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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

_		2010 calenda	ar year, or tax year beginning	October 1	, 2010,	and ending	Sept	ember 30	, 20	11
В			C Name of organization				D Employe	r identification	number	r
	Address ch	-	American Society of Civil Engin				94 -	6097155		
님	Name char	-	Number and street (or P O box, if mail is no	t delivered to street addres	ss)	Room/suite	E Telephon	e number		_
님	Initial return		1801 Alexander Bell Drive				703	- 295-6109		
H	Terminated Amended r		City or town, state or country, and ZIP + 4				F Group E	xemption		
ಠ	Application		Reston, VA 20191				Numbe	r ▶	2676	
G	Accounti	ng Method	Cash Accrual Other (spe	ecify) ►		Н	Check ▶	If the organ	nization	ıs not
	Website	-	.asce-sacto.org	.,				attach Sched		
J 1	Гах-ехет	pt status (che	eck only one) - 🔽 501(c)(3) 🗌 501(c)) 	4947(a)(1) or	527	(Form 990,	990-EZ, or 99	}0-PF)	
ĸ	Check ▶	☐ if the	e organization is not a section 509(a)(3) s	· · · · · · · · · · · · · · · · · · ·	and its gross	s receipts are i	normally not	more than \$5	50,000	
	Form 99		n 990 return is not required though Forn		-	•	-			
	to file a r	eturn, be sur	re to file a complete return					-		
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If	gross receipts are \$200,0	000 or more,	or if total asset	s (Part II,			
line	25, colu	ımn (B) below) are \$500,000 or more, file Form 990 inste	ead of Form 990-EZ			•	\$	18:	2,223
	Part I	Revenu	e, Expenses, and Changes in	Net Assets or Fur	d Balanc	es (see the	instruction	ns for Parl		
_	a		the organization used Schedule							abla
_	1		ons, gifts, grants, and similar amour		'		1 1			1,073
	2		ervice revenue including governmen			• •				3,463
	3	-	ip dues and assessments		,			_		3,810
	4	Investment						<u> </u>		849
	5a		ount from sale of assets other than	nventon	5a	1	· ·			
	b		or other basis and sales expenses	•	. 5b	-	, 5. e3			
	C		ss) from sale of assets other than in			Ino 5a)	. 5			
	6			iventory (Subtract iii)	e so nomi	ine saj	. 3	,		
	_	Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than								
Φ		\$15,000)		dule G ii greatei t	1	I.	د معنی ا پر از فر	-5		
Revenue					6a	J		/24		
Š	b		ome from fundraising events (not inc	·		f contribution	ns j	J.		
Œ			aising events reported on line 1) (as th gross income and contributions		1	l.	1,54 to 1,74 t	á Í		
			-	·						
	C		et expenses from gaming and fundr	-		d 6b and au	btroot (%)	- Ke-4		
	d	line 6c)	e or (loss) from gaming and fundr	aising events (add ii	nes oa an	u ob anu su		- 1		
			FOEDED.				· 6	<u>a </u>		
<u></u>	7a	Gross sale	s of inventor less etulls and ilo	wances	. 7a					
3	b		of goods sold	\mathcal{O}	. <u> 7b</u>		23.5	- 4		
ಶಾ	C	Gross pro	it or (loss) from sales of inventory (progract line /b from	iine /a) .		-	C		2 029
=-₹	8		nue (describe in Schedule 6)!	\$. 4	·		3,028
<u>s.</u>	9		nue. Add ines 1, 2, 3, 4, 5c, 6d, 7c		<u> </u>		. 🕨 !			2,223
	10	Grants and	d similar amounts paid (list in Sthed	K			· —	0		9,003
·/>	11	Benefits pa	aid to or for members				1	2		
_ Se	12		Salaries, other compensation, and employee benefits							40
٥	13								:	5,340
Expenses	. 14		y, rent, utilities, and maintenance					4		
			ublications, postage, and shipping					5		558
3	16		enses (describe in Schedule O) .					6		5,193
<i>.</i>	17	Total expe	enses. Add lines 10 through 16 .	<u> </u>		<u> </u>	▶ 1	7		0,094
ţ	18	Excess or	(deficit) for the year (Subtract line 1	7 from line 9)			1	8	62	2,129
Se	19		s or fund balances at beginning of				e with 🖺			
Net Assets		=	ar figure reported on prior year's ret				· · <u> 1</u>	9	35	3,375
et	20		nges in net assets or fund balances		•		2	0		
_	21	Net assets	or fund balances at end of year. C	ombine lines 18 thro	ugh 20		. ▶ 2	:1	41	5,504

						rage 2
Pa	Balance Sheets. (see the instructions to Check if the organization used Schedule		tion in this Part II	ļ		
			(A) Beg	inning of year	(1	B) End of year
22	Cash, savings, and investments			353,375	22	415,504
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			353,375	25	415,504
26	Total liabilities (describe in Schedule O) .			0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21	,	353,375		415,504
Par		<u>, , </u>	<u> </u>			Expenses
	Check if the organization used Schedule				(Reau	red for section
Wha	is the organization's primary exempt purpose?	<u> </u>			501(c)	(3) and 501(c)(4)
	be what was achieved in carrying out the organization					zations and section
	ervices provided, the number of persons benefited, and o			,	for oth	a)(1) trusts, optional
28	Meetings, conferences, educational seminars to		. •		10, 00	
20	Inlcudes honor/awards ceremonies	Semance abilities of civil	engineers			
	micutes nonor/awards ceremonies					
		includes foreign grants, che	eck here	<u>. ▶ ∐</u>	28a	35,296
29	Newsletter to inform civil engineers					
	Includes technical articles, new technology, ca	se histories, honors and a	wards			
	(Grants \$ 0) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	2,535
30	Committees, Student Outreach and Community	Outreach				
	Includes student scholarships, support of civil	engineering student orga	nizations			
	Charity Golf Tournament, Misc. Charitable Orga	nizations (Science Fair)				
	(Grants \$ 0) If this amount	includes foreign grants, che	eck here	. ▶ □	30a	57,368
31	Other program services (describe in Schedule O)					
		includes foreign grants, che	eck here	. ▶ □	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	95,199
Par			en if not compensa	ited. (see the		
	Check if the organization used Schedule					
		(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		account and other allowances
Osc	ar Serrano	· · · · · · · · · · · · · · · · · · ·				
	Box 1492, Lincoln, CA	President - 8 hrs/wk	0		0	0
	r Larsen			 		
	Box 1492, Lincoln, CA	Pres-Elect - 2 hrs/wk	0		0	0
	g Zeiss		U			<u> </u>
		Exec Director-2 hrs/wk	•		^	0
	Box 1492, Lincoln, CA		0	ļ <u>-</u>	U	0
	Young	Sr Director 1 hr/wk	_			_
	Box 1492, Lincoln, CA		0		0	0
	berly Brown	Jr Director - 1 hr/wk				
	Box 1492, Lincoln, CA		0		0_	0
	nua Wagner	Treasurer - 4 hrs/wk				
	Box 1492, Lincoln, CA		0	<u> </u>	0	0
	ilie Calderone	Secretary - 4 hrs/wk				
PO	Box 1492, Lincoln, CA	,	0		0	0
				ļ		
				i		
				1		
	-	<u> </u>				-
						_

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		→
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
ь 38а	Did the organization file Form 1120-POL for this year?	37b		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		
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 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		√
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		V
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ Joshua Wagner Located at ▶ PO Box 1492, Lincoln, CA Telephone no. ▶ 530 ZIP + 4 ▶	- 22 956		7
D	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)?	40h	Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b		v
	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		•	▶ 🗌
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	11	Yes	No
b	completed instead of Form 990-EZ	44a		√
_	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	 	1
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			Ť
	explanation in Schedule O	44d	1	1

Form 9	90-EZ (2010)						Page 4
							Yes No
45 · a	Is any related organization a controlled entity Did the organization receive any payment fro meaning of section 512(b)(13)? If "Yos," Fo	m or engage in any transaction rm 990 and Schedule R may	n with	a controlled	entity within the	45	1
46	Did the organization engage, directly or indire					45a	1
	to candidates for public office? If "Yes," con					46	
Part	Section 501(c)(3) organizations are 501(c)(3) organizations and section and 52, and complete the tables for Check if the organization used Sched	4947(a)(1) nonexempt charing the fines 50 and 51.	itable	trusts mus	t answer question	II sectons 47	ion -49b · · □
47 48 49a b 50	Did the organization engage in lobbying active is the organization a school as described in second the organization make any transfers to an if "Yes," was the related organization a section Complete this table for the organization's five employees) who each received more than \$1	ection 170(b)(1)(A)(ii)? If "Yes," c n exempt non-charitable relate on 527 organization? o highest compensated emplo	omple d orga oyees (te Schedule anization? . (other than o	fficers, directors,	47 48 49a 49b trustee	Yes No ✓ ✓ ✓ s and key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position		Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e)	Expense ount and allowances
NONE		devoted to position				Circi	<u> </u>
						· · · · · · · · · · · · · · · · · · ·	
f 51	Total number of other employees paid over \$ Complete this table for the organization's fi \$100,000 of compensation from the organization	ve highest compensated inde	epende	ent contracto	ors who each rece	eived r	more than
	(a) Name and address of each independent contra	actor paid more than \$100,000		(b) Typ	e of service	(c) Com	pensation
NONE							0
						· · · · · ·	
	Total number of other independent contractor	•		.▶			
52 	Did the organization complete Schedule A? for nonexempt charitable trusts must attach a complexement charitable trusts must attach a complexement charitable trusts must attach a complexement of the complexe	ompleted Schedule A			· · · · ▶ ☑) Yes	□ No
Under po lrue, car	pnahles of perjury, I declare that I have examined this returned, and complete. Doctaration of preparer (other than offi	n, including accompanying schedules a cer) is based on all information of whice	and stat h prepa	lements, and to rer has any kno	the best of my knowled wiedge.	ige and	belief, it is
Sign	Strature of officer				13 AUG12		
Here	Joshua Wagner, EIT, M.ASCE / Tr	reasurer		· · · · · · · · · · · · · · · · · · ·	Date _.		
Paid Prepa	Print/Type proparer's name Print/Type Proparer's name	reparer's signature		Date	Check if self-employed	PTIN	· · · · · · · · · · · · · · · · · · ·
Prepa	Only Firm's name >			L	эмі-епірюуеа		

Use Only Firm's name

Flim's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2010

Open to Public Inspection

	of the organization							Employer id	lentification i	number		
			Sacramento Section						6097155			
Par			rity Status (All orga						nstruction	18.		
1 2 3	☐ A church, con☐ A school desc	vention of churc ribed in section	ation because it is: (Fo hes, or association of i 170(b)(1)(A)(ii). (Attac spital service organiza	churches ch Sched	s describe ule E.)	ed in sec	tion 170((b)(1)(A)(i).			
4	A medical resi		on operated in conjun)(b)(1)(A)(ii	ii). Ente	r the	
5	section 170(b)(1)(A)(iv). (Com	•	_	-				vernmenta	l unit d	escrib	ed in
6 7	= = = = = = = = = = = = = = = = = = =								oublic			
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Coi	mplete Pa	art II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. Se	ions-su lated bu	bject to d siness ta:	certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than 33	31/3%	of its
11	□ An organization purposes of constant 509(a)(3). Che a □ Type □ By checking t	on organized arone or more publick the box that b	d operated exclusively and operated exclusive blicly supported organ describes the type of Type II c that the organization ers and other than one	ely for the supporting Type I Type Is not co	ne benefit described ng organiz be III-Fund entrolled d	t of, to point of the secton and the section and the section all of the section and the section of the section of the section and the section of the section	perform ion 509(a d comple integrate indirectl	the funct a)(1) or se ete lines 1 d y by one	ions of, o ection 509 1e through d or more d	(a)(2). S n 11h Type ısqualıfı	e III-Ot ed pe	ection ther ersons
f	If the organiz		a written determination	on from	the IRS t	that it is	a Type	I, Type I	I, or Type	e III sup	portii	ng . □
g	-	17, 2006, has t	he organization acce	pted any	gift or co	ontributio	n from a	iny of the	•			
	(III) below,	the governing b	ndirectly controls, eithody of the supported	organızat	or toget tion? .	her with	persons	describe	d in (ii) and	d 11g(i)	Yes	No
	• •	•	on described in (i) abo							11g(i	1	<u> </u>
h			a person described in ion about the support			•				11g(iii	<u>) </u>	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the one in col (i) In governing	organization sted in your document?	the orgai col (i) sup	rou notify nization in of your port?	organizat (i) organi U	s the tion in col zed in the S ?		Amount upport	of
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												_
(C)												-
(D)												
(E)												
Total												

Part II

	(Complete only if you checked the Part III. If the organization fails to				•	•	alify under
Secti	on A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
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						
	on B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.		-			12	
13	First five years. If the Form 990 is for the	_		id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
Ca aki	organization, check this box and stop he						•
	on C. Computation of Public Suppor		<u></u>	14 1 (0)		Taal	
14 15	Public support percentage for 2010 (line 6					14	9/
16a	Public support percentage from 2009 Sch 331/3% support test—2010. If the organiz			 on line 13 an	d line 14 is 331	15 nove or more o	hack this
.00	box and stop here. The organization qual						> [
b	33 ¹ /3% support test—2009. If the organ check this box and stop here. The organic	nization did n	ot check a bo	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization meets the "forganization	010. If the org	anization did n and-circumsta	ot check a box ances" test, ch	c on line 13, 16 eck this box ai	nd stop here. I	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets th	e "facts-and-c	rcumstances"	test, check ti	his box and st	i, and line top here.
18	Private foundation. If the organization di	d not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, chec	k this box and	see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	<u>.)</u>	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants ")	62,047	62,879	84,027	72,448	74,883	356,284
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	i					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	61,448	33,154	134,925	164,204	103,463	497,194
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					3,028	3,028
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	123,495	96,033	218,952	236,652	181,374	856,506
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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		، ر کړې د د د		,		_
	line 6)	٠, ،	, 45° ~	, , ,		,	856,506
Secti	on B. Total Support						
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	123,495	96,033	218,952	236,652	181,374	856,506
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	2,133	902	2,476	1,868	849	8,228
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses					i	
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	2,133	902	2,476	1,868	849	8,228
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.)	125,628	96,935	221,428	238,520	182,223	864,734
14	First five years. If the Form 990 is for the	_			, or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he					· · · · ·	· · ► 📙
	on C. Computation of Public Suppor					T T	
15	Public support percentage for 2010 (line 8		•	3, column (f))		15	99.05 %
16	Public support percentage from 2009 Sch					16	98.90 %
	on D. Computation of Investment In		-			11	
17	Investment income percentage for 2010 (• •	-	• • •	17	1 %
18	Investment income percentage from 2009					18	1 %
19a	331/3% support tests—2010. If the organ						
	17 is not more than 331/3%, check this box		-	<u>-</u>		-	
b	331/3% support tests – 2009. If the organiz						
00	line 18 is not more than 33½%, check this l		_				
20	Private foundation. If the organization di	и посспеска	DOX OR IME 14	, 19a, Or 190, C	HECK THIS DOX:	anu see instruc	ctions 🕨 🔲

Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).
•	
•	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number Name of the organization American Society of Civil Engineers Sacramento Section 6097155 -Part I, Line 8 - Newsletter & website \$ 3,028 Part I, Line 16 - Other Expenses Meeting and conference expenses 23,633 Official travel expenses 2,007 Student activities expenses 16,882 Outreach and other expenses 2,671 Total for Line 16 -\$ 45,193