

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2011

Open to Public Inspection

Α	A For the 2011 calendar year, or tax year beginn	2011 calendar year, or tax year beginning	October 1	, 2011, and ending		mber 30 , 20 12				
В	Check if ap					r identification number				
	Address o	hange American Society of Civil En	gineers Kansas City Sect	ion	23 -	7381281				
닏	Name cha		E Telephon	e number						
닏	Initial retu	I 100 i Alexandei Deli Dilve			703	- 295-6109				
ᅡ	Terminate Amended	■ City or town, state or country, and ZIP +	4	- .	F Group E	xemption				
	Applicatio	Dooton VA 20101			Numbe	•				
G	Account	ing Method:	specify) ▶		H Check ▶ [If the organization is no				
Ī	Websit	,				attach Schedule B				
j	Tax-exen	npt status (check only one) - 2 501(c)(3) 501	(c) () ◀ (insert no.) ☐ 494	7(a)(1) or 527	•	990-EZ, or 990-PF).				
_	Check >			-						
•••		e than \$50,000. A Form 990-EZ or Form 990 return		_	•					
		nization chooses to file a return, be sure to file a c	. •	out it (o postouru)	may bo roquire	od (600 mondono). But n				
L	_	5b, 6c, and 7b, to line 9 to determine gross receipts	•	or more, or if total ass	sets (Part II.					
		olumn (B) below) are \$500,000 or more, file Form 990	- ·		•	\$ 85,802				
_	Part I	Revenue, Expenses, and Changes		Ralances (see the	ae instructio					
	art i	Check if the organization used Schedul		•						
	1	Contributions, gifts, grants, and similar amo								
	2	Program service revenue including government			· · · ·					
	3	Membership dues and assessments			2	,				
	4	Investment income			4	5,1.50				
	1 _	Gross amount from sale of assets other tha			· · · 4	136				
	5a		•	5a						
	b	Less: cost or other basis and sales expense		5b						
	C	Gain or (loss) from sale of assets other than	i inventory (Subtract line 5)	o from line 5a) .	50					
	6	Gaming and fundraising events	come from gaming (attach Schedule G if greater than							
í g	_ a	\$15,000)	-	1 1						
Revenies	<u> </u>	•		6a						
	b	Gross income from fundraising events (not		of contribut	ions					
à	:	from fundraising events reported on line 1 sum of such gross income and contribution								
				6b						
	5	Less: direct expenses from gaming and fun		6c						
	d	Net income or (loss) from gaming and fur line 6c)	idraising events (add lines	s ba and bb and s	<u> </u>	. 				
	۱ _	•		1 - 1	60	3				
	7a	Gross sales of inventory, less returns and a		7a						
	b	Less: cost of goods sold		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		~-				
	C	Gross profit or (loss) from sales of inventory			<u> </u>					
	8									
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d,		AUG 1 2 2013	. Ö					
	10	Grants and similar amounts paid (list in Sch								
	11	Benefits paid to or for members		I A TANK	, 기를 <u> 1</u>					
ğ	12	Salaries, other compensation, and employe								
Evnenses	13	Professional fees and other payments to in								
Ş	14	Occupancy, rent, utilities, and maintenance								
u	- I .•	Printing, publications, postage, and shippin								
	16	Other expenses (describe in Schedule O)								
_	17	Total expenses. Add lines 10 through 16	 	<u> </u>	🕨 17					
9	18	Excess or (deficit) for the year (Subtract line				12,098				
ğ	19	Net assets or fund balances at beginning	of year (from line 27, colu	ımn (A)) (must agı	ree with					
Not Accete	ť	end-of-year figure reported on prior year's				101,298				
4	20	Other changes in net assets or fund balance				0				
_	21	Net assets or fund balances at end of year.	Combine lines 18 through	20	▶ 2·	1 113,396				

	P00 F7 (0011)						_^ _
	Balance Sheets. (see the instructions						Page 2
	Check if the organization used Schedule	O to respond to a	ny question in this				
	O-ah assumes and assessments		-	(A) Beginn	ing of year	100	(B) End of year
22	Cash, savings, and investments		' · · · ·		101,298	23	113,396
23	Land and buildings					24	·
24	Other assets (describe in Schedule O) Total assets				404 000	+	442 200
25	Total liabilities (describe in Schedule O)				101,298	+=-	113,396
26 27	Net assets or fund balances (line 27 of column	(R) must agree with	line 21)		404 200	-	0
	Statement of Program Service Accom			Part III \	101,298	21	113,396
ган	Check if the organization used Schedule	•		•		1.	Expenses
A/bal	is the organization's primary exempt purpose?				<u>···</u> ion		quired for section (c)(3) and 501(c)(4)
				•			anizations and section
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provided	rogram s I, the nu	services, mber of		7(a)(1) trusts, optional others.)
28	Educational Seminars to enhance abilities of ci						
	National Conferences, Monthly Technical Prese	entations, Profession	onal				
	Registration Examination Review Course						1
		includes foreign gra			<u> </u>	288	43,272
29	Community Service activities and fundraisers f						1
	Habitat for Humanity, Adopt-A-Highway, Christ	mas in October, ch	arity golf tourn-				
	ament to benefit Make-A-Wish						
		ıncludes foreign gra				298	18,916
30	Educational Outreach to inform the general pul					ļ	
	Liquid Assets documentary & forum on local w			•		1	
	national Conferences, Monthly Technical Prese					1	
	(Cranto C a) If this amount	includes foreign are					
			nts, check here .		<u> </u>	30	5,118
31	Other program services (describe in Schedule O)			· · ·	<u>▶ ⊔</u>		3,
	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra	nts, check here		 •	316	3,3.33
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a)	nts, check here		<u>▶</u> ⊔ . ▶	31a	67,306
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key	includes foreign gra through 31a) r Employees. List eac	nts, check here .	npensated		31a	67,306
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a) r Employees. List eac	nts, check here	npensated	<u></u>	31a	67,306
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	includes foreign grathrough 31a) r Employees. List each O to respond to an (b) Title and average	nts, check here .	pensated	alth benefits,	31a 32 instru	67,306
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key	includes foreign gra through 31a) . Femployees. List ead O to respond to an	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated Part IV (d) Heal	alth benefits, ins to employ t plans, and	31a 32 instru	67,306 uctions for Part IV.)
32 Par	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 10) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	includes foreign grathrough 31a) / Employees. List each O to respond to all (b) Title and average hours per week	h one even if not con y question in this (c) Reportable compensation	pensated Part IV (d) Heal	alth benefits, ns to emplo	31a 32 instru	67,306 uctions for Part IV.)
32 Par	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E.	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2	h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru	67,306 uctions for Part IV.) Destinated amount of other compensation
32 Par Davi	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 10) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC	ppensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru	67,306 uctions for Part IV.)
32 Par Davi 9400 Jam	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 10) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E.	includes foreign grathrough 31a) Femployees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated Part IV (d) Heacontributio benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru 	67,306 uctions for Part IV.) Estimated amount of other compensation
32 Par Davi 9400 Jam 9400	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 10) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E.	includes foreign grathrough 31a) Femployees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk	h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated Part IV (d) Heacontributio benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru	67,306 uctions for Part IV.) Destinated amount of other compensation
Davi 9400 Jam 9400 She	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E.	includes foreign grathrough 31a) Femployees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru- /ee (e)	67,306 uctions for Part IV.) Destinated amount of other compensation 0
32 Par 9400 Jam 9400 She 5055	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. 6 Antloch Road, Overland Park, KS 66203	includes foreign grathrough 31a). / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru 	67,306 uctions for Part IV.) Estimated amount of other compensation
32 Par 9400 Jam 9400 Sher 5055	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antloch Road, Overland Park, KS 66203 an Keller, P.E.	includes foreign grathrough 31a). / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated Part IV (d) Hea contribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru	67,306 uctions for Part IV.) Estimated amount of other compensation 0
32 Par 9400 Jam 9400 Shel 5055 Adri 715	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a of the control of th	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated Part IV (d) Hea contribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru- /ee (e)	67,306 uctions for Part IV.) Destinated amount of other compensation 0
Davi 9400 Jam 9400 Sher 5055 Adri 715	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a metric expenses) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antioch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E.	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated Part IV (d) Hea contribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru	67,306 uctions for Part IV.) Estimated amount of other compensation 0 0
32 Parr 9400 Jam 9400 Shel 5055 Adri 715 John 715	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a for 18 liv List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antioch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated Part IV (d) Heacontributio benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru	67,306 uctions for Part IV.) Estimated amount of other compensation 0
32 Parr 9400 Jam 9400 Shel 5055 Adri 715 John 715 Tom	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 10	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0	npensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru-	67,306 Loctions for Part IV.) Comparison Destinated amount of other compensation O O O O
32 Par 9400 Jam 9400 Shel 5055 Adri 715 John 715 Tom 1235	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a total IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antioch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105 Jacobs, P.E. 0 W 87thStreet, Lenexa, KS66215	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0	npensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instr. 0	67,306 uctions for Part IV.) Estimated amount of other compensation 0 0
32 Par 9400 Jam 9400 Shel 5055 Adri 715 John 715 Tom 1235 Mich	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antloch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105 Jacobs, P.E. Ward Parkway, Kansas City MO 64105 Jacobs, P.E. Wirk Dr., Kansas City MO 64105 Jacobs, P.E.	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru- //ee (e)	a 67,306 Loctions for Part IV.) Destinated amount of other compensation 0 0 0 0 0
32 Par 9400 Jam 9400 Shel 5055 Adri 715 John 715 Tom 1235 Mich 1322	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antloch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105 Jacobs, P.E. 60 W 87thStreet, Lenexa, KS66215 lead Schmidt, P.E 2 Adams Street, Kansas City, KS 66103	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk Director, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru- //ee (e)	67,306 Loctions for Part IV.) Comparison Destinated amount of other compensation O O O O
32 Par 9400 Shell 5055 Adri 715 John 1235 Mich 1322 Rac	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antioch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105 Jacobs, P.E. W 87thStreet, Lenexa, KS66215 neal Schmidt, P.E. Adams Street, Kansas City, KS 66103 nelle Lowe, P.E.	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk Director, 1 hr/wk Director, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 0 0	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru-	a 67,306 Loctions for Part IV.) Destinated amount of other compensation 0 0 0 0 0 0
32 Par 9400 Shell 5055 Adri 715 John 1235 Mich 1322 Rac	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antloch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105 Jacobs, P.E. 60 W 87thStreet, Lenexa, KS66215 lead Schmidt, P.E 2 Adams Street, Kansas City, KS 66103	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk Director, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru- //ee (e)	a 67,306 Loctions for Part IV.) Destinated amount of other compensation 0 0 0 0 0
32 Par 9400 Shell 5055 Adri 715 John 1235 Mich 1322 Rac	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antioch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105 Jacobs, P.E. W 87thStreet, Lenexa, KS66215 neal Schmidt, P.E. Adams Street, Kansas City, KS 66103 nelle Lowe, P.E.	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk Director, 1 hr/wk Director, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 0 0	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru-	a 67,306 Loctions for Part IV.) Destinated amount of other compensation 0 0 0 0 0 0
32 Par 9400 Shell 5055 Adri 715 John 1235 Mich 1322 Rac	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antioch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105 Jacobs, P.E. W 87thStreet, Lenexa, KS66215 neal Schmidt, P.E. Adams Street, Kansas City, KS 66103 nelle Lowe, P.E.	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk Director, 1 hr/wk Director, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 0 0	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru-	a 67,306 Loctions for Part IV.) Destinated amount of other compensation 0 0 0 0 0 0
32 Par 9400 Shell 5055 Adri 715 John 1235 Mich 1322 Rac	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antioch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105 Jacobs, P.E. W 87thStreet, Lenexa, KS66215 neal Schmidt, P.E. Adams Street, Kansas City, KS 66103 nelle Lowe, P.E.	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk Director, 1 hr/wk Director, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 0 0	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru-	a 67,306 Loctions for Part IV.) Destinated amount of other compensation 0 0 0 0 0 0
32 Par 9400 Shell 5055 Adri 715 John 1235 Mich 1322 Rac	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a service) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address d Silverstien, P.E. Ward Parkway, Kansas City MO 64114 es Duehning, P.E. Ward Parkway, Kansas City MO 64114 yl Gallagher, P.E. Antioch Road, Overland Park, KS 66203 an Keller, P.E. Kirk Dr., Kansas City MO 64105 n Blancett, P.E. Kirk Dr., Kansas City MO 64105 Jacobs, P.E. W 87thStreet, Lenexa, KS66215 neal Schmidt, P.E. Adams Street, Kansas City, KS 66103 nelle Lowe, P.E.	includes foreign grathrough 31a) / Employees. List each O to respond to an (b) Title and average hours per week devoted to position President, 2 hrs/wk Pres-Elect, 2 hrs/wk VP/Treas, 3 hrs/wk VP/Sec, 1 hr/wk Director, 1 hr/wk Director, 1 hr/wk	nts, check here h one even if not con y question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 0 0 0	pensated Part IV (d) Heacontribution benefit deferred	alth benefits, ins to employ t plans, and	31a 32 instru-	a 67,306 Loctions for Part IV.) Destinated amount of other compensation 0 0 0 0 0 0

*Part	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
00	Did the appropriate account in any significant actuals and account actuals are also as the 1000 K West II		Yes	No
33	Did the organization engage in any significant 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	 	1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		✓
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
þ	Did the organization file Form 1120-POL for this year?	37b		1
38a	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 tax year covered by this return? .	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	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		✓
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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Sheryl D. Gallagher, P.E. Telephone no. ▶ 913	<u>- 43</u>	8-190	0
	Located at ► 5055 Antioch Road, Ovelrand Park, KS ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	66	203	
d	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
†	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 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		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		\
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		: 45DD		

								Tes No			
		organization engage, directly or in						ثنييا ليخلا			
		didates for public office? If "Yes,"						/ _			
Part \		ection 501(c)(3) organizations 01(c)(3) organizations and secti									
		nd 52, and complete the tables			rusis mus	st answer qu	estions 47	/ -49 D			
		heck if the organization used Sch			this Dort	\/I					
	<u> </u>	neck if the organization used Sci	redule O to respond	to any question in	this Part	<u>vı</u>	· · ·	· · L			
47	Did the	organization ongogo in Johnving	notwition or have a	costion EO1/h) clost	uon in offo	at during the	tov —	Yes No			
		organization engage in lobbying "Yes," complete Schedule C, Part				_	- 1 1				
	•	•					47	/			
48		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
		" was the related organization a se		_			49a 49b				
		was the related organization a se ete this table for the organization's						es and ko			
30		ees) who each received more than									
	ompio,	Soo, who sao house the shall		I		alth benefits,					
		e and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributi	ons to employee	(e) Estimate				
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC		ans, and deferred apensation	other com	pensation			
NONE											
			···	-							
	**										
											
	•••••										
				Ì							
		- '-									
f	Total n	umber of other employees paid over	er \$100.000	. ▶		J					
51		ete this table for the organization		ensated independer	nt contract	- ors who eacl	received	more than			
•		00 of compensation from the orga									
(a) !	Nome and	address of each independent contractor pa	id more than \$100,000	(b) Type of se	n//00	10) Compensation				
	Harrio and	address of each independent contractor pa	id more than \$100,000	(b) Type of se	JI VIOC	,,	, compensatio	" "			
NONE											
		<u> </u>									
			···								
				1							
											
				-							
	T-4-:	and an af atheres are		0400 005							
		umber of other independent contra	•		· • <u> </u>						
52		organization complete Schedule A					► □ v	□ M-			
		mpt charitable trusts must attach		·		•	► ✓ Yes				
		perjury, I declare that I have examined this recomplete. Declaration of preparer (other than					nowledge and	l belief, it is			
	1	1110 91.11-				1/2-1.2					
Sign		Signature of officer				6 [27][3 Date					
Here		Sheryl D. Gallagher, Treasure	•			Daic					
11010		Type or print name and title									
	- ' '		Preparer's signature	Γ	Date	- -	PTIN				
Paid		rint/Type preparer's name		[Check self-emplo	l (f				
Prepa		wate name.	<u> </u>	<u> </u>	ı		,,				
Use (יין עוווע ך	irm's name				Firm's EIN ▶	_				
May th		irm's address >	shown above? See	instructions		Phone no	► □ Ves	□ No			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Employer identification number

Ame			- Kansas City Section						738128			
			rity Status (All orga						nstructio	ons.		
The o	<u> </u>	•	ation because it is: (Fo		•	-	•	•	i).			
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3 4	A medical res		spital service organiza on operated in conjun e:						0(b)(1)(A)	(iii). Ente	er the	
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	al unit c	lescrit	oed in
6 7	An organization	on that normally	nment or government receives a substantia (Complete Pai	al part of					nit or from	n the ge	neral	public
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)						
9												
10 11	=											
								ete lines 1		_		
е		his box, I certify undation manage	Type II c that the organization ers and other than one	ıs not co		lirectly or	r ındirecti		or more		ed pe	rsons
f			a written determinatio				а Туре 	I, Type	II, or Typ	e III su _l	oporti	ng . П
g	Since August following pers		he organization accep	oted any	gift or co	ontributio	n from a	iny of the	•			
	• • •	-	ndirectly controls, eithody of the supported of		_		•		d ın (ii) ar	nd [11g(i)	Yes	No
	(ii) A famıly m	ember of a pers	on described in (i) abo	ve?						11g(ii)	
		•	a person described in							11g(iii)	
<u>h</u>	Provide the fo	llowing informati	ion about the support	ed organi	zation(s).					 		
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ın col. (i) lıs	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	ls the tion in col zed in the S.?		mount pport	of
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												

Total

Schedu	le A (Form 990 or 990-EZ) 2011						Page 2
Part	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	on failed to qu	alify under
Secti	on A. Public Support	quality und	er trie tests in	sted below, p	nease compr	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(u) 2007	(5) 2000	(0) 2003	(u) 2010	(e) 2011	(i) Total
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	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>			-
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4						
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 Secti	First five years. If the Form 990 is for the organization, check this box and stop here. Computation of Public Support	re	<u>.</u>		_	ear as a section	
14	Public support percentage for 2011 (line 6			1. column (f))		14	%
15 16a	Public support percentage from 2010 Sch 331/3% support test—2011. If the organization	nedule A, Part zation did not	II, line 14 check the box	on line 13, and	 d line 14 ıs 33¹	15 /3% or more, c	% heck this
b	box and stop here. The organization qual 33 ¹ / ₃ % support test—2010. If the organicheck this box and stop here. The organic	nzation did no	t check a box	c on line 13 or	16a, and line		. ► □ or more, . ► □
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization med Part IV how the organization meets the "forganization	011. If the orga ets the "facts- acts-and-circu	anization did no and-circumsta	ot check a box nces" test, che st. The organiza	on line 13, 16	nd stop here. E	lıne 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	ion meets the eets the "facts	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	nis box and st	, and line op here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	

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.)

Secti	on A. Public Support					<u>-</u>	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	27,852	21,598	24,940	17,710	19,997	112,097
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						_
	furnished in any activity that is related to the					İ	
	organization's tax-exempt purpose	92,109	76,427	60,675	54,773	64,114	348,098
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	2,000		400	535	1,555	4,490
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	121,961	98,025	86,015	73,018	85,666	464,685
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
-	Add lines 7a and 7b	0	Ó	0	0	0	0
8	Public support (Subtract line 7c from				İ		
	line 6.)						464,685
	on B. Total Support	(.) 0007	#-> 0000	(-) 0000	(4) 0040	(-) 0044	/O Total
	dar year (or fiscal year beginning in)	(a) 2007 121,961	(b) 2008 98,025	(c) 2009 86,015	(d) 2010 73,018	(e) 2011 85,666	(f) Total 464,685
9	Amounts from line 6	121,961	98,025	66,015	73,016	00,000	404,000
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .	1,188	538	516	271	136	2,649
b	Unrelated business taxable income (less	1,100	530	310		130	2,043
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	1,188	538	516	271	136	2,649
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.)			İ			0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	123,149	98,563	86,531	73,289	85,802	467,334
14	First five years. If the Form 990 is for the	_			-		
	organization, check this box and stop he					<u> </u>	▶ □
<u>Secti</u>	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line	• • • • • • • • • • • • • • • • • • • •	•			15	99.43 %
16	Public support percentage from 2010 Sci				<u> </u>	16	99.34 %
	on D. Computation of Investment In				(6)	1471	4.0/
17	Investment income percentage for 2011 (• •	-		17	1 %
18	Investment income percentage from 2010					18 ore than 331=0	1 %
19a	331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box						
L	33½% support tests—2010. If the organiz						
Ь	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						

	Form 990 or 990-EZ) 2011 Proposition Complete this post to provide the complete time of time of the complete time of t	age · 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).	
	······································	
	••••••	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

		that have filed Form 5700 (election und			
	() ()	that have NOT filed Form 5768 (election			•
		" to Form 990, Part IV, line 5 (Proxy	iax) or Form 990-E	Z, Part V, line 350 (Proxy 18	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	anizations. Complete Fart III.		Employer ider	ntification number
Ameri	can Society of Civil Engine	ers - Kansas City Section			23-7381281
		e organization is exempt und	er section 501(c) or is a section 527	organization.
1		the organization's direct and indire			
2					5
3					
		-			
	Complete if the	e organization is exempt und excise tax incurred by the organiz	er section 501(c)(3).	<u> </u>
1	Enter the amount of any	excise tax incurred by the organization	ation under section	П 4955 ► N)
2	Enter the amount of any	excise tax incurred by organization ed a section 4955 tax, did it file Fo	managers under	Section 4955 🚩 🔻	. Yes No
3 4a	_				
на b	If "Yes." describe in Part				
		e organization is exempt und	er section 5016	c), except section 501	(c)(3).
1		ly expended by the filing organization			<u> </u>
2	Enter the amount of the	filing organization's funds contrib	outed to other org	anizations for section	
	527 exempt function act	ıvitıes			
3	Total exempt function of	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
4		n file Form 1120-POL for this year			
5	Enter the names, address	ses and employer identification nu	mber (EIN) of all se	ection 527 political organi	izations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	I fund or a political action committe	ee (PAC). If additio	mai space is needed, prov	Tue information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
			·		·
(1)			1		
(2)	<u> </u>				
	,, _ ,, .,,, .,, .,,				
(3)			-		
		ļ	<u> </u>		
(4)			4		
					
(5)		<u> </u>	1		
<i>(6)</i>			<u> </u>		
(6)			1		1

Schedule C	(Form 990	or 990-EZ	2011

P	ar	۱۵	2

Sche	aule C (Form 990 or 990-EZ) 2011					Page 2
Pa	t II-A Complete if the organizat section 501(h)).	ion is exempt	under section 5	01(c)(3) and file	d Form 5768 (elec	
A	Check ► ☐ if the filing organization I name, address, EIN, exp	pelongs to an a penses, and sha	ffiliated group (a are of excess lob	nd list in Part IV bying expenditu	each affiliated grores).	up member's
В	Check ► ☐ if the filing organization of	checked box A	and "limited con	trol" provisions	apply.	
		bbying Expendi			(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	s paid or incurred	.)	organization's totals	group totals
18	Total lobbying expenditures to influen	ce public opinior	grass roots lobb	ying)		
	Total lobbying expenditures to influen	ce a legislative b	ody (direct lobbyin	ig)		-
	Total lobbying expenditures (add lines					
	d Other exempt purpose expenditures					
	Total exempt purpose expenditures (a					
1	f Lobbying nontaxable amount. Ente columns.	g table in both				
	If the amount on line 1e, column (a) or (b)	is: The lobbying	g nontaxable amour	nt is:		
	Not over \$500,000	20% of the a	mount on line 1e.		1	
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000.	i i	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
9	g Grassroots nontaxable amount (enter	25% of line 1f)				
	 Subtract line 1g from line 1a. If zero o 					
į	Subtract line 1f from line 1c. If zero or					
i	If there is an amount other than ze reporting section 4911 tax for this year		th or line 1, die			Yes No
	(Some organizations that I	nade a section	Period Under Sec 501(h) election do actions for lines 2	not have to com		-
	Lobbyi	ng Expenditure:	s During 4-Year A	veraging Period	-,	····
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2	Lobbying nontaxable amount					· · · · · · · · · · · · · · · · · · ·
	b Lobbying ceiling amount (150% of line 2a, column (e))					
(c Total lobbying expenditures					
	d Grassroots nontaxable amount					
(e Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity.		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	/			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		1		
С	Media advertisements?				
d	Mailings to members, legislators, or the public?		1	-	
е	Publications, or published or broadcast statements?		1		
f	Grants to other organizations for lobbying purposes?		1		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1		441	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	1		
i	Other activities?		1		
j	Total. Add lines 1c through 1i			441	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-	1		
b	If "Yes," enter the amount of any tax incurred under section 4912			-	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction	
_				Yes No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	.	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	the			
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part	t IV Supplemental Information			<u></u>	
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; o, complete this part for any additional information.	Part II	-A; ar	id Part II-B, line	
					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

or to provide any additional information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

American Society of Civil Engineers Kansas City Section		23 - 7381281
Part I, Line 8 - Newsletter & website	\$ 1,555	
Part I, Line 16 - Other Expenses		
Meeting and conference expenses	33,477	
Student Activities	28,292	
Outreach and other expenses	5,990	
Total for Line 16 -	\$ 67,759	
		•••••