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# Form **990-EZ**

Department of the Treasury

Internal Revenue Service

# 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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public Inspection

A	For	the 2	009 calenda	ar year,	or tax year beginning	October 1	, 2009,	and ending	Sep	otemb	er 30	, 20	10
В	Chec	ck if appl	licable <sup>.</sup>	Please	C Name of organization				D Empl	oyer id	entific	ation numb	er
	Add	ress cha	inge	use IRS label or	American Society of Civ	il Engineers Louisian	a Section		51	- 02	3734	2	
Ļ	=	ne chang		print or	Number and street (or P.O box,	if mail is not delivered to street	et address)	Room/suite	E Telep	hone n	umber		
Ļ	=	al retum ninated		type. See	1801 Alexander Bell Dri	ve			70	3 - 2	295-6	109	
누	╡	ended re	dum.	Specific	City or town, state or country, a				F Grou	n Exe	motio	n	
۲	=	dication		Instruc- tions.	Reston, VA 20191					ber I	•	2676	
Ξ				omania	ations and 4947(a)(1) nonex	emnt charitable trusts m	ust attach	G Accou				Cash	ccnial
	•	Secut	,,, <u>30 1(c)(3)</u>		npleted Schedule A (Form 9				(specify)		٠ ت	Jusii	Jordan
-			·								raani	zation is <b>n</b> o	
	Wa	bsite	:▶ lasce	ora				1			-	le B (Form	
					nty one) — 🗹 501(c) ( 3 ) ◀	1 (insert no.) \( \bar{\sqrt{10/1}} 4947(a)(1	) or 52		Z, or 990		JI IEGU	ie D (i Oilli	330,
_						· · · · · · · · · · · · · · · · · · ·				<u>_</u>		\$25,000	
K		eck. ooo		_	zation is not a section 509(a)(3 turn is not required, but if the		_		-			an \$25,000	. А
-					9 to determine gross receipts;				<del></del>		urii.	30	06,186
	Par		Povenu	b, to line	enses, and Changes in	Not Assets or Fun	d Ralanc	es (See the	instru	Ψ	s for		70,100
	r all								11130100	4	3 101		38,553
					s, grants, and similar amo				٠ ٠ ١				19,792
			-		evenue including governm					2			
				•	and assessments					3			22,632
		-	Investmen							4			1,513
					m sale of assets other than	•							
	-	Ь	Less: cost	or othe	r basis and sales expense	s				_			
	<b>a</b>				sale of assets other than					5c			
	Revenue				tivities (complete applicable parts			ı <b>ng,</b> cneck nere	╸└┆				
	8		1 ' 1	-	<del>1701</del>	of contributio	1	ı					
1	æ	f	reported <u>'o</u>	n line 1	)   ∞		. <u>6a</u>						
	ł	b	Less: direc	t <sub>(expe)</sub>	nses other than fundraising	g expenses	. <u>6b</u>						
		C	Net incom	0-01-(10:	ss)-trom-special-events and	activities (Subtract line	e op irom	ļine 6a) .   .		6c			
		7a	Gross sale	es of inv	rentory, less returns and al	lowances	. 7a						
	- }	b	Less: cost	of goo	ds sold		. <u>7b</u>	<u> </u>					
	ì	C	Gross prof	fit or (lo	ss) from sales of inventory	(Subtract line 7b from I	line 7a) .			7c			
		8	Other reve	nue (de	escribe ► Newsletter and	website	151 115		)	8		2	23,696
	_  _	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7	7c, and 8		<u> </u>	. ▶	9		30	06,186
	1	10	Grants and	d simila	r amounts paid (attach sch	nedule)				10		2	27,664
	1	11	Benefits p	aid to c	r for members					11			
	g 1	12	Salaries, o	ther co	mpensation, and employe	e benefits				12			
	euses	13	Profession	nal fees	and other payments to inc	lependent contractors				13			1,157
					utilities, and maintenance					14			
	<b>.</b>		-	-	ons, postage, and shippin					15		2	25,849
			• • •						dule 1	16		20	01,289
	1	17	Total exp	enses.	Add lines 10 through 16 .				. ▶	17		25	55,959
-					for the year (Subtract line					18			50,227
	1 je				nd balances at beginning								
	Net Assets				e reported on prior year's r					19		24	48,188
	F .	20	Other char	naes in	net assets or fund balance	es (attach explanation)				20		-	
	ž ;				d balances at end of year.					21		29	98,415
ı	Par		Balanc	e Shee	ets. If Total assets on line	25, column (B) are \$1.2	50,000 or	more, file Fo	rm 990		ad of		
					(See the instructions for				ginning of			(B) End of ye	
	22	Cas	sh savings	and ir	nvestments	•			248	,188			98,415
	23		id and buil							·	23		
	23 24		ier assets (	_							24		
1	2 <del>4</del> 25			•					248	,188	_	2	98,415
	26		ai assets al liabilitie				· · · ·	,			26		0
	20 27	Net	t assets o	r fund i	palances (line 27 of colum	n (B) must agree with li	ne 21) .		248	,188		2	98,415

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990-EZ (2009)

	556 E2 (2005)					i ago 🛌
Par	t III Statement of Program Service Accomp	plishments (See the instr	uctions for Part II	1.)		Expenses
	t is the organization's primary exempt purpose? A					ired for section
	cribe what was achieved in carrying out the org					)(3) and 501(c)(4) izations and section
	ner, describe the services provided, the number o	f persons benefited, and o	other relevant info	mation for		a)(1) trusts; optional
each	program title.				for ot	
28	Education seminars and conferences for profes	ssional development.				
	The National conference and seminars are gear	red to develop the abilitie	s			
	of the civil engineers.					
		includes foreign grants, che	eck here	. ▶ □	28a	174,572
29	Periodic section and branch membership meet	ingo to onbones				
	professional development of civil engineers.					
	(Grants \$ 0 ) If this amount	includes foreign grants, che	eck here	. ▶ 🗍	29a	42,750
30	Publication of technical journal for technical pa			. ,		,,,,
•	public about civil engineering issues.					
	pablio about of the origination and the origin					
	(Grants \$ 0 ) If this amount	includes foreign grants, ch	ock horo	▶ □	30a	31,317
24	Other program services (attach schedule)		•	·	300	31,317
31	, ,	includes foreign grants, che			31a	
22	(Grants \$ ) If this amount  Total program service expenses (add lines 28a t				32	248,64
	t IV List of Officers, Directors, Trustees, and Key					
rai	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &	account and other allowances
Chr	istopher P. Knotts, 10339 Hillyard Ave.	President, 4 hrs/wk				
Bate	on Rouge, LA 70815		0		0	
Pati	rick J. Landry, 109 Burt Circle	Pres-Elect, 5 hrs/wk				
	ayette, LA 70506	1103-21001, 01113/47	0		0	
	ald L. Schumann, Jr., 162 Villere Drive	Vice Pres, 3 hrs/wk				
	trehan, LA 70047	Vice Fies, 5 ills/wk	0		0	
	t M. Nixon, 5532 Lake Side Dr.	Sec-Treasurer 3 hrs/wk			,	
	sier City, LA 71111	Sec-Heasuler 5 III S/WK	0		0	
	M. Mustapha, 10015 Beaver Creek Drive	Dood Door 2 handrale				
	eveport, LA 71106	Past Pres, 2 hrs/wk	0		0	
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Part	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		✓
34	Were any changes made to the organizing or governing documents? 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 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			•
а	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		✓
ь	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		<b>✓</b>
37a	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		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			,
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		<b>√</b>
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			
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 organization's books are in care of ▶ Kurt M. Nixon Telephone no. ▶ 318			
		71111	-5888	<u> </u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	A1 =
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	NO V
	account)?	42b		_
	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.?	42c	L	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	
	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		✓

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) n 17(a)(1) nonexempt o nd 51.	onexempt charita haritable trusts m	able trusts only. A ust answer question	II sectons 46	tion -49b	<u> </u>
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete s				46		<u>√</u>
	Did the organization engage in lobbying activities	· ·	· · · · · · · · · · · · · · · · · · ·		-		<del></del>
	Is the organization a school as described in section				<del></del>		
	Did the organization make any transfers to an ex If "Yes," was the related organization a section 5	-	<del>-</del>		_		<u> </u>
50	Complete this table for the organization a section of employees) who each received more than \$100,0	ghest compensated er		n officers, directors,	trustee		key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Contributions to	(e) acc	Expens ount an	ıd
NONE							
					in opposition to		
<del></del>							es No  v v v and key ne." ore than ensation  ore than ensation
	\$100,000 of compensation from the organization	n. If there is none, ente	er "None."				
NONE	(a) Name and address of each independent contractor	paid more than \$100,000	(D)	Type of service	(c) Con	npensat	ion
NONE							
						-	
				r in opposition to			
d	Total number of other independent contractors e	each receiving over \$1	00,000 ►				
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including according for preparer (other than office	mpanying schedules and er) is based on all informa	statements, and to the beation of which preparer has	st of my any kno	knowled wledge	dge
Sign Here	Signature of officer			08/05/1	1		
	Type or print name and title						
Paid Prepare	Preparer's signature	Date	Check if self-employed	Preparer's identifying nui	mber (See	instructi	ons)
Use On	Firm's name (or	· · · · · · · · · · · · · · · · · · ·		LIIV			
May th	e IRS discuss this return with the preparer shows	n above? See instructi	ons	🕨 🗀			
				Fo	m <b>99</b> (	)-EZ (	(2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

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

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

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

OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service **Employer identification number** Name of the organization **American Society of Civil Engineers Louisiana Section** 0237342 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c ☐ Type III—Functionally integrated d ☐ Type III–Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? ttg(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (i) Name of supported (ii) EIN (vi) is the organization in col. organization (described on lines 1-9 in col. (i) listed in your the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? 1152 Yes No Yes No Yes Nο Total

Par	Support Schedule for Org (Complete only if you check					and 170	)(b)(1)(A)(vi)
Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200	09 (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 through 3		<u> </u>			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)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u> </u>	<u> </u>	<u></u>	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(a) 200	09 (f) Total
_		(a) 2005	(b) 2000	(6) 2007	(u) 2008	(e) 200	J9 (I) Total
7 8	Amounts from line 4					<u>                                     </u>	
	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 .		ļ	<u> </u>	<u> </u>	ļ <b>,</b>	
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	-	on's first, secon		-		section 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%_
15	Public support percentage from 2008 Scl	nedule A, Part	II, line 14 .			15	%_
16a	331/3 % support test-2009. If the organization	zation did not	check the box	on line 13, and	line 14 is 331/3	% or more	, check this box
	and stop here. The organization qualifies	as a publicly	supported orga	nization			▶ □
b	33% % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum reacts the "facts-and-circum"	acts-and-circu	mstances" test,	check this box	and stop here	. Explain ir	Part IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	L If the organiza	ation did not che nstances" test,	ck a box on line	13, 16a, 16b, o and <b>stop here</b> .	or 17a, and Explain in	line 15 is 10% or Part IV how the
18	Private foundation. If the organization did	not check a b	ox on line 13, 16	a, 16b, 17a, or	17b, check this	box and se	ee 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.)

Sec	tion A. Public Support		<del> </del>					
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,837	36,451	42,095	42,177	<del></del>	61,185	210,745
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			1	236,840		219,792	456,633
3	Gross receipts from activities that are not an unrelated trade or business under section 513	10,806	10,216	13,086	38,689		23,696	96,493
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 through 5	39,643	46,667	55,182	317,706	,	304,673	763,871
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					<del></del>		0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							0
	amount on line 13 for the year	0	. 0	0	0		0	0
_	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							763,871
	tion B. Total Support llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(0)	2009	(f) Total
		39,643	46,667	55,182	317,706		304,673	763,871
9 10a	Amounts from line 6	00,040	40,001	50,102	011,100		30 1,010	
102	payments received on securities loans, rents, royalties and income from similar sources				1,697		1,513	3,210
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
c 11	Add lines 10a and 10b	0	0	0	1,697		1,513	3,210
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,							767,081
14	First five years. If the Form 990 is for the second step in the second				=			n 501(c)(3)
Sec	organization, check this box and stop tion C. Computation of Public Su				<del></del>	• •	<u> </u>	<u> </u>
15	Public support percentage for 2009 (lin			e 13. column	(ft)	15		99.58 %
16	Public support percentage from 2008 S					16		99.66 %
	tion D. Computation of Investmen							
17	Investment income percentage for 200			by line 13 co	olumn (fl)	17		0 %
18	Investment income percentage from 20	•		-		18		0 %
19a	331/2 Support tests — 2009. If the orga				and line 15 is m		nan 331/a 9	%, and line
	17 is not more than 331/3 %, check this b	ox and <b>stop h</b> e	ere. The organi	zation qualifies	as a publicly s	suppo	rted orga	nization 🕨 🗹
b	33% % support tests - 2008. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The orga	nization qualifie	s as a publicly	suppo	rted orga	nization 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line 1	14, 19a, or 19b				ructions ► or 990-EZ) 2009

Page 4 line 10; ections.

Part IV	Supplement Part II, line	i <b>tal Infori</b> 17a or 17	<b>mation.</b> Co b; and Pa	omplete this rt III, line 12	part to prov  Provide any	ide the explan other addition	ations required nal information.	by Part II, line See instruction	10; is.
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Schedule A (Form 990 or 990-EZ) 2009

Attachments to IRS Form 990-EZ American Society of Civil Engineers Louisiana Section 51-0237342 Tax Year 2009

Schedule 1:	Part I	Line 1	6 - Other	<b>Expenses</b>
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Amount
12,758
170,900
17,631
201,289