American occiety of Civil Engineers	2,701		•
Total - All Classes	60,327	0	
1 State 7 till Stateged	00,021	<del></del>	ŧ

Attachments to IRS Form 990-EZ
, American Society of Civil Engineers Sacramento Section 94-6097155

Tax Year 2008

#### Schedule 2: Part I, Line 16 - Other Expenses

Amount
103,055
6,528
4,732
13,573
127,888

### **AMERICAN SOCIETY OF CIVIL ENGINEERS**

EIN: 13-1635293

Form 8868

Fiscal Year Ended September 30, 2009 -- Tax Year 2008

EIN	Name
05-0367758	American Society of Civil Engineers Rhode Island Section
14-6019576	American Society of Civil Engineers Mohawk-Hudson Section
23-7066812	American Society of Civil Engineers Virginia Section
23-7318940	American Society of Civil Engineers Kentucky Section
23-7320097	American Society of Civil Engineers Maine Section
23-7328136	American Society of Civil Engineers Nebraska Section
23-7381227	American Society of Civil Engineers North Carolina Section
23-7381232	American Society of Civil Engineers Utah Section
23-7381236	American Society of Civil Engineers Pittsburgh Section
23-7381237	American Society of Civil Engineers Oregon Section
23-7381277	American Society of Civil Engineers Nevada Section
23-7381283	American Society of Civil Engineers Mississippi Section
23-7381284	American Society of Civil Engineers Florida Section
23-7381289	American Society of Civil Engineers Michigan Section
23-7381291	American Society of Civil Engineers Cleveland Section
23-7381292	American Society of Civil Engineers Indiana Section
23-7381294	American Society of Civil Engineers Metropolitan Section
23-7381299	American Society of Civil Engineers New Hampshire Section
23-7383869	American Society of Civil Engineers Arizona Section
31-0897959	American Society of Civil Engineers Central Ohio Section
36-6199065	American Society of Civil Engineers Illinois Section
51-0163404	American Society of Civil Engineers New Jersey Section
51-0163408	American Society of Civil Engineers St. Louis Section
51-0237329	American Society of Civil Engineers Syracuse Section
51-0237342	American Society of Civil Engineers Louisiana Section
52-6049389	American Society of Civil Engineers National Capital Section
57-0642957	American Society of Civil Engineers South Carolina Section
63-0718693	American Society of Civil Engineers Alabama Section
66-0474826	American Society of Civil Engineers Puerto Rico Section
84-6050130	American Society of Civil Engineers Colorado Section
91-6037367	American Society of Civil Engineers Seattle Section
92-0060168	American Society of Civil Engineers Alaska Section
94-6097155	American Society of Civil Engineers Sacramento Section

#### Form **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

<ul> <li>If you are</li> <li>Do not comp</li> </ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this bound filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (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 need)	on page 2 of this form). previously filed Form 8868.			
	on required to file Form 990-T and requesting an automatic 6-month extension—check	·			
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.				
one of the relectronicall returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at returns noted below (6 months for a corporation required to file Form 990-T). However, if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed at ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you cannot file Form 8868 as 990-BL, 6069, or 8870, group and signed page 2 (Part II) of Form			
Type or print	Name of Exempt Organization  American Society of Civil Engineers	Employer Identification number			
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 instructions.	City, town or post office, state, and ZIP code For a foreign address, see instructions.  Reston, VA 20191				
Check type of return to be filed (file a separate application for each return):         ☐ Form 990         ☐ Form 990-T (corporation)         ☐ Form 4720           ☐ Form 990-BL         ☐ Form 990-T (sec. 401(a) or 408(a) trust)         ☐ Form 5227           ☑ Form 990-EZ         ☐ Form 990-T (trust other than above)         ☐ Form 6069           ☐ Form 990-PF         ☐ Form 1041-A         ☐ Form 8870					
Telephone If the org If this is for the who	s are in the care of Ivan Witkin, ASCE, 1801 Alexander Bell Dr., Reston, VA  No. In Section 1801 Section 1802 Section 1803	s box ▶ □ ) 2676			
1 I required until for the	uest an automatic 3-month (6 months for a corporation required to file Formation and the second process of the	orm 990-T) extension of time named above. The extension is			
2 If this	tax year is for less than 12 months, check reason:   Initial return  Final return	☐ Change in accounting period			
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative transport to the state of t	ax, 3a \$			
b If this	application is for Form 990-PF or 990-T, enter any refundable credits and estimated ents made. Include any prior year overpayment allowed as a credit.	tax			
c Balan depos	ice Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymm). See instructions.				
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 it instructions.				

Form 8868 (Rev	4-2009)			Page 2
Note. Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete omplete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on p	nsion on a pre		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file	the origina	I (no copies r	needed).
Type or print	Name of Exempt Organization	= _ 17		ntification number
File by the extended due date for	Number, street, and room or suite no If a P.O. box, see instructions.		For IRS use of	nly
filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	STURE STURE	- 3 4	
☐ Form 99 ☐ Form 99 ☐ Form 99	0-BL	orm 1041-A orm 4720 orm 5227	□ Fe	orm 6069 orm 8870
		n extension	on a previous	y illed Form 6668.
Telephone If the orga If this is for the whod list with the  I reque For cal If this	nare in the care of ►  No. ► ( ) FAX No. ► ( )  nization does not have an office or place of business in the United State or a Group Return, enter the organization's four digit Group Exemption Note group, check this box ► □ . If it is for part of the group, channes and EINs of all members the extension is for.  Inst an additional 3-month extension of time until endar year , or other tax year beginning , 20.  Itax year is for less than 12 months, check reason: □ Initial return □ and detail why you need the extension	es, check this umber (GEN) eck this box, and endir Final return	box	and attach a, 20 accounting period
b If this estima amour c Balanc with FT	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the synonrefundable credits. See instructions.  application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundanted tax payments made. Include any prior year overpayment allowed as any paid previously with Form 8868.  Be Due. Subtract line 8b from line 8a. Include your payment with this form, or, if D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)  Signature and Verification of prepare that I have examined this form, including accompanying schedules and complete, and that I am authorized to prepare this form.	ble credits a a credit and a required, depo See instructio	nd any 8b soit ns. 8c	\$
Signature ▶	Title ▶ Chief Financial	Officer	Date ►	02-01-2010 m <b>8868</b> (Rev. 4-2009)
			For	II COUC (M8V. 4-2009)

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