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- 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2008

Department of the Treasury Internal Revenue Service

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 ess 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

Open to Public Inspection

Ā	For the 2008 calend	dar year	, or tax year beginning	October 1	, 2008, and end	ling Septe	mber 3	0 , 20 09
В	Check if applicable	Please	C Name of organization		<u> </u>			ntification number
	Address change	use IRS label or	American Society of C	ivil Engineers Haw	aii Section	99	i	0170313
늗	Name change Initial return	print or	Number and street (or P O	box, if mail is not deliver	ed to street address) F	Room/suite E Tele	ohone nu	ımber
F	Termination	type. See	1801 Alexander Bell D	rive		(70	3)	295-6109
	Amended return	Specific Instruc-	City or town, state or coun	itry, and ZIP + 4		F Grou	p Exemp	otion
	Application pending	tions.	Reston, VA 20191			Num	ber .	. ▶ 2676
	• Section 501(c)(3)	organiz	ations and 4947(a)(1) none	exempt charitable trus	sts must attach	G Accounting m	ethod	☑ Cash ☐ Accrual
	· ·- ·-	a con	npleted Schedule A (Form	990 or 990-EZ).		Other (specify) ▶	
						H Check ▶ 🗀	if the c	organization is not
ı	Website: ▶					required to at	tach Sch	edule B (Form 990,
<u>J</u>	Organization type (check o	nly one)— 🔽 501(c)(3)∢	 (insert no.)	(a)(1) or 🔲 527	990-EZ, or 99	0-PF).	
K			on is not a section 509(a)(3)			ots are normally no	t more th	an \$25,000. A return is
_			ization chooses to file a retu					
L			ne 9 to determine gross recei					107,734
	Part Revenue	, Expe	nses, and Changes i	n Net Assets or F	und Balances (See the instruc	tions fo	
2010	1 Contribution	ons, gifts	s, grants, and similar amo	unts received			1	21,797
3(2 Program s	ervice i	revenue including goverr	nment fees and conti	racts		2	64,313
6	3 Membersh	np dues	and assessments				3	16,564
=	4 Investmen	it incom	ne				4	5,060
Ω_	5a Gross amo	ount fro	m sale of assets other the	han inventory			_	
SE	b Less: cost	or other	er basis and sales exper	nses	<u>5b</u>		4	
_	c Gain or (los	ss) from	sale of assets other than i	inventory (Subtract line	e 5b from line 5a) (a	attach schedule).	5c	
SCANNED	6 Special event	s and acti	vities (complete applicable parts	of Schedule G). If any amo	unt is from gaming, ch	eck here 🕨 🗌	1 1	
2	a Gross reve	enue (n	ot including \$	of contrib	outions		1 1	
	reported of	on line 1)		<u>6a</u>			
\odot	b Less: direc	ct expe	nses other than fundrais	ing expenses .	6b		. I	
ഗ	c Net incom	e or (lo	ss) from special events a	and activities (Subtra	ct line 6b from lin	e 6a)	6c	
	7a Gross sale	es of inv	ventory, less returns and	allowances	7a		.	
	b Less: cost	of goo	ds sold					
			ss) from sales of invento	ory (Subtract line 7b	from line 7a) .		7c	
	8 Other reve)	8	
_	9 Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6	c, 7c, and 8		<u></u> ▶	9	107,734
	10 Grants and	d sımıla	r amounts paid (attach	chedule)			10	23,744
	11 Benefits p	aid to d	or for members				11	
9	12 Salaries, c	ther co	mpensation, and employ	/ee benefits			12	
Expenses	13Profession	al_fees	and othe Apayments to	ndependent_contrac	tors	-,,,,,,,,,,,,,-	13	
Ž	14 Occupano	y, rent,	utilities, and maintenand	æ . Υ΄			14	574
W	1 15 Printing, p	ublicati	ons, postage, and shipp	ing"			15	
	16 Other exp	enses (describe GDLIV,	J 1		Schedule 1	16	87,700
_	17 Total exp	enses.	Add lines 10 through 16			<u></u> ▶	17	112,018
9	18 Excess or	(deficit)) for the year (Subtract li	ne 17 from line 9).			18	(4,284)
Net Assets	19 Net assets	s or fur	nd balances at beginning	g of year (from line	27, column (A)) (r	nust agree with		
¥	end-of-yea	ar figure	e reported on prior year	's return)			19	135,668
<u>te</u>	20 Other cha	nges in	net assets or fund balar	nces (attach explana	tion)		20	
	21 Net assets		d balances at end of yea				21	131,384
	Part II Balance	Sheets	s. If Total assets on line	25, column (B) are	2,500,000 or mor			of Form 990-EZ.
		(S	See the instructions for P	art II.)		(A) Beginning of		(B) End of year
2	2 Cash, savings,	and inv	estments			135,	668 22	
2	3 Land and build	ngs .					23	
2	4 Other assets (d	escribe	>)		24	
2						135,	668 25	
2	6 Total liabilities	(describ	pe ▶)		0 26	
2			lances (line 27 of colum				668 27	
Fo	or Privacy Act and P.	anerwai	k Reduction Act Notice s	see the Instruction for	Form 990.	Cat No. 10642		Form 990-EZ (2008)

					
Part III Statement of Program Service Accom			III.)	l "	Expenses
What is the organization's primary exempt purpose? F	romote Civil Engineer Pr	ofession		and	quired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz describe the services provided, the number of persons be				and	4947(a)(1) trusts; onal for others.)
28 Technical meetings to inform the profession abo			ogram titic.		
		· • • • • • • • • • • • • • • • • • • •			
and to inspire civil engineers to continually learn					
careers. Educational programs presented to enl					57.000
(Grants \$ 0) If this amount incl	udes foreign grants, check	<u>here </u>	. ▶ ⊔	28a	57,929
29 Enhance public awareness of civil engineering p					
programs. Awards program to honor achievement	nts and increase public a	wareness.		1	
	··-			l	
(Grants \$ 0) If this amount incl	udes foreign grants, check	<u>here , , , , , </u>	. ▶ ⊔	29a	39,284
30		•		İ	
				ł	
(Grants \$) If this amount incl	udes foreign grants, check	<u>here</u>	. ▶ 📙	30a	
31 Other program services (attach schedule)					
	udes foreign grants, check			31a	
32 Total program service expenses (add lines 28a th				32	97,213
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	structio	ons for Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit		(e) Expense account and
	devoted to position	enter -0)	deferred comper	nsation	other allowances
Michael Hunnemann	President, 5-10				
31 N Pauahi St 2nd Fl Honolulu Hl 96817	hrs/week	0		0	
Jeffrey Kalani	President-Elect, 5-10				
1357 Kapiolani Blvd #1450 Honolulu HI 96817	hrs/week	0		0	
Roger Babcock	Vice-President				
2540 Dole St Holmes Hall Honolulu HI 96822	5-10 hrs/week	0		0	
Dawn Barsana	Secretary, 5-10				
1132 Bishop St Ste 1100 Honolulu HI 96813	hrs/week	l o		0	
lan Arakaki					
680 Iwilei Rd Ste 430 Honolulu HI 96817	Treasurer, 5-10 hrs/week	0		0	
Ron Iwamoto	Past President, 5-10				
98-029 Hekaha St Ste 37	hrs/week	0		0	
Aaron Erickson					
1441 Kapiolani Bvd #1700 Hononulu Hl 96814	YMF President, 5-10	0		0	
	hrs/week			-	·
					
					 .
			L		
				_	

Pa	Other Information (Note the statement requirements in the instructions for Part VI.)			ugo U
			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		1
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	✓	ļ
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	_	1
	complete applicable parts of Schedule N 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
	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		1
39		1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for 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 4915 ▶		_	
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. ▶ Hawaii			
42a	The books are in care of ▶ Jeffrey Kalani Located at ▶ 1357 Kapiolani Bivd Ste 1450 Honolulu HI ZIP + 4 ▶) 75 968	54-55 17	01
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		Yes	No
	account)?	42b		✓
	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	· · ·	•	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		/
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		
	163, 1 Julii 330 must be completed instead of Pomi 330-EZ	45	\ F3	✓

Page 4	4
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Part	Se and	ction 501(c)(3) d complete the	organizations on tables for lines 50	ily. All section 501 ≀and 51.	(c)(3) organiza	ations mu	st answer questi	ons 4	6–49	
46			·····	t political campaign	activities on be	half of or ir	n opposition to		Yes	No
				Schedule C, Part I				46		✓
		•	•	es? If "Yes," complet		Part II .		47		✓
				ibed in section 170(b				48		1
49a	Did the or	ganization make	any transfers to an e	exempt non-charitabl	e related organ	nization?		49a		✓
				on 527 organization?				49b	L	<u> </u>
				nsated employees (ot sation from the organ				emplo	oyees) who
	(a) Name	and address of each (than \$100,00	employee paid more 0	(b) Title and aver hours per wee devoted to posit	k" lii	ompensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount ar allowar	nd
NON	E									
						<u>.</u>				
						······································				
Total	number of	f other employees	paid over \$100,000							
51	Complete	this table for the	five highest comper	nsated independent of	ontractors who	each rece	eived more than \$1	00,000) of	
	·		ganization. If there is	or paid more than \$100,00	<u> </u>	(b) To	pe of service	(c) Cor	*************	
NON		iame and address of t	sacri independent contract	or paid more trial \$100,00		(0) 19	pe or service	(6) 00	препза	
11011	! 									
				. =				•		
			· · · · · · · · · · · · · · · · · · ·							
	*	·								
Total	number o	f ather independ	ant contractors each	receiving over \$100	000					
1 Olas	Und	der penalties of perjui	y, I declare that I have exa	mined this return, including ration of preparer (other the	accompanying s	chedules and	statements, and to the b nation of which prepare	est of m	ny knov ny knov	vledge vledge.
Sign	1	Ogz	KKala			1	8/11/	2011	2	-
<u>Siyii</u> Here	1 5-	Signature of officer	1 - 1				Date 1	٠,٠		
1010		- 3	i. P.E., Tressurer -	2009-2010 Pre	ide at		August	11. 3	201	ρ
		Type or print name ar		LUCY ZUID FIE	sicient		- Just	·//		<u> </u>
Paid	sian	parer's nature			Date	Check if self-employed	Preparer's Identifying	Number (See insti	ructions)
Prepa	ı Fim	n's name (or yours			-t		EIN ► ;			
Use C		elf-employed), lress, and ZIP + 4					Phone no ▶ ()			
May			with the preparer sh	own above? See ins	ructions .		<u></u>	☐ Y	es [No
-		. .			***		F	orm 99		

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.

Open to Public

OMB No. 1545-0047

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

Open to Publinspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number
American Society of Civil Engineers Hawaii Section 99 i 0170313

Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (se	e instru	ctions)
Γhe 1 2 3 4	_	A church, co A school des A hospital of A medical re	onvention of chuscribed in section a cooperative lessearch organization	idation because it is: rches, or association on 170(b)(1)(A)(ii). (Attnospital service organition operated in conjuste:	of church tach Sche nization de junction v	hes desc edule E.) escribed with a ho	ribed in s in sectio spital de	n 170(b) scribed ii	70(b)(1)(/ (1)(A)(iii). n section	(Attach S	
5		_	tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the property of the heart II.)	ge or uni	versity ov	vned or o	perated	by a gov	ernmenta	I unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v)).	
7		_		receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	governm	nental uni	t or from	the general public
8				d in section 170(b)(1)		omplete	Part II.)				
9		An organizat receipts from support from	ion that normally activities related gross investm	receives: (1) more the ed to its exempt function ent income and unre after June 30, 1975.	an 33½ % tions—su lated bus	of its su bject to d siness ta	pport from certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 % of its
10 11		An organizat	tion organized a	nd operated exclusive and operated exclusive blicly supported organ at describes the type	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, o ction 509(r to carry out the (a)(2). See section
е		persons other	this box, I cert	tify that the organization managers and othe		t control	led direc	tly or inc	directly b	y one or	•
f g		organization	, check this box at 17, 2006, has	a written determination							e III supporting
				r indirectly controls, on the support of the suppor				th persor	ıs descrit	oed in (ii)	Yes No 11g(i)
		(iii) A 35% c	ontrolled entity	rson described in (i) a of a person described	d in (i) or		?				11g(ii) 11g(iii)
h			1	ation about the organ	ľ				1		.
(I)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 —above or-IRC section— (see instructions))	ın col (i) lıs	organization sted in your document?	the organ	rou notify nization in of your—— port?	organızat – (i) organı	s the ion in col zed-in the- S?	(vii) Amount of support
				(see insudenons)	Yes	No	Yes	No	Yes	No	
					, , ,			- 110		.,,	
											

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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. Section B. Total Support **(b)** 2005 Calendar year (or fiscal year beginning in) (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 . Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % 15 % Public support percentage from 2007 Schedule A, Part IV-A, line 26f 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test -- 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box-and-stop-here.-The organization-qualifies as a publicly-supported organization-................. 17a 10%-facts-and-circumstances test-2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . , 🕨 🔲 b 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 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.)
Section A. Public Support

JEC	doli A. Fublic Support						
Ca	lendar 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	16,775	21,391	20,575	21,525	38,361	118,627
_	any "unusual grants.")	10,773	21,331	20,515	21,020	30,001	110,021
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	20,061	24,315	19,432	7,637	64,313	135,758
3	Gross receipts from activities that are not an unrelated trade or business under section 513	3,626	1,800	3,760	120		9,306
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	40,462	47,506	43,767	29,282	102,674	263,691
	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 year or \$5,000						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)		1	,	6		263,691
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	40,462	47,506	43,767	29,282	102,674	263,691
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,952	241	9,941	208	5,060	18,402
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	2,952	241	9,941	208	5,060	18,402
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						0
13	(Explain in Part IV.)	, 1 S ,		*			282,093
14	First five years. If the Form 990 is for organization, check this box and stop		n's first, secor				
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (lin	· · · · · · · · · · · · · · · · · · ·		e 13. column	(ft)	15	93.48% %
16	Public support percentage from 2007 S				· · · ·	16	94.29% %
_	tion D. Computation of Investmen						
17	Investment income percentage for 200			d by line 13. ce	olumn (fi)	17	7% %
18	Investment income percentage from 20	•	• • •	-		18	6% %
19a					and line 15 is n	nore than 33%	%, and line
ь	17 is not more than 33% %, check this b 33% % support tests—2007. If the organ	ox and stop he	e re. The organi check a box or	zation qualifies i line 14 or line	as a publicly: 19a, and line 1	supported orga 6 is more than	ınizatıon ► 🔽 33/₃ %, and _
	line 18 is not more than 331/3 %, check this	-	-				_
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this b	ox and see inst	tructions 🕨 🗌

Schedule A (F	rm 990 or 990-EZ) 2008 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)
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(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return. Internal Revenue Service 7 • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension--check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization **Employer Identification number** Type or 0170313 print American Society of Civil Engineers Hawaii Section File by the due date for Number, street, and room or suite no. If a PO box, see instructions 1801 Alexander Bell Drive filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. Instructions Reston, VA 20191 Check type of return to be filed (file a separate application for each return): ☐ Form 4720 Form 990-T (corporation) ☐ Form 990 Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 5227 Form 990-BL Form 990-T (trust other than above) ☐ Form 6069 Form 990-EZ Form 990-PF ☐ Form 1041-A ☐ Form 8870 The books are in the care of ▶ Peter Shavalay Telephone No. ► (703) 295-6109 FAX No. ► (703) 295-6138 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)____ for the whole group, check this box ▶ 🗍 . If it is for part of the group, check this box ▶ 🧻 and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 20_10, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ ☐ calendar_year_20 _____or_ ► ☑ tax year beginning October 1 , 20 08 , and ending September 30 , 20 09 If this tax year is for less than 12 months, check reason: I Initial return I Final return I Change in accounting period 3a 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. За 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 3h \$ Balance Due, Subtract line 3b from line 3a, Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

Cat No. 27916D

for payment instructions.





Note.	Only c	omplete Part II if you have already	omatic) 3-Month Extension, co been granted an automatic 3-mo Extension, complete only Par	nth exte	nsion on a prev	nd check the	is box form 886	. ► □ 58.
Par		Additional (Not Automatic)	3-Month Extension of Time.	Only fil	e the original			
Type print		Name of Exempt Organization				Employer id	entificati	on number
File by extend due da	led	Number, street, and room or suite	no. If a P.O. box, see instructions.			For IRS use	only	
filing the return Instruc	he See	City, town or post office, state, and Z	IP code. For a foreign address, see insti	ructions.				
Chec	k type	of return to be filed (File a sep	arate application for each return):			. -	
	orm 99				orm 1041-A		Form 60	69
	orm 990)-BL	(sec. 401(a) or 408(a) trust)	□F	orm 4720		Form 88	70
□ F	orm 99	0-EZ	(trust other than above)	□F	orm 5227			
STOR	Pl Do no	t complete Part II if you were n	ot already granted an automatic	3-mont	th extension o	n a previous	ly filed I	Form 8868.
								
Tal	anhana	No b (FAX No. ► (· · · · · · · · · · · · · · · · · · ·				
1 61	epnone	NO. P	TAX NO. > 3	معادد	a abaak thia	hav		- □
			or place of business in the Unit					
• If th	his is fo	r a Group Return, enter the orga	anization's four digit Group Exen	nption N	lumber (GEN)		II '	triis is
for tr	ne whol	e group, check this box	. > [] . If it is for part of the g					
		names and EINs of all members						
4	I reque	st an additional 3-month extens	ion of time until		: 	20		
5	For cal	endar year, or other tax y	ear beginning	, 20	, and ending) 		, 20
6	If this t	ax year is for less than 12 mont	hs, check reason: 🔲 Initial ret	urn 🔲	Final return [Change i	n accour	nting period
7	State i	detail why you need the exten	sion					
•								
					•••••			
8a		application is for Form 990-BL, y nonrefundable credits. See in	990-PF, 990-T, 4720, or 6069, structions.	enter th	e tentative tax	8a	\$	
b	estima	ed tax payments made. Include	990-T, 4720, or 6069, enter any any prior year overpayment allov	refunda wed as a	ble credits and an	d y 8b	ė.	
		t paid previously with Form 886					¥	
C	Balance with FTI	Due. Subtract line 8b from line 8a coupon or, if required, by using EF	n. Include your payment with this for TPS (Electronic Federal Tax Payment	System).	required, depos See instructions	it s. 8c	\$	<u></u>
Under	penalties	of perfury. I declare that I have examine	Signature and Verificat d this form, including accompanying sche	t ion edules and	statements, and t	o the best of m	ıy knowled	ige and belief,
it is tr	ue, correc	t, and complete, and that I am authorize	d to prepare this form.					
Signat	ture 🕨	XX	Title ► CFO		·	Date ▶		12-10
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Form 8868 (Rev 4-2009)



Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

• 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 (oplete Part II unless you have already been granted an automatic 3-month extension on a page 1.	on page 2 of to previously filed	this form).
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	ded)	
Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—check		🕨 🔲
	prporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 income tax returns.	7004 to reque	st an extension of
one of the electronica	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autreturns 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 Forms a composite or consolidated Form 990-T. Instead, you must submit the fully completed an more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file f	ver, you cann s 990-BL, 606 d signed page	not file Form 8868 69, or 8870, group e 2 (Part II) of Form
Type or print	Name of Exempt Organization	Employer ide	ntification number
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.		
return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions.		
Check typ Form 9 Form 9 Form 9	90-BL	□ F	form 4720 form 5227 form 6069 form 8870
Telephore If the or If this is	ks are in the care of ▶ The No. ▶ () FAX No ▶ () The No. ▶ (s box	- ▶ □ If this is
until for ti ► [► [quest an automatic 3-month (6 months for a corporation required to file Fo	named abov	ve. The extension is
2 If thi	s tax year is for less than 12 months, check reason: Initial return Final return	Change II	n accounting period
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative to any nonrefundable credits. See instructions.		\$
	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated the nents made. Include any prior year overpayment allowed as a credit.		\$
dep	Ince Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymeem). See instructions	ed, ent 3c	\$
	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 ent instructions	453-EO and I	Form 8879-EO
For Privac	y Act and Paperwork Reduction Act Notice, see Instructions. Cat No 27916D	Fo	rm 8868 (Rev 4-2009)

4)

Form 8868 (Rev. 4-2009) • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Employer identification number Name of Exempt Organization Type or 1635293 print American Society of Civil Engineers 13 Number, street, and room or suite no. If a P.O. box, see instructions For IRS use only File by the extended 1801 Alexander Bell Drive due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions Reston VA 20191 instructions Check type of return to be filed (File a separate application for each return): ☐ Form 990 ☐ Form 6069 Form 990-PF ☐ Form 1041-A Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 990-BL ☐ Form 8870 ☐ Form 4720 Form 990-EZ Form 990-T (trust other than above) ☐ Form 5227 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in the care of ▶ Ivan Witkin, ASCE, 1801 Alexander Bell Dr., Reston VA 20191 Telephone No. ▶ (703) 295-6118 FAX No. ▶ (703) 295-6138 • If the organization does not have an office or place of business in the United States, check this box . . . • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ▶ □ . If it is for part of the group, check this box ▶ ☑ and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until August 15 For calendar year _____, or other tax year beginning October 1 _____, 20.08 , and ending September 30 If this tax year is for less than 12 months, check reason: \Box Initial return \Box Final return \Box Change in accounting period State in detail why you need the extension. Additional time is requested in order to assemble information necessary to file complete and accurate Form 990EZ for each of the Sections. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, 8a \$ 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 amount paid previously with Form 8868 8b S c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit 8c |\$ with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of penury, I declare that I have examined this form, Including accompanying schedules and statements, and to the best of my knowledge and belief, ham authorized to prepare this form it is true, correct, and complete, and that Thle ▶ Chlef Financial Officer 05-11-2010 Signature 1 Form 8868 (Rev 4-2009)



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
06-1054843	American Society of Civil Engineers Connecticut 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
23-7328136	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
23-7381299	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
51-0209285	American Society of Civil Engineers Arkansas 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
58-1276572	American Society of Civil Engineers Georgia Section
62-6041767	American Society of Civil Engineers Tennessee Section
63-0718693	American Society of Civil Engineers Alabama Section
66-0474826	American Society of Civil Engineers Puerto Rico Section
—91-6037367 ⁻	•
92-0060168	American Society of Civil Engineers Alaska Section
99-0170313	American Society of Civil Engineers Hawaii Section

Attachments to IRS Form 990-EZ American Society of Civil Engineers Hawaii Section 99-0170313

Tax Year 2008

Schedule 1: Part I, Line 16 - Other Expenses

Des	cription	Amount
1	Continuing education and Workshop expenses	28,224
2	Meeting expenses	17,904
3	Travel and miscellaneous expenses	14,288
4	Young members, awards and student activities expenses	27,284
8		
9		
10		
Tot	al	87,700