

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



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)

OMB No. 1545-0047 2011

Open to Public

Dep	ertment of t	he Treasury e Service	► The organization ma		a copy of this return	•	ate repo	rting requi	ements.	Inspection
Ā			ndar year, or tax year begin			2011, and e		_ 	nber 30	, 20 12
В			C Name of organization Ame							er Identification number
	Address c		Doing Business As			,			94	- 6097155 ·
$\bar{\Box}$	Name cha		Number and street (or P.O. bo		E Telephor	ne number				
$\bar{\Box}$	Initial retur	•	1801 Alexander Beil Di		703	- 295-6109				
	Terminate	d I								
	Amended	return	celpts \$ 262,503							
	Applicatio	n pending	F Name and address of princips	d officer:				H(a) is this a	group return f	for affiliates? Yes V No
	• •	`]						H(b) Are all	affiliates in	ctuded? Yes No
ī	Tax-exem	pt status:	☑ 501(c)(3) ☐ 5	01(c) () ·	(Insert no.)	a)(1) or 5	27	if "N	o," attach a	list. (see instructions)
J	Website:	► ww	v.asce-sacto.org					H(c) Group	exemption	number ▶2676
K	Form of or	ganization: (Corporation Trust 🗸 A	ssociation 🔲 C	Other ►	L Year of f	ormation:	1921	M State	of legal domicile: CA
P	art I	Summ	ary							
	1 E	Briefly de	scribe the organization's	mission or n	nost significant act	tivities:				
æ	_	Advance	Science and Promote	Civil Engine	ering Profession					
Ĕ										
Activities & Governance										
Š			s box ▶ ☐ if the organize		•	•	sed of r	nore than	1 - 1	
8			of voting members of the	0	• •	•			3	7
8	1		of independent voting me				-		4	7
₹	I		ber of individuals employ	-		-			5	0
Ş	I		ber of volunteers (estima		• •				6	35
	,		elated business revenue f			12			7a	0
	b 1	vet unrei	ated business taxable inc	ome from F	om 990-1, line 34	• • •		Prior Ye	7b	0 Current Year
		ف بطاسف م	ions and grants (Part VIII,	line 1h)						102,464
9			service revenue (Part VIII,				. ⊢		74,883 03,463	159,556
Revenue		•	nt income (Part VIII, colun		849	483				
æ	1		enue (Part VIII, column (A		3,028					
			nue—add lines 8 through		82,223	262,503				
			d similar amounts paid (F			69,003	30,384			
			paid to or for members (P				: ├─		0	0
on.		-	ther compensation, emplo			. lines 5–10	;		0	0
Expenses		-	nal fundraising fees (Part	-			. —		0	0
ğ			fraising expenses (Part IX	-		0		4. A. N		
Д			enses (Part IX, column (A				- ASSES		51.091	207,174
			enses. Add lines 13–17 (n			line 25)	. —		20.094	237,558
			less expenses. Subtract I			· ·			62,129	24,945
P 80				1.1	PIVED		Begi	nning of Cu	rent Year	End of Year
額	20 T	Total asse	ets (Part X, line 16)	SFI		10/· ·	. 🗀	4	15,504	440,449
Not Assets Fund Batan	21 T	Total Ilabi	litles (Part X, line 26) .	[∞] SE!	0 3.2012 .		. [0	0
		<u>Vet asset</u>	s or fund balances. Subtr	act line 21 fi	om line 20	٠٠٠ الم		4	15,504	440,449
Pa	art II	Signat	ure Block	-0ct		ا م				
Un	der penalti	es of perjur	y, I declare that I have examined ite. Declaration of prepager (othe	ani ,muter eint t	tuding accompanying so	chedules and	statemen	ts, and to th	e best of m	ry knowledge and belief, it is
	e, correct, i	eng coutbi	ite. Declaration of preparer (oute		Dasso-Orraniiniomano	- I writer pre	hases um	S ALIY KITOWIE	oge.	
CI	_		75767						3/14/	15
Sig		, -	ture of officer	Castles 7	P			Dat	B ' '	•
He	18		le Sanford, PE, M.ASCE	- Section I	reasurer					
		<u>, ,,</u>	or print name and title e preparer's name	Proporer	's signature		Date		Τ.	, PTIN
Pa		1 "	e historia a imin	Labota	o ostramia		12416		Check [self-empl	J #
	parer						ــــــــــــــــــــــــــــــــــــــ	1	<u> </u>	~ ,
Us	e Only					_			s EIN ▶	<u> </u>
May	the IRS	Firm's ac	this return with the preparation	arer shown a	bove? (see instruc	tions)			e no.	· · Yes No
			tion Act Notice, see the se				at. No. 1	1282Y	<u> </u>	Form 990 (2011)

Form 99	90 (2011)	Page 2									
Ŗart											
	Check if Schedule O contains a response to any question in this Part III	🗀									
1	Briefly describe the organization's mission:										
	To advance the knowledge and practice of engineering in the public interest. To provide member societ	ies with									
	reliable information that affects the engineering profession. To provide a forum for engineering										
	societies to exchange views on common interest. Conduct engineering programs and activities that me organizations individually could not accomplish that enhance and serve the public interest.	ember									
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes □ No									
	If "Yes," describe these new services on Schedule O.										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ີYes ເ∕ົNo									
	If "Yes," describe these changes on Schedule O.										
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$ 153,706 including grants of \$ 0) (Revenue \$	55,040)									
	Technical Meetings/Seminars/Presentations:										
	The Sacramento Section and its affiliates host numerous technical seminars and presentations the year.										
	The technical meetings are held to inform the profession about the civil engineering issues and to inspi										
	civil engineers to continually learn and grow throughout their careers. Educational programs presented										
	are geared to enhance engineering abilities. All member dinners are held to encourage individuals learn	more									
	about their discipline and explore into different areas of expertise.										
4b	(Code:) (Expenses \$ 30,384 including grants of \$ 30,384) (Revenue \$	0)									
	Awards & Younger Member Group Activities:										
	The Sacramento Section and its affiliates are designed to enhance public awareness of the civil enginee	ring									
	profession through scholarship awards program. The awards program honors the achievements and in										
	public awareness. Includes honor and award ceremonies, science fair, etc.										
4c	(Code:) (Expenses \$ 1,890 including grants of \$ 0) (Revenue \$	4.516)									
	Novidation / Milabatta										
	Newsletter / Website Newsletter and website is geared to inform general public of current issues in the civil engineering indu	stry.									

Other program services (Describe in Schedule O.) (Expenses \$ 51,168 including grants of \$
 Total program service expenses ►

0) (Revenue \$

0)

Form 99	0 (2011)		ı	Page 3
Rart	V Checklist of Required Schedules			
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	✓	İ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		\ √
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a		20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	. 000	
		For	n yyl	(2011)

Part	(2011) Checklist of Required Schedules (continued)			Page 4
Tierc	Over the quite de de l'education (commune)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Ť	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		✓

Form **990** (2011)

Rart				_
	Check if Schedule O contains a response to any question in this Part V	<u>· · · </u>		
4-	5-tth		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
20				
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	ļ -
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		-
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: >			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا ۵۰ ا		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			,
а	and services provided to the payor?	7a	**** ****	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	-
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	, , ,		
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	· · ·		Ť
ē	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	_	√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			~ ~~ ~~
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	!		
а	Did the organization make any taxable distributions under section 4966?	9a		√
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
-	THE YEAR THIS IT THOS IS HOTH THE INTERPORT THESE DAVIDENTS (IT TIME TO DIOVIDE AN EXPLANATION IN SCHOOLIE L.)	· IAC		i

P,art	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	struct							
Section	on A. Governing Body and Management			·						
4	Enter the number of voting members of the governing body at the end of the tax year 7		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year.	-		İ						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.	1								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7		}							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		ł						
_	any other officer, director, trustee, or key employee?	2	1	1						
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		- ' -						
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1						
6	Did the organization have members or stockholders?	6	1	-						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		<u> </u>							
	one or more members of the governing body?	7a	✓							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>						
_	stockholders, or persons other than the governing body?	7b	İ	✓						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
	the year by the following:			}						
а	The governing body?	8a	1	1						
b	Each committee with authority to act on behalf of the governing body?	8b	1							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))						
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	ļ <u>.</u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		١.							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	ļ.,						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1:_ '	_	ر - ا						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		ļ						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	l								
	describe in Schedule O how this was done	12c		 						
13	Did the organization have a written whistleblower policy?	13	<u> </u>	✓						
14	Did the organization have a written document retention and destruction policy?	14	ļ <u>.</u>	✓						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
		450	-	,						
a	The organization's CEO, Executive Director, or top management official	15a 15b	 	✓						
b	Other officers or key employees of the organization	130	<u> </u>	-						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
ioa	with a taxable entity during the year?	16a	-	1						
ь		.Ja	 	+						
IJ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b								
Secti	on C. Disclosure		L							
17	List the states with which a copy of this Form 990 is required to be filed ► California									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	າ 501(c)(3)s	only						
	available for public inspection. Indicate how you made these available. Check all that apply.	,	. , , , -	,						
	☐ Own website ☐ Another's website ☑ Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	oolicy						
-	and financial statements available to the public during the tax year.		•	•						
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•							
	organization: ► Kyle Sanford - P O Box 1492, Fair Oaks, CA 95628 - 916-817-4768									

Form	990	(2011)	

Part VII	Compensation of Officers, Directors	, Trustees, K	(ey Employees,	Highest C	compensated E	Employees,	and
	Independent Contractors						

Check if Schedule O contains a response to any question in this Part VII	. 📮
--	-----

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)	Position (D)							(E)	(F)
Name and Title	Average		(do not che					Reportable	Reportable	Estimated
	hours per					or/trus			compensation from	
	week (describe	9 ₹	5	Q	Ž	g 포	万	from the	related organizations	other compensation
	hours for	흑	state	Officer	9	황	Former	organization	(W-2/1099-MISC)	from the
	related	ecto	rt or	7	클	st c	4	(W-2/1099-MISC)		organization
	organizations in Schedule	1 2	alt		Key employee	ğ				and related organizations
	O)	Individual trustee or director	Institutional trustee		"	ens	l			
			e			Highest compensated employee	ļ			
		-					Г			
(1) Thor Larsen	8.0						1	0	o	0
President	0.0	✓		✓			<u> </u>	_		
(2) Kimberly Brown	2.0							0	0	0
President - Elect	2.0	✓		✓						
(3) Keith Jukes	4.0				ļ			0	o	0
Secretary	7.0	✓		✓	<u> </u>		<u> </u>		_	•
(4) Kyle Sanford	4.0							0	o	0
Treasurer	4.0	✓		✓			L.			
(5) Oscar Serrano	2.0							0	o	0
Director	2.0	✓					<u> </u>			
(6) Natalie Calderone	1.0							0	ا	0
Director	1.0	✓								
(7) Kristy Chapman	1.0							0	٥	0
Director	1.0	✓					<u> </u>			
(8)	.0						l			
							-			
(9)	.0									
	ļ. -		_				├	_		_
(10)	.0									
(11)						<u> </u>	1			
<u></u>	0.									
(12)	.0									
(40)		ļ			-	<u> </u>	├			
(13)	.0									
(14)							\vdash		_	
3	0.									

Part	Section A. Officers, Directors, Trust	ees, key E	mpio	yees			ugnes	St C	ompensated E	mpioyees (cc	nunue	(0)		
	(A) Name and title		(C) Position (do not check more to box, unless person is officer and a director.)					an tee)	(D) Reportable compensation from	related organizations		other		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fror orgar and i	ensation the nization related izations	1
(15)		.0					-							
(16)		.0												
(17)		.0								-				
(18)		.0												
(19)		.0												
(20)		.0									\top			
(21)		.0							-			-		
(22)		.0												
(23)		.0				_		-						
(24)		.0								· ···-				
(25)		.0												
1b	Sub-total			•	•		•	>	0		0			0
C	Total from continuation sheets to Part			•	•		•		0		0			0
d	Total (add lines 1b and 1c)						• • -	<u>. </u>						
2	Total number of individuals (including but reportable compensation from the organization)		0 to tr	nose	IIST	ea	above	e) w	no received m	ore than \$100		or ——		
3	Did the organization list any former of							emp	oloyee, or high	est compens	sated		Yes	No
	employee on line 1a? If "Yes," complete									. <i></i> .	•	3		✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of re greater th	portai an \$1	ble (150,	con	1pei 1? <i>I</i> 1	nsatio f "Ye	on a s,"	nd other comp complete Sch	ensation from edule J for	n the such			
	ındividual			•	•		•				<i>:</i> .	4		✓_
5	Did any person listed on line 1a receive of for services rendered to the organization											5		·/
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
							(B) Description of s	ervices		(C) Compens	ation			
								-		<u> </u>		-		
					_									
		(1 ···			- 4	1		<u></u>		\t				
2	Total number of independent contractor received more than \$100,000 of compens								iose iisted abe	ove) wno				

Fart	Y	Statement of Revenue						
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S 53	1a	Federated campaigns	1a	l				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	25 240				
ج ق	1			25,218				
A is	С	Fundraising events	1c					
를 즐	d	Related organizations	1d					
ž, Ë	е	Government grants (contributions)	1e			Ì		
io S	f	All other contributions, gifts, grants,						
돌		and similar amounts not included above	77,246					
∄δ	_	Noncash contributions included in lines 1a	1f ¢	11,240				
5 5		h Total. Add lines 1a-1f			400.464			
O B	<u>n</u>	Iotal. Add lines 1a-11	• •		102,464			
Program Service Revenue				Business Code	,			
.ve	2a	Technical Meetings		900099	99,907	99,907		
æ	ь	Annual Tec Meeting		900099	42,150	42,150		
<u>:</u>	c	Seminars/Presentations		900099	12,983	12,983		
Za	d	Newletter/Website		900099	4,516	4,516	-	
Š		Newlettellarensite		300033	4,010	1,010		
펻	e	All all and an analysis and an						
g.	f	All other program service revenu						L., , , , , , , , , , , , , , , , , , ,
	9	Total. Add lines 2a-2f		▶	159,556		<u> </u>	
	3	Investment income (including	divid	ends, interest,				
		and other similar amounts) .		•	483			483
	4	Income from investment of tax-exe	ond proceeds ►				_	
	5				i			
	"	Royalties	<u>· · · · · · · · · · · · · · · · · · · </u>	(ii) Personal				
				(,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ŀ		
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .		🛌				
	7a	Gross amount from sales of (i) Securit	ies	(ii) Other				
		assets other than inventory						
	ь	Less cost or other basis						
	"	and sales expenses .						
		·						
	C	Gain or (loss)				-	an en de	
	d	Net gain or (loss)		▶				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1 See Part IV, line 18						
ŧ	ь	Less. direct expenses						
0		Net income or (loss) from fundra		L				
		Gross income from gaming activi		events .				
	Ja	See Part IV, line 19						
	Ь	Less: direct expenses			-			
	С	Net income or (loss) from gamin		vities ▶				
	10a	Gross sales of inventory,	less					
		returns and allowances	· a					
	ь	Less: cost of goods sold	b					
	c	Net income or (loss) from sales						-
	L C	Miscellaneous Revenue	31 11144	Business Code				
;		wiscellaneous nevenue		Duaniesa Code			-	
	11a							
	b							
	С			L				
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	0			
	12	Total revenue. See instructions		-	262,503	159,556	0	483

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	

Check if Schedule O contains a response to any question in this Part IX						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and					
	organizations in the United States. See Part IV, line 21				····	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	30,384	30,384			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
7 8	Other salaries and wages			:		
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees):					
а	Management					
b	Legal					
C	Accounting	_				
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other					
12	Advertising and promotion	2,610	2,610			
13	Office expenses	410		410		
14	Information technology					
15	Royalties					
16	Occupancy					
17	Travel	6,050	6,050			
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	167,444	167,444			
19	Conferences, conventions, and meetings .	107,444	107,444			
20	Interest	-				
21	Payments to affiliates		-			
22 23	Depreciation, depletion, and amortization Insurance					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)					
а	Newsletter & Website	1,890	1,890			
b	Awards & YM Group Activities	28,770	28,770			
c d						
e	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	237,558	237,148	410	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)					

'n,	art X	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	415,504	1	440,449
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
:	4	Accounts receivable, net		4	-
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L	-	5	
ts	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	l	other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b	-	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	415,504	16	440,449
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
co.	22	Payables to current and former officers, directors, trustees, key			
Liabilities	_	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
ā	00	•		23	
_	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	-		
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		
	26	Organizations that follow SFAS 117, check here ▶ ☑ and complete			
S		lines 27 through 29, and lines 33 and 34.			
ဋ	27	Unrestricted net assets	415,504	27	440,449
<u>a</u>	28	Temporarily restricted net assets	41.0,001	28	,
8	29	Permanently restricted net assets		29	
Ę	29	Organizations that do not follow SFAS 117, check here ▶ □ and			
Ē	1	complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	-
je	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A SS	32	Retained earnings, endowment, accumulated income, or other funds.		32	
i i	33	Total net assets or fund balances	415,504	33	440,449
Ž	34	Total liabilities and net assets/fund balances	415,504		440,449
_	34	Total liabilities and her assets/fund balances	4.0,004		5 000 (224)

•		
0 (2011)		Page 12

Form 99	990 (2011)			Pa	age 12
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u>· : -</u> :	_ •	. 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		262	2,503
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	_	237	,558
3	Revenue less expenses. Subtract line 2 from line 1			24	,945
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	. 4		415	,504
5	Other changes in net assets or fund balances (explain in Schedule O)	. 5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line				
	column (B))	. 6		440	,449
Part	t XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other If the organization changed its method of accounting from a prior year or checked "Other Schedule O.	er," explain in			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1	
b Were the organization's financial statements audited by an independent accountant?			2b		V
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility of the audit, review, or compilation of its financial statements and selection of an independent		2c		
	If the organization changed either its oversight process or selection process during the tax y Schedule O.	ear, explaın ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for issued on a separate basis, consolidated basis, or both:	the year were		}	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a		as set forth in	3a		1
b		t undergo the	Ju		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo		3b		
			For	m 99 0	(2011)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number **American Society of Civil Engineers Sacramento Section** 94 - 6097155 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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. c Type III-Functionally integrated **b** Type II 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) 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 (vii) Amount of (vi) is the in col (i) listed in your the organization in organization in col (described on lines 1-9 support organization governing document? col (i) of your (i) organized in the US? above or IRC section support? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

Schedu	ıle A (Form 990 or 990-EZ) 2011						Page 2
.Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	ion A. Public Support	J quality und	er the tests in	sted below, p	nease compi	ele Fait iii.)	
	ndar 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.")	(4) 2001	(5) 2000	(0) 2000	(4) 23 13	(0) 2011	(1) 1014
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	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>			1		
	ion B. Total Support	(a) 2007	(h) 2008	(=) 2000	(4) 2010	(a) 2011	/6 Total
Caler 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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				İ		
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organizatio	•			ear as a section	on 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>		<u> </u>	▶ □
	ion C. Computation of Public Suppor			4.4(0)			0/
14	Public support percentage for 2011 (line of Public support percentage from 2010 Sci		-			15	<u>%</u>
15 16a	33 ¹ / ₃ % support test—2011. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, an	d line 14 is 331		
b	331/3% support test—2010. If the organ check this box and stop here. The organ	nization did no	ot check a box	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test —20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	nd stop here.	lıne 14 is Explain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m	tion meets the	e "facts-and-c	ircumstances"	test, check tl	nis box and st	top here.
18	supported organization						🕨 🗖
	instructions						🕨 🔲

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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			, p			
	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		` ,		1		
	received (Do not include any "unusual grants")	62,879	84,027	72,448	74,883	102,464	396,701
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	33,154	134,925	164,204	103,463	159,556	595,302
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	96,033	218,952	236,652	178,346	262,020	992,003
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 line 6.)	,	-		<u> </u>		992,003
Secti	on B. Total Support			•			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	96,033	218,952	236,652	178,346	262,020	992,003
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	902	2,476	1,868	849	483	6,578
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	902	2,476	1,868	849	483	6,578
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.)	96,935	221,428	238,520	179,195	262,503	998,581
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second		or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor		•				
15	Public support percentage for 2011 (line 8	3, column (f) div	vided by line 1	3, column (f))		15	99.34 %
16	Public support percentage from 2010 Sch	nedule A, Part I	II, line 15 .	<u> </u>	<u> </u>	16	99.17 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (17	1 %
18	Investment income percentage from 2010					18	1 %
19a	331/3% support tests – 2011. If the organi						
_	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2010. If the organize line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization de	_	_				

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).	Pag
	instructions).	
·		
		
-		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

	Open to Public	Inspection
--	----------------	------------

Name of th	Name of the organization						_	Employer identification number	
America	American Society of Civil Engineers Sacramento Section	acramento Section						94-6097155	1
Part I	General Information on Grants and Assista	on Grants and	Assistance						
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	un records to subsaward the grants	stantiate the amou or assistance?	nt of the grants or	assistance, the g	grantees' eligibility for	r the grants or assis	tance, and	
	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring t	he use of grant fu	nds in the United	States.			l
Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,00.	ssistance to Go line 21, for any r	vernments and recipient that rec	Organizations i eived more than	in the United Si \$5,000. Check	tates. Complete if this box if no one	the organization recipient receivec	99	[
	Part II can be duplicated if additional space is	ted if additional	space is needed					A	>
1 (a) N	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1)									
(2)									
ල									
€									
(2)									
(9)									
E									
(8)									ļ
6									
(10)									
(11)									
(12)									
3 2	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	1501(c)(3) and gov rganizations listed	vernment organizar	organizations listed in the line 1 table e 1 table	ine 1 table			A A	
For Pape	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	is for Form 990.		S	Cat No 50055P		Schedule I (Form 990) (2011)	Ē

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 5 (a) Type of grant or assistance 2 Contribution to Other Organizations 1 College Scholarships Part IV Part III က S ø 4

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

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.

Open to Public Inspection

American Society of Civil Engineers Sacramento Section	94-6097155
Form 990, Part III, Line 4d - Continued	
Younger Members Group Activities (Expense: \$51,168)	