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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 t	ne 2009 calend	ar year,	or tax year beginning	October 1	, 2009, ar	ia enaing S	eptem	<u>ber 30</u>	, 20 10
В	Check	if applicable	Please	C Name of organization	-		D Em	ployer ic	dentifica	tion number
	Addre	ss change	use IRS label or	American Society of	Civil Engineers Sacrament	o Section	1 9	4 - 6	097155	<b>;</b>
Ц		change	print or		ox, if mail is not delivered to street			ephone r	number	
H	Initial o		type. See	1801 Alexander Bell [	)rive		1 7	'03 -	295-61	09
님			Specific	City or town, state or country		-			emption	
H		ded return ation pending	instruc- tions	Reston, VA 20191				mber	•	2676
브				· · · · · · · · · · · · · · · · · · ·						
	• 5	ection 501(c)(3)			exempt charitable trusts mus	st attach			M C	ash
_			a coi	mpleted Schedule A (Forn	1 990 or 990-EZ).		Other (speci			
							H Check ▶ L		_	
-		site:▶ <u>www</u>					required to a	ttach S	chedule	B (Form 990,
J	Tax-e	exempt status (	check o	nly one) – 🗹 501(c) ( 3	) ◀ (insert no.) 🔲 4947(a)(1) o	or 🗌 527	990-EZ, or 9	90-PF).		
ĸ	Chec	k ▶ 🔲 ıfth	e organi	zation is not a section 509(a	a)(3) supporting organization and	d its gross r	eceipts are normall	y <b>not</b> m	ore than	n \$25,000. A
	Form	990-EZ or Form	n 990 re	turn is not required, but if	the organization chooses to file	a return, be	sure to file a com	plete re	turn.	,
Ξ					ots, if \$500,000 or more, file Form			<b>▶</b> 9	<b>k</b>	253,184
_	art				s in Net Assets or Fund				s for F	
	1							1	<u> </u>	26,958
	1		_	-	mounts received					
	2							2		163,587
	3		•					3		45,490
	4							4		1,868
	5	a Gross amo	ount fro	m sale of assets other the	han inventory	5a		╛		
	İ	b Less: cost	or other	er basis and sales expen	ses	5b		_	ļ	
		c Gain or (lo	ss) fron	n sale of assets other the	an inventory (Subtract line 5	b from line	e 5a)	5c		
e e	6	Special event	ts and ac	tivities (complete applicable pa	rts of Schedule G). If any amount is	from gaming	g, check here ▶ 🔲			
Revenue		a Gross reve	enue (n	ot includina \$	8,925 of contributions	3				
é						6a	15,28	1		
	' I	· ·			ing expenses	6b	14,66	-1		
			•		and activities (Subtract line 6			6c	i	617
							e oa)	00		
	1	,	~ ~	ventory, less returns and	allowances	7a		┥		
		b Less: cost				7b		┥_	ł	
	1				ory (Subtract line 7b from lin	e 7a) .		7c	ļ	
	8	Other reve	nue (de	<b>9§</b> cribe <b>&gt;</b> 2011   Ö			)	8		
_	9				c, 7c, and 8			9		238,520
	10	Grants <sup>i</sup> and	d simila	ır amounts pa <u>id</u> (attach s	schedule)			10		51,621
	11	Benefits_p	ai <u>d to c</u>	or for members				11		
G.	12	Salaries, o	ther co	mpensation, and emplo	yee benefits			12		
Expenses	13	Profession	nal fees	and other payments to	independent contractors .			13		19,327
9	14			utilities, and maintenand				14		1,947
ŭ	15	•	•		oing			15		1,009
	16	0. 1		describe ▶				. —		138,136
	17	•						17		212,040
_	40				ne 17 from line 9)			18		26,480
Net Assets	19				g of year (from line 27, coli			10	<u> </u>	20,400
Š	'"				s return)			10	i	226 905
4		•	_	• • •	•			19		326,895
Ž	20				nces (attach explanation) .			20	<del>                                     </del>	
	21				ar. Combine lines 18 through			21	<u> </u>	353,375
	Part	m Raianc	e snee		ne 25, column (B) are \$1,250	,uuu or m	<del></del>			
				(See the instructions	•		(A) Beginning			) End of year
2								6,895		353,375
2	3	Land and buil-	dıngs .						23	
2	4	Other assets (	(describ	ne ▶			)		24	
2								6,895	25	353,375
2	6	Total liabilitie	s (desc	cribe ▶			)		26	0
					mn (B) must agree with line	21) .	. 32	6.895	-	353 375

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

Form **990-EZ** (2009) Cat No 10642I

Pari	III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	I.)		Expenses
What	is the organization's primary exempt purpose? A	dvance science & civil en	gineering profes	sion		ured for section
	be what was achieved in carrying out the org					)(3) and 501(c)(4)
	er, describe the services provided, the number of					izations and section (a)(1) trusts; optional
each	program title.	•				hers.)
28	Meetings, conferences, educational seminars t	o enhance abilities of civi	l engineers	<del></del>	†	
	Inlandes honorlemente comunica					
			••••••			
	(Grants \$ 0 ) If this amount	includes foreign grants, ch	ock horo	N [7]	28a	134,945
	Newsletter to inform civil engineers	includes loreign grants, cir	eck liele	· • · ·	20a	104,545
	Includes technical articles, new technology, ca	so historias, honors and				
	includes technical articles, new technology, ca	ise mistories, nonors and	awaius			
	(Oranta (h	includes foreign and the				4.040
		includes foreign grants, ch	eck nere	. ▶ 🗆	29a	4,846
30	Committees, Student Outreach and Communit					
	Includes student scholarships, support of civil		inizations			
	Charity Golf Tournament, Misc. Charitable Org				l	
	•	includes foreign grants, ch			30a	69,386
	Other program services (attach schedule)				l	
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ ⊔	31a	
	Total program service expenses (add lines 28a				32	209,177
Part	IV List of Officers, Directors, Trustees, and Key					tions 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
	(a) ramo and addition	devoted to position	enter -0)	deferred comper		other allowances
Larr	Smith	President - 8 hrs/wk				
PO E	lox 1492, Lincoln, CA		0		0	0
Osc	r Serrano	Pres-Elect - 2 hrs/wk		_		
PO E	lox 1492, Lincoln, CA	1 100 2.001 2 11.01111	0		0	0
Joyc	e Copelan	Exec Director-2 hrs/wk				
	lox 1492, Lincoln, CA	Exec Director-2 ms/wk	0		0	0
	ssa Woodruff	Sr Director 1 hr/wk				<u>_</u>
	lox 1492, Lincoln, CA	Sr Director 1 nr/wk	0		0	0
	Varia		<u>_</u>			
	roung lox 1492, Lincoln, CA	Jr Director - 1 hr/wk	0		0	o
	my Zorna					
	lox 1492, Lincoln, CA	Treasurer - 4 hrs/wk	0		0	0
	lia Caldanana					
	lox 1492, Lincoln, CA	Secretary - 4 hrs/wk			_	•
	iox 1432, Ellicolli, GA		0		0	0
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		1	}	I		

	0-EZ (2009)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		1	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
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 <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	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 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		<b>√</b>
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
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>
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a b	section 4911 ▶	40b		<b>√</b>
С	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		<b>√</b>
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Jeremy Zorne Telephone no. ▶ 916			
	Located at ► PO Box 1492, Lincoln, CA ZIP + 4 ►		348	
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)?	401	Yes	
	If "Yes," enter the name of the foreign country: ►	42b		<b>✓</b>
	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		✓
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		. I	<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	163	<b>140</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		<b>y</b>
		000		

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 II		501(c)(3) organizations and section 494 and complete the tables for lines 50 and	47(a)(1) nonexemi	ot charitable	e trusts m	ust answer question	ons 4	6–49I	Ö
andidates for public office? If "Yes," complete Schedule C, Part I	46	Did the organization engage in direct or indirect	t political campaigr	activities o	n behalf of	or in opposition to		Yes	No
88 Is the organization a school as described in section 170(l)(1/4)(l)? If "Yes," complete Schedule E		candidates for public office? If "Yes," complete s	Schedule C, Part I				46		<b>1</b>
Did the organization make any transfers to an exempt non-charitable related organization?	47	Did the organization engage in lobbying activities	s? If "Yes," comple	te Schedule	C, Part II		47		<b>✓</b>
b If "Yes," was the related organization a section \$27 organization?  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 of compensation from the organization. If there is none, enter "None."  (b) The ser every house provided to position of the properties o	48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If	"Yes," comp	lete Schedu	ile E	48		<b>1</b>
Complete this table for the organization's five highest compensated employees (other than offices, 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 of compensation from the organization. If there is none, enter "None."  (b) Title and average hours per week devoted to position from the organization of the result of the position of the position of the result of the position of the po	49a	Did the organization make any transfers to an ex	empt non-charitab	le related or	ganızatıon?		49a		1
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 waverage devoted to position  (c) Compensation  (d) Compensation  (d) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (f) Compensation  (f) Compensation  (f) Compensation  (f) Total number of other employees paid over \$100,000  (g) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (g) Name and address of each independent contractor paid more than \$100,000  (g) Name and address of each independent contractor paid more than \$100,000  (g) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (g) Total number of other independent contractors each receiving over \$100,000  (g) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (g) Total number of other independent contractors each receiving over \$100,000  (g) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (h)	b	If "Yes," was the related organization a section 5	527 organization?				49b		l
(a) Name and address of each employee paid more than \$100,000    Total number of other employees paid over \$100,000									
(a) Name and address of each employee paid more than \$100,000   About per week devoted to position   About per week devote		employees) who each received more than \$100,					_	_	
f Total number of other employees paid over \$100,000			hours per wee	ĸ   ``	Compensatio	employee benefit plans 8	ac	count a	and
f Total number of other employees paid over \$100,000	NONE								
f Total number of other employees paid over \$100,000							<u> </u>	_	
f Total number of other employees paid over \$100,000									
f Total number of other employees paid over \$100,000							<u> </u>		
Sign Here    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									
Sign Here    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							ļ		
Sign Here    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									
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Sign Here    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			-						
Sign Here    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	-	Total number of other ampleyees paid over \$100					l		
NONE  d Total number of other independent contractors each receiving over \$100,000 . ▶  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    Variable   Variabl		\$100,000 of compensation from the organization	n. If there is none, o	enter "None	,				
d Total number of other independent contractors each receiving over \$100,000 ▶  Under penalties of penjury, 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  Sign Here    OS/05/2011	NONE	(a) Name and address of each independent contractor	paid more than \$100,00		(b)	Type of service	(c) Co	mpensa	ation
d Total number of other independent contractors each receiving over \$100,000 ▶  Under penalties of penjury, 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  Sign Here    OS/05/2011					<u> </u>				
d Total number of other independent contractors each receiving over \$100,000 ▶  Under penalties of penjury, 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  Sign Here    OS/05/2011									
d Total number of other independent contractors each receiving over \$100,000 ▶  Under penalties of penjury, 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  Sign Here    OS/05/2011									
d Total number of other independent contractors each receiving over \$100,000 ▶  Under penalties of penjury, 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  Sign Here    OS/05/2011									
d Total number of other independent contractors each receiving over \$100,000 ▶  Under penalties of penjury, 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  Sign Here    OS/05/2011					<b>_</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    Sign									
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    Sign						+			
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    Sign									
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    Sign		Total number of other independent contractors of	each receiving over	\$100,000					
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    Signature   Signature of officer   Date	•	Total Hamber of other macpendent contractors of	bacif receiving ever	Ψ100,000					
Here    Signature of officer   Date		Under penalties of perjury, i declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including a of preparer (other than o	accompanying : officer) is based	schedules and on all informat	statements, and to the be- ion of which preparer has	st of my any kno	knowledge	edge e
Here    Signature of officer   Date	Sian	1.10	•			. , ,			
Signature of officer   Date	_					08/05/20	η		
Type or print name and title  Paid Preparer's Use Only  May the IRS discuss this return with the preparer shown above? See instructions  Date Check if self-employed ▶□  Check if self-employed ▶□  Preparer's identifying number (See instructions)  EIN ▶  Phone no ▶ -  Yes □ No	11010	Signature of officer				Date /			
Paid Preparer's Use Only  Way the IRS discuss this return with the preparer shown above? See instructions  Self-employed Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions			asurer						
Preparer's Use Only  May the IRS discuss this return with the preparer shown above? See instructions    employed	Daid	Preparer's		Date	Check if	Preparer's identifying nui	nber (Se	e instruc	tions)
Use Only   Control of the property of the pro		signature							
address, and ZIP + 4						EIN ►			
		address, and ZIP + 4				Phone no ► -			
	May the	e IRS discuss this return with the preparer shown	n above? See instru	ictions .	<u> </u>	▶ [		_	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer Identification number** 6097155 **American Society of Civil Engineers Sacramento Section** 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.) 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ 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 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 331/2 % 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.) 10 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 D 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 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? . . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization in col organization (described on lines 1-9 the organization in support (i) organized in the above or IRC section governing document? col (i) of your support? (see instructions)) US? Yes No Yes Yes No

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1	I)(A)(vi)
Sec	tion A. Public Support	Red the box	on line 3, 7,	or or rait i	·J		
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	ionaa. Jour (or moon Jour Bogining m)	(4) 2000	(5) 2000	(0) 200.	(4) 2000	(6) 2000	(i) 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		ļ				
5 6	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	·					<del></del>
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		, , , , , , , , , , , , , , , , , , ,	(-,	(3)	(3)	(,, , , , , , , , , , , , , , , , , , ,
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 .						
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>				
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		-			14	<u>%</u>
15	Public support percentage from 2008 Sci					15	<u>%</u>
	33% % support test—2009. If the organiand stop here. The organization qualifies	as a publicly s	supported orga	nization			▶ □
b	33% % support test—2008. If the organization quality box and stop here. The organization quality						check this ▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 private foundation. If the organization did	acts-and-circum ances" test. The	nstances" test, o organization qua	heck this box a difies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support			,		<del>-</del>	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,998	62,047	62,879	84,027	72,448	343,399
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	22,389	61,448	33,154	134,925	164,204	416,120
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	84,387	123,495	96,033	218,952	236,652	759,519
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 \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6.)						759,519
Sec	tion B. Total Support		_				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	84,387	123,495	96,033	218,952	236,652	759,519
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1,078	2,133	902	2,476	1,868	8,457
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,000			2,	,,,,,,,	0
С	Add lines 10a and 10b	1,078	2,133	902	2,476	1,868	8,457
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	Total support. (Add lines 9, 10c, 11, and 12.)						767,976
14	First five years. If the Form 990 is for toganization, check this box and stop I	here				ear as a section	
Sec	tion C. Computation of Public Sup	•				<del></del> _	
15	Public support percentage for 2009 (lin		•		"	15	98.90 %
16	Public support percentage from 2008 Stion D. Computation of Investmen			· · · · · · · · · · · · · · · · · · ·	<u></u>	_16	98.74 %
					<del></del>		
17	Investment income percentage for 2009	•	• • •	•	`" 1	17	1 %
18	Investment income percentage from 20					18	1 %
19a	17 is not more than 331/3 %, check this be	ox and <b>stop he</b>	re. The organiz	ation qualifies	as a publicly s	upported organ	nization 🕨 🗹
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	s box and stop I	h <b>ere.</b> The organ	ıızatıon qualıfies	as a publicly s	supported organ	ization >
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see instr	uctions ► 🔲

Schedule A (F	orm 990 or 990-EZ) 2009	Page 4
Part IV		by Part II, line 10;
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<b>-</b>		
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		····
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### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

**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

Internal Revenue Service Name of the organization Employer identification number **American Society of Civil Engineers - Sacramento Section** 6097155 Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV. line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations ☐ Solicitation of non-government grants еL Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Lyres Lyres No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of contributions? from activity (or retained by) fundraiser listed in (or retained by) organization col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	rt II	Fundraising Events. Co more than \$15,000 on F				
	•		(a) Event #1  Make-A-Wish	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
e			(event type)	(event type)	(total number)	33. (4)/
Revenue	1	Gross receipts	24,206			24,206
ш.	3	Less: Charitable contributions	8,925			8,925
		mınus line 2)	15,281			15,281_
	4	Cash prizes				
	5	Noncash prizes	872			872
uses	6	Rent/facility costs	13,792			13,792
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment		•		<del></del>
	9	Other direct expenses				
		Direct expense summary. Ad Net income summary. Comb	d lines 4 through 9 in coine line 3, column (d), a	olumn (d) nd line 10	· · · · · · <b>&gt;</b>	( 14,664) 617
Pa	ırt II	Gaming. Complete if t than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 19,	or reported more
e		2	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1	Gross revenue		biligo/progressive biligo		cor (a) through cor. (c))
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				<del> </del>
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	ì
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)	•	( )
	8	Net gaming income summary	/. Combine line 1, colur	nn d, and line 7	, <b>.</b>	
	_					Yes No
9 a		ter the state(s) in which the o the organization licensed to o		-		
b	If "	No," explain:				
10a	 We	ere any of the organization's o	aming licenses revoke	d, suspended or termin	ated during the tax yea	ır? 10a
b	If "	Yes," explain:	•••••	· 		
11 12		es the organization operate g		onmembers?	a partnership or other	11 entity
. 4		med to administer charitable		a trust or a member of		

Sche	dule G (Form 990 or 990-EZ) 2009		F	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a <sup>'</sup>	The organization's facility			
b	An outside facility	]		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
Þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Attachments to IRS Form 990-EZ American Society of Civil Engineers Sacramento Section 94-6097155 Tax Year 2009

Schedule 1	Parti	Line 16	Other	Fynansas
<b>SCHEUUIE</b> I	. Parti.	. Lilie 10 -	Oulei	EXDENSES

Description	Amount
1 Meetings and conferences expenses	50,363
Supplies, bank fees and miscellaneous expenses	755
Continuing education and registration expenses	87,018
Total	138,136