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# Form. 990-EZ

# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990-F7 and its instructions is at your ire gov/form990

Open to Public Inspection

Inter	riai Rever	nue Service	Information about Form 990-E2 and its instructions is at www.irs.gov/form	1550.	
AF	For the	2014 calenda	ar year, or tax year beginning October 1 , 2014, and ending	Septe	ember 30 , 20 15
В	Check if ap	oplicable	C Name of organization	D Employ	er identification number
	Address c	hange	American Society of Civil Engineers Kansas City Section	23 -	7381281
닏	Name cha	ınge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telepho	ne number
=	Initial retur		1801 Alexander Bell Drive	703	- 295-6109
一	Final returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exemption
_	Application		Reston, VA 20191	Numbe	•
G	Account	ing Method	☐ Cash ☐ Accrual Other (specify) ► H C	 Check ▶	If the organization is not
	Vebsite	-			attach Schedule B
JΤ	ax-exem	npt status (che	eck only one) —   501(c)(3) □ 501(c) ( )   (Insert no ) □ 4947(a)(1) or □ 527	Form 990	, 990-EZ, or 990-PF)
		organization.		ted Ass	ociation
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	\$ 118,122
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the i	nstructi	
			the organization used Schedule O to respond to any question in this Part I		
	1		ons, gifts, grants, and similar amounts received		1 26,758
	2		ervice revenue including government fees and contracts	` ' <del> -</del>	2 78,790
	3	_	ip dues and assessments	_	3 5,594
	4	Investment		` ` ├─	4 33
	5a	-	ount from sale of assets other than inventory   5a	· ·	·
	b		or other basis and sales expenses		
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	,	ic
	6		d fundraising events	· ·	
	a	_	ome from gaming (attach Schedule G if greater than		
Revenue		\$15,000) .			
Ve	b		me from fundraising events (not including \$ 15,910 of contributions	; [	•
æ	ł		aising events reported on line 1) (attach Schedule G if the		
			<del> </del>	6,210	
	,			9,250	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ì	
	_	line 6c) .		· ·   6	6d (3,040)
	l -		s of inventory, less returns and allowances		
	b		of goods sold		
	l .		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>`</b>	7C
	8		nue (describe in Schedule O)	$\lambda : \vdash$	8 737
	9		nue (describe in Schedule O)	- <b>Y</b> e	9 108,872
	10		I similar amounts paid (list in Schedule O)	\%\ ∐	50,547
	11	•	tid to or for members	· • • • • • • • • • • • • • • • • • • •	11
Expenses	12		ther compensation, and employee benefits MAT.		12
eü	13		al fees and other payments to independent contractors	· ·   ]	78
2	14		y, rent, utilities, and maintenance	· ·  -]	14
,	15				200
	16	•	enses (describe in Schedule O)		108,387
+	17		enses. Add lines 10 through 16		159,212
ts	18		deficit) for the year (Subtract line 17 from line 9)		(50,340)
SSE	19		or fund balances at beginning of year (from line 27, column (A)) (must agree r figure reported on prior year's return)	1	142,281
t A	00	=		_	
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		20 01.044
<u>'</u>	21 Panan		or fund balances at end of year. Combine lines 18 through 20	<u>. P   2</u>	91,941 Form <b>990-EZ</b> (2014)
- 111	CAURIN	VUIR RECILICI	ion accivionce. See me senarate instructions		Form 23449E7 (2(114)

	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question ın this	Part II		🗀
		<del></del>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	142,281	22	91,941
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)		<i>.</i> .[		24	
25	Total assets		1	142,281	25	91,941
26	Total liabilities (describe in Schedule O)		[	0	26	0
27	Net assets or fund balances (line 27 of column		, , , , , , , , , , , , , , , , , , ,	142,281	27	91,941
Par						
	Check if the organization used Schedule				1	Expenses
What	t is the organization's primary exempt purpose?	Advance science &	civil engineering	profession		quired for section
Desc	ribe the organization's program service accompl	ishments for each o	f ite three largest r	rogram services		(c)(3) and 501(c)(4) anizations; optional for
as m	neasured by expenses. In a clear and concise rons benefited, and other relevant information for e	nanner, describe th	e services provide	d, the number of	othe	ers.)
	Educational Seminars to enhance abilities of		lional and	<del></del> -	<del>                                     </del>	<del></del>
	National Conferences, Monthly Tech Presenta				1	
	PE Rev Course, Steel Bridge Competition, Fut		R			
		t includes foreign gra			28a	60,407
29	Community Service activities and fundraisers				200	00,401
25	Make-A-Wish golf tournament					
		tmaa in Oatabar			}	
	Habitat for Humanity, Adopt-A-Highway, Chris (Grants \$ 0 ) If this amount				200	36.007
40	<del></del>	t includes foreign gra		· · · · •	29a	36,007
30	Educational Outreach to inform the general pu	ublic about civil eng	lineering issues:		]	
	ASB informational Kiosk					
	GPR (Gov Pub Rel) activities				00-	54.04.6
		t includes foreign gra			30a	51,314
31	Other program services (describe in Schedule O)					
		t includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	<del></del>
Par	List of Officers, Directors, Trustees, and Ke	ey Employees (list eac	n one even it not corr	inencated — cee the i	nsiru	ctions for Part IV)
	البراد عام کی اموری سونی میشود است و مالا کی با در ما					
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV		
	Check If the organization used Schedule (a) Name and title	(b) Average hours per week devoted to position		(d) Health benefits, contributions to employ benefit plans, and	ee (e)	<u></u> <u>D</u>
Tom		(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
	(a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of
Pres	(a) Name and title  Jacobs, P.E.	(b) Average hours per week devoted to position  2 hrs/wk	ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e)	Estimated amount of other compensation
Pres Adria	(a) Name and title  Jacobs, P.E. ident	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e)	Estimated amount of other compensation
Pres Adria Pres	(a) Name and title  Jacobs, P.E.  ident an Keller, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	n (e)	Estimated amount of other compensation
Pres Adria Pres John	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect	(b) Average hours per week devoted to position  2 hrs/wk	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	n (e)	Estimated amount of other compensation
Pres Adria Pres John Vice	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect n Blancett, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	n (e)	Estimated amount of other compensation
Pres Adria Pres John Vice Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect i Blancett, P.E. President/Treasurer	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	n (e)	Estimated amount of other compensation
Pres Adria Pres John Vice Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect i Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree (e)	Estimated amount of other compensation  0 0
Pres Adria Pres John Vice Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect a Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary aelle Lowe, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Pres Adria Pres John Vice Mich Vice Rach	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect a Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary aelle Lowe, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e)	Estimated amount of other compensation  0 0
Pres Adria Pres John Vice Mich Vice Rach	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect i Blancett, P.E. President/Treasurer iael Schmitz, P.E. President/Secretary inclie Lowe, P.E. ctor Somsky, P E	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Pres Adria Pres John Vice Mich Vice Rach Direc	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect i Blancett, P.E. President/Treasurer iael Schmitz, P.E. President/Secretary inclie Lowe, P.E. ctor Somsky, P E	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0	Estimated amount of other compensation  0  0  0  0
Pres Adria Pres John Vice Mich Vice Rach Direc	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect i Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary itelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)  0  0  0	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0 0 0 0
Pres Adria Pres John Vice Mich Vice Rach Direc Sara Direc Valei	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect i Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary inelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0	Estimated amount of other compensation  0  0  0  0
Pres Adria Pres John Vice Mich Vice Rach Direc Sara Direc Valei Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect i Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary itelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)  0  0  0	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0 0 0 0
Pres Adria Pres John Vice Mich Vice Rach Direc Sara Direc Valei Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect is Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary inelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E. ctor ael Winckler, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0
Pres Adria Pres John Vice Mich Vice Rach Direc Sara Direc Valei Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect is Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary inelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E. ctor ael Winckler, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0
Pres Adria Pres John Vice Mich Vice Rach Direc Sara Direc Valei Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect is Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary inelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E. ctor ael Winckler, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0
Pres Adria Pres John Vice Mich Vice Rach Direc Sara Direc Valei Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect is Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary inelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E. ctor ael Winckler, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0
Pres Adria Pres John Vice Mich Vice Rach Direc Sara Direc Valei Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect is Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary inelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E. ctor ael Winckler, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0
Pres Adria Pres John Vice Mich Vice Rach Direc Sara Direc Valei Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect is Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary inelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E. ctor ael Winckler, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0  0  0  0
Pres Adria Pres John Vice Mich Vice Rach Direc Sara Direc Valei Mich	(a) Name and title  Jacobs, P.E. ident an Keller, P.E. ident-Elect is Blancett, P.E. President/Treasurer ael Schmitz, P.E. President/Secretary inelle Lowe, P.E. ctor Somsky, P E ctor rie McCaw, P.E. ctor ael Winckler, P.E.	(b) Average hours per week devoted to position  2 hrs/wk  2 hrs/wk  3 hrs/wk  1 hr/wk  1 hr/wk  1 hr/wk	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated 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	v 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	162	\ \
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)			
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)?	34		<b>√</b>
<b>L</b>	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		<b>√</b>
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			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		1
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	300		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		<b>√</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ John Blancett, PE Telephone no. ▶ 816			01
	Located at ► 715 Kirk Drive, Kansas City, MO ZIP + 4 ►	64	105	NI.
Б	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)?  If "Yes," enter the name of the foreign country:	42b	Yes	√
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	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		, )	<b>▶</b> □
			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		✓
b	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 d	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>V</b>
AE-	·	44d 45a		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		<b>V</b>

Form 99	0-E <b>Z</b> (2	014)							F	age 4
						<del></del>			Yes	No
46	Did t	ne organization engage, directly or i	ndirectly, in political c	ampaign activities	on beh	alf of or	in opposit	tion		
		ndidates for public office? If "Yes," of		, Part I				· 46		✓
Part \		Section 501(c)(3) organizations								
		All section 501(c)(3) organization	is must answer que	stions 47–49b a	nd 52, a	and cor	nplete th	e tables	for line	es
		50 and 51.								-
		Check if the organization used Sc	nedule O to respond	to any question	n this F	an vi	· · ·	<u> </u>	Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	rtion in	effect d	uring the	tax [	res	NO
٠,		If "Yes," complete Schedule C, Par				chect d		47		
48	-	organization a school as described in				dule E		- <del></del>	<b>†</b>	1
49a		ne organization make any transfers t						. 49a		1
b	if "Ye	s," was the related organization a se	ection 527 organizatio	on?				. 49b		
50		plete this table for the organization's								d key
	empl	oyees) who each received more than	1 \$100,000 of comper	nsation from the oi				e, enter "i	vone."	
	(0)	Name and title of each employee	(b) Average	(c) Reportable		<b>d)</b> Health l ributions t	oenetits, o employee	(e) Estimat	ed amou	ınt of
	(a)	Name and the oreach employee	hours per week devoted to position	compensation (Forms W-2/1099-Mil	SC) bene	fit plans, a compens	nd deferred	other cor	npensat	ion
NONE					_	Compens	-			
MONE										
		***************************************								
	Total	number of other employees paid ov	er \$100.000	<u> </u>						
		plete this table for the organization			ent cont	ractors	who each	received	more	thar
01		000 of compensation from the orga								
	(a)	Name and business address of each independ	tent contractor	(b) Type of	service		(c)	Compensat	ion	
	(-)			.,,,,,						
NONE			•••••							
<del> </del>			<del></del>					<del></del>		
						1				
								<del>, ,</del>		
			***************************************			j				
					•		·			
						ĺ				
				0122555						
		number of other independent contra	_		. ▶					
		he organization complete Scheduleted Schedule A	JIE A? <b>NOTE</b> . All Se				ist attact	. ► ☑ Yes	: 🗆 t	No.
	<u>_</u>	of penury, I declare that I have examined this								
true, con	ect, an	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	er has an	y knowled	ge			
Sign		Signature of officer	01 20	7		Date	3-2	5-16		
Here		John Blancett, Freasurer	you do	<u>~</u>			J 4.	J - 10		
		Type or print name and title	IDenovata a series		Data		<del>-</del>	PTIN		<del></del>
Paid		Print/Type preparer's name	Přeparer's signature		Date		Check Self-emplo	af		
Prepa						F	<u> </u>	yeu		
Use C	only	Firm's name				Phon	s EIN ▶ e no			
May th	- IBS	Firm's address  discuss this return with the prepared	chown above? See i	netructions		LINON	<del>5 110</del>	- T Var		ılo.

## 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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization	16 00 0				Employer identificatio	
Par	rican Society of Civil Engineers			t comple	to this n	23 - 738128	
	Reason for Public Charganization is not a private found						ons.
	A church, convention of church		,	•	-	•	
	☐ A school described in <b>section</b>			1000 111 0		0(0)(1)(1)(1)	
	☐ A hospital or a cooperative ho			in <b>sectio</b> i	n 170(b)(	1)(A)(iii).	
	A medical research organization hospital's name, city, and sta	on operated in c					(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a governmen	tal unit described in
						n the general public	
8	A community trust described			Part II.)			
	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	receives: (1) mo d to its exempt ent income and	ore than 331/3% of its functions—subject to unrelated business	support certain taxable i	exceptio ncome (I	ns, and (2) no more less section 511 ta	e than 331/3% of its
10	☐ An organization organized and	d operated exclu	sively to test for publi	c safety.	See <b>sect</b>	ion 509(a)(4).	
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	d organizations of	lescribed in section 5	09(a)(1) c	r section	509(a)(2). See sect	i <b>on 509(a)(3).</b> Check
а	☐ Type I. A supporting organization(organization).	s) the power to re	egularly appoint or ele				
b	□ Type II A supporting organ control or management of the organization(s). You must c	ne supporting org	ganization vested in th				
С	☐ Type III functionally integrates supported organization(s						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instruction	rated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organize functionally integrated, or Ty						II, Type III
f g	Enter the number of supported Provide the following information	•	oorted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the d	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)		<u> </u>					
(B)							
(C)							
(D)	-						
(E)							
T-4-1							

Part		tions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	<u>i)</u>
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		,			·····	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			<u> </u>			<u> </u>
_	on B. Total Support					T	<del></del>
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4		_				<u> </u>
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 VI.)						
11	Total support. Add lines 7 through 10						<u> </u>
12	Gross receipts from related activities, etc	. (see ınstructi	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u></u>	nd, third, fourth			on 501(c)(3) ▶ □
	ion C. Computation of Public Suppor			11 oolumn (f)		14	%
14	Public support percentage for 2014 (line Public support percentage from 2013 Sci			11, column (1))		15	
15 16a	331/3% support test—2014. If the organibox and stop here. The organization qua	zation did not difies as a pub	check the box licly supported	con line 13, and dorganization	d line 14 is 33	1/3% or more, o	check this
b	33 <sup>1</sup> / <sub>3</sub> % support test—2013. If the organ check this box and stop here. The organ	ization qualifie	es as a publicly	y supported org	ganization .		▶ 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	nd <b>stop here.</b> as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c	circumstances"	test, check t	his box and <b>s</b>	top here.
18	Private foundation. If the organization d	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, ched	k this box and	l see

## 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			- · · · · · · · · · · · · · · · · · · ·		····,	
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	17,710	19,997	25,445	30,309	32,352	125,813
2	Gross receipts from admissions, merchandise	· · · · · · · ·	<del></del>	'			· ·
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	54,773	64,114	44,777	69,462	75,750	308,876
3	Gross receipts from activities that are not an			,		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	unrelated trade or business under section 513	535	1,555		2,400	737	5,227
4	Tax revenues levied for the						<del></del>
	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	73,018	85,666	70,222	102,171	108,839	439,916
7a	Amounts included on lines 1, 2, and 3	10,010	30,000			.00,000	100,010
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3						
U	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				<u>~</u>		<u> </u>
_	line 6.)	İ					439,916
Secti	on B. Total Support			1			400,010
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	73,018	85,666	70,222	102,171	108,839	439,916
10a	Gross income from interest, dividends,	,	30,333		, , , , , , , , , , , , , , , , , , , ,	,	
	payments received on securities loans, rents,						
	royalties and income from similar sources .	271	136	66	158	33	664
b	Unrelated business taxable income (less		100				
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	271	136	66	158	33	664
11	Net income from unrelated business	2,1	100				
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or					-	<u>-</u>
	loss from the sale of capital assets		•				
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	73,289	85,802	70,288	102,329	108,872	440,580
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her	-					
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2014 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	99.85 %
16	Public support percentage from 2013 Sch					16	99.72 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (I			y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests-2014. If the organi					ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2013. If the organiz		_				
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization die		_				_

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Supporting	<b>Organizations</b>

			Yes	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	•		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

			:	uge 🗨
Rart	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
b	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c	-	
	on B. Type I Supporting Organizations	1110	I	<u></u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
50011	on o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
Ť	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or no supported organizations: it res, describe in Fart vi the role played by the organization in this regard.	UU	ليسيا	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	<del></del>
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		ļ.,
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4_	Amounts paid to acquire exempt-use assets	<del></del>		
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	(**)	(*** <u>)</u>
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			<del>-</del>
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:		····	
а				
b				
<u> </u>	- APANETU			
d				· · · · · · · · · · · · · · · · · · ·
<u>e</u>	From 2013			
f	Total of lines 3a through e			, , , , , , , , , , , , , , , , , , , ,
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7:			
a	Applied to underdistributions of prior years  Applied to 2014 distributable amount		<u> </u>	
<u>b</u>	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2014, if			:
5	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				·
b				
С				
d	Excess from 2013 0			
е	Excess from 2014 0			

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

2014

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<u>• Se</u> Name	ection 501(c)(4), (5), or (6) orga of organization	anizations Complete Part III		Employer ide	ntification number	_
	•			Zimpioyor ido		
Part	can Society of Civil Enginee	e organization is exempt und	or coation 501/	o) or ic a section 527	23-7381281	_
		the organization's direct and indire			organization.	_
1						
2					,	
3	volunteer nours					
Part	Complete if the	e organization is exempt und	er section 501/			-
1		excise tax incurred by the organiza				_
2	· ·	excise tax incurred by organization			`	
3		ed a section 4955 tax, did it file For			Yes No	
3 4а					Yes No	
b	If "Yes," describe in Part				[1esm	•
		e organization is exempt und	er section 501/	c) except section 501	(c)(3)	-
1		ly expended by the filing organiz			(0)(0).	_
•		· · · · · · · · · · · · · · · · · · ·			•	
2		filing organization's funds contrib			, 	-
_		ivities				
3		expenditures. Add lines 1 and 2.				-
•						
4		n file Form 1120-POL for this year			Yes No	 )
5		ses and employer identification nur				
•	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organ	ization's funds. Also ente	e er
		ontributions received that were project				
		fund or a political action committed				
	(-) No	(1) A d d	4.3 504	(1) 4	(a) A manual of a clitical	-
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and	
				funds If none, enter -0-	promptly and directly	
					delivered to a separate political organization if	
					none, enter -0-	
/4)	<del></del>					_
(1)						
(2)						_
( <i>2)</i> 						
(3)						
( <del>-</del> ,						
(4)						
(5)		ļ	!			
						_
(6)						

		•	_
r 990-FZ) 2014	agn or agn	dula C. (Form	こへと

	art II-A Complete if the organization section 501(h)).			(-/(-/	•	
	Check ► ☐ if the filing organization below	ongs to an af	filiated group (ar	nd list in Part IV e	each affiliated gro	up member's
	name, address, EIN, expen					
В	Check ► ☐ if the filing organization che	cked box A	and "limited con	trol" provisions a	ipply.	
	Limits on Lobby			J:	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts	paid or incurred.	)	organization's totals	group totals
-	1a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ring)		
	b Total lobbying expenditures to influence	•		<del>-</del> .		
	c Total lobbying expenditures (add lines 1a	-	• •	•		
	d Other exempt purpose expenditures .	•				
	e Total exempt purpose expenditures (add	lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter t	he amount fr	rom the following	table in both		
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the an	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000	1	
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 25	% of line 1f)				
	h Subtract line 1g from line 1a. If zero or le	ss, enter -0-				
	i Subtract line 1f from line 1c. If zero or les					
	. If there is an amount other them nove				f.l. F 1700	
	j If there is an amount other than zero	on either line	1h or line 1i, did	I the organization	file Form 4/20	□Ves □Ne
	reporting section 4911 tax for this year?			<u> </u>		Yes No
	reporting section 4911 tax for this year?  4-Ye (Some organizations that made a sec	ar Averaging lition 501(h) ele	Period Under sec	tion 501(h) e to complete all		
	reporting section 4911 tax for this year?  4-Ye (Some organizations that made a sec See the	ar Averaging tion 501(h) ele separate inst	Period Under sec	tion 501(h) e to complete all 2a through 2f.)		
	reporting section 4911 tax for this year?  4-Ye (Some organizations that made a sec See the	ar Averaging tion 501(h) ele separate inst	Period Under sec ection do not hav ructions for lines	tion 501(h) e to complete all 2a through 2f.)		
	reporting section 4911 tax for this year?  4-Ye. (Some organizations that made a sec See the  Lobbying  Calendar year (or fiscal year	ar Averaging tion 501(h) ele separate instr	Period Under sec ection do not hav ructions for lines	tion 501(h) e to complete all 2a through 2f.)	of the five column	ns below.
	reporting section 4911 tax for this year?  4-Ye (Some organizations that made a sec See the  Lobbying  Calendar year (or fiscal year beginning in)	ar Averaging tion 501(h) ele separate instr	Period Under sec ection do not hav ructions for lines	tion 501(h) e to complete all 2a through 2f.)	of the five column	ns below.
	reporting section 4911 tax for this year?  4-Ye. (Some organizations that made a sec See the  Lobbying  Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount	ar Averaging tion 501(h) ele separate instr	Period Under sec ection do not hav ructions for lines	tion 501(h) e to complete all 2a through 2f.)	of the five column	ns below.
	reporting section 4911 tax for this year?  4-Ye.  (Some organizations that made a sect See the Lobbying  Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount  (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount	ar Averaging tion 501(h) ele separate instr	Period Under sec ection do not hav ructions for lines	tion 501(h) e to complete all 2a through 2f.)	of the five column	ns below.
	reporting section 4911 tax for this year?  4-Ye.  (Some organizations that made a sec See the  Lobbying  Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures	ar Averaging tion 501(h) ele separate instr	Period Under sec ection do not hav ructions for lines	tion 501(h) e to complete all 2a through 2f.)	of the five column	ns below.

Schedule C (Form 990 or 990-EZ) 2014

For i	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
desc	ription of the lobbying activity.	Yes	No	А	moun	it
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?	1				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓			
С	Media advertisements?		✓			
d	Mailings to members, legislators, or the public?		✓			
е	Publications, or published or broadcast statements?		✓			
f	Grants to other organizations for lobbying purposes?		✓_			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					1,73
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		<b>✓</b>			
i	Total. Add lines 1c through 1i					1,73
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			1,73
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), c	r se	ction		
	00 1(0)(0)				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? .  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3		
1 2	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	. 1	Part	III-A,	line	3, is
	political expenses for which the section 527(f) tax was paid).	Ì				
a	Current year		2a			
b b	Carryover from last year	-	2b 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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	he				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	.	5			
Part	IV Supplemental Information					
Provice 2 (see	te the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list	); Par 	t II-A, I	ines 1	and
					<b></b>	

### **SCHEDULE G** (Form 990 or 990-EZ) Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number American Society of Civil Engineers Kansas City Section 23-7381281 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations g 

Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser have (i) Name and address of individual custody or control of contributions? (iv) Gross receipts (or retained by) (ii) Activity fundraiser listed in col (i) or entity (fundraiser) from activity organization Yes Nο 1 2 3 4 5 6 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

P	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
	<u> </u>	gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	
			Golf Tournament	(3) 210.11.12	(0) 5 11101 5 101110	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue						
ver	1	Gross receipts	22,120			22,120
æ	_				]	
	3	Less: Contributions Gross income (line 1 minus	15,910		- "	15,910
	3	line 2)	6 210		ļ	6.210
			6,210			6,210
	4	Cash prizes	596			596
	 	,				
	5	Noncash prizes				
ses	6	Rent/facility costs	6,800			6,800
ens	_	i i	0,000			0,000
Ä	7	Food and beverages	500		İ	500
Direct Expenses						
Ä	8	Entertainment				
	9	Other direct expenses .	1,354		<u> </u>	1,354
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)	•	9250
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		(3,040)
Pa	rt III	Gaming. Complete if the				reported more
		than \$15,000 on Form 99	90-EZ, line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				bingo/progressive bingo		cor (a) through cor (c)
Вĕ	4	Gross revenue				
	'	Gross revenue				
SS	2	Cash prizes				
use		•				
Expenses	3	Noncash prizes				
出						
Direct 1	4	Rent/facility costs		<del></del>		
	_	Other duret surrens				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	☐ No	□ No	
						,
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)	<u> ▶ </u>	
^	En	tor the eteto(a) in which the er	agnization agnituate ag	min a potivition.		
9		iter the state(s) in which the org the organization licensed to co	-			
		(No. " avalains	• •			1es No
10		ere any of the organization's g				? . 🗌 Yes 🗌 No
	b If"	'Yes," explain:				

cneau	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ lf "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
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<b></b>	

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization Employer identification number American Society of Civil Engineers Kansas City Section - 7381281 Part I, Line 8 - Other Revenue Newsletter / Website 737 Total for Line 8 \$ 737 Part I, Line 16 - Other expenses Meeting and conference expenses 88,155 Website and Newsletter 324 Outreach and other expenses 19,908 Total for Line 16 \$ 108,387

Scriedale O (Form 990 or 990-E2) (2014)	Page 4
Name of the organization	Employer identification number
American Society of Civil Engineers Kansas City Section	23 - 7381281
<i>,</i>	
/ <del></del>	
·	
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Schedule O (Form 990 or 990-EZ) (2014)	Page
Name of the organization	Employer identification number
American Society of Civil Engineers Kansas City Section	23 - 7381281
***************************************	·
•••••••••••••••••••••••••••••••••••••••	

Page	4

Name of the organization		Employer identific	ation number
American Society of Civil Engineers Kansas City Section		23 - 7381281	
Part I, line 10 - Grants and Similar Amounts Paid	Total	Property Other	Relationship
	Cash	Than Cash	lf
Grantee's Name and Address	Amount	(See Below)	Individual
		/	
Make-A-Wish® Missouri, Kansas City Regional Office	12,870	**************************************	
12522 Parratt Darlovau Dr. Cuita 244			
13523 Barrett Parkway Dr Suite 241			
Ballwin, MO 63021			
Dulling mo dde i			
•••••••••••••••••••••••••••••••••••••••			
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