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CISFT42WJD

Form 990-EZ

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

10-01, 2009, and ending

09-30, 2010

B Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use RS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.C Name of organization  
**AMERICAN SOCIETY OF CIVIL ENGINEERS A2**Number and street (or P.O. box, if mail is not delivered to street address)  
**1801 ALEXANDER BELL DRIVE**

Room/suite

D Employer identification number  
**23-7383869**

E Telephone number

City or town, state or country, and ZIP + 4  
**Reston, VA 20191**F Group Exemption  
Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach  
a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method  Cash  Accrual  
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) -  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A  
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 120,961**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	23,855
	3 Membership dues and assessments	3	5,334
	4 Investment income	4	4
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including 5 of contributions reported on line 1)	6a	91,768
	b Less: direct expenses other than fundraising expenses	6b	155,829
Expenses	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(64,061)
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ► )	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	(34,868)
	10 Grants and similar amounts paid (attach schedule) ► <b>STM122</b>	10	16,409
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	2,200
	13 Professional fees and other payments to independent contractors	13	
Assets	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	5,046
	16 Other expenses (describe ► )	16	
	17 Total expenses. Add lines 10 through 16 ► <b>REC 11 SEP 9 2011 OCT 1 2011</b>	17	23,655
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(58,523)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	106,880
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	48,357

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
23 Land and buildings	106,880	22 48,357
24 Other assets (describe ► )	23	
25 Total assets	24	
26 Total liabilities (describe ► )	106,880	25 48,357
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26	
	106,880	27 48,357

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**Part III Statement of Program Service Accomplishments** (See the instructions for Part III )

What is the organization's primary exempt purpose? EDUCATE ENGINEERS PROMOTE COMM AWARENESS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

#### 28 EDUCATE ENGINEERS AND PROMOTE COMMUNITY AWARENESS

(Grants \$ ) If this amount includes foreign grants, check here  28a 155,829

29

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

30

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

31 Other program services (attach schedule) - . . . . .

(Grants \$ ) If this amount includes foreign grants, check here   31a

32 Total program service expenses (add lines 28a through 31a) 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEVE JIMENEZ 2000 N CENTRAL AVE Phoenix, AZ 85012	TREASURER	5	0	0

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

	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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40 a 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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e 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	
41 List the states with which a copy of this return is filed. ► AZ		
42 a The organization's books are in care of ► STEVE JIMENEZ	Telephone no. ► 602-279-1234	
Located at ► 2929 N CENTRAL AVE Phoenix, AZ	ZIP + 4 ► 85012	
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 account)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ► _____		
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

**Part VII Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	<i>Steve Jimenez</i> Signature of officer	<i>Sep 26, 2011</i> Date	Preparer's identifying No. (See inst.)
STEVE JIMENEZ, treasurer Type or print name and title			
<b>Paid</b> Preparer's Use Only	Preparer's signature	Date 09-11-2011	Check if self-employed ► <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP + 4 ►		Mitchell and Valichnac Acctg In 6325 East Earll Dr. Scottsdale, AZ 85251	EIN ► <input type="checkbox"/>
		Phone no ►	602-403-5930

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

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Form 990-EZ (2009)

84A.823

**Federal Supporting Statements****2009**

Name(s) as shown on return

FEN

**Form 990EZ, Part I, Line 10  
Grants and Similar Amounts Paid Schedule****Statement #122**

<u>Activity</u>	<u>Grantee</u>	<u>Address</u>	<u>Amount</u>	<u>Relationship</u>
Activity	ENGINEERS W/O BORDERS		7,500	
Grantee				
Address	PHOENIX Phoenix	AZ 85006		
Activity	YOUNGER MEMBER FORUM		3,000	
Grantee				
Address	PHOENIX Phoenix	AZ 85006		
Activity	COMMUNITY OUTREACH		2,909	
Grantee				
Address	PHOENIX Phoenix	AZ 85006		
Activity	E WEEK		1,000	
Grantee				
Address	PHOENIX Phoenix	AZ 85006		
Activity	FUTURE CITIES		1,000	
Grantee				
Address	PHOENIX Phoenix	AZ 85006		
Activity	MATH COUNTS		1,000	
Grantee				
Address	PHOENIX Phoenix	AZ 85006		
	Total		<u>16,409</u>	