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)

2015

OMB No. 1545-1150

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

Open to Public Inspection

_		nue Service	► Information about Form 9	90-EZ and its instruc	tions is at wu	w.irs.gov/for	m990.			
A	For the	2015 calenda	ar year, or tax year beginning	October 1	, 2015,	and ending		ember 30	, 20	
B	Check if ap	oblicable.	C Name of organization				D Employ	er identification	on numbe	r
≍	Address c	•	American Society of Civil Engi				23 -	7381281		
=	Name cha	•	Number and street (or P.O. box, if mail is n	ot delivered to street add	lress)	Room/suite	E Telepho	one number		
=	Initial retur	m n/terminated	1801 Alexander Bell Drive				703	- 295-610	19	
=	Amended		City or town, state or province, country, an	d ZIP or foreign postal co	ode		F Group	Exemption		
\Box	Application	n pending	Reston, VA 20191				Numbe	er ▶	2676	
G	Account	ting Method [.]	✓ Cash	cify) >		Н :	Check ▶	I if the org	anization	ıs not
	Vebsite						required to	o attach Sche	edule B	
JT	ах-ехеп	npt status (che	ck only one) - 🗹 501(c)(3) 🔲 501(c)	() ◀ (insert no.)	4947(a)(1) oi	· □527	(Form 990	, 990-EZ, or	990-PF).	_
K	Form of	organization.	☐ Corporation ☐ Trust	☐ Association	√ Other	Unincorpor	ated Ass	ociation		
			7b to line 9 to determine gross receipts			nore, or if total	assets			
(Pa	rt II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990	instead of Form 990-E	Z		▶	\$	9	7,816
P	art f	Revenu	e, Expenses, and Changes in	Net Assets or Fu	und Balanc	es (see the	ınstructi	ions for Pa	rt I)	
		Check if	the organization used Schedule	O to respond to ar	ny question i	n this Part I	<u>.</u> . <u>.</u>	· _• •		. 🗹
	1	Contributio	ns, gifts, grants, and similar amou	nts received		.		1	23	3,638
	2	Program se	ervice revenue including governme	nt fees and contrac	ts		[2	53	3,291
	3	Membersh	p dues and assessments				🗆	3	12	2,232
	4	Investment	income				[4		15
	5a	Gross amo	unt from sale of assets other than	inventory	. 5a			* 8		
	b	Less: cost	or other basis and sales expenses		. 5b		1,	,		
	С	Gain or (los	ss) from sale of assets other than i		5c					
	6	Gaming an	d fundraising events				T,	,		
e	а		ome from gaming (attach Sche	dule G if greater	than 6a		*'			
Revenue	ь	Gross inco	me from fundraising events (not in	cluding \$	14,424 01	contribution	s			
ě	1		aising events reported on line 1) (
-		sum of suc	h gross income and contributions	exceeds \$15,000) .	6b		8,640	3		
	c	Less: direc	t expenses from gaming and fundr	aising events	. 6c		21,905			
	d		e or (loss) from gaming and fundi			6b and sub	otract			
	ì	line 6c) .					1.	6d	(13	,265)
	7a	Gross sales	s of inventory, less returns and allo	wances	. 7a		3			
	Ь							est.		
	C	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from	m line 7a) .			7c		
	8		nue (describe in Schedule O)		-		🗀	8		
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7d	., and 8				9	75	5,911
	10		similar amounts paid (list in Scheo		·REC	FILLED	1	10	2	2,610
	11	Benefits pa	id to or for members				-n. 1	11		
S	12	Salaries, ot	her compensation, and employee	benefits 🕌 !	ည်း			12		
Expenses	13	Professiona	al fees and other payments to inde	pendent contractor	R. MAY.	<u>l</u> 6. 2017.	IRS. C	13		
g	14	Occupancy	, rent, utilities, and maintenance				Sel	14		
ũ	15	Printing, pu	iblications, postage, and shipping			F-10 1 - 10 F-3	٠ ٦ - ١	15		142
	16	Other expe	nses (describe in Schedule O)		<u> </u>	<u>en, U</u> l	11	16	7€	6,303
	17	Total expe	nses. Add lines 10 through 16 .	· · · · · · · · · · · · · · · · · · ·			. •	17	79	9,055
S	18	Excess or (deficit) for the year (Subtract line 1	7 from line 9)			1	18		,144)
šet	19		or fund balances at beginning of		, column (A))	(must agree	with			
Ş		end-of-yea	r figure reported on prior year's ret	urn)			1	19	91	1,941
Net Assets	20	Other chan	ges in net assets or fund balances	(explain in Schedu	ie O)			20		
Z	21	Net assets	or fund balances at end of year. C	ombine lines 18 thr	ough 20 .	<u> </u>	. 🕨 💈	21	88	8,797
Ear	Banan	und Daduet	on Act Notice, see the sengrate inst	nuctions	0.1			5 S	190-F7	(2015)

Pa						
	Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			91,941	-	88,797
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O)				24	
25 26	Total liabilities (describe in Schedule O)			91,941		88,797
27	Net assets or fund balances (line 27 of column		•	0	26 27	0
Par				91,941 Part III)	21	88,797
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?					quired for section
						(c)(3) and 501(c)(4) anizations; optional for
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise noise benefited, and other relevant information for e	nanner, describe the	e services provide	d, the number of	, .	ers)
28	Educational Seminars to enhance abilities of o	ivil engineers: Rec	ional and			
	National Conferences, Monthly Tech Presenta	tions, Eng Commit	ees		l	
	PE Rev Course, Steel Bridge Competition, Fut	ure City Comp, EW	В		ļ	
		t includes foreign gra			288	58,816
29	Community Service activities and fundraisers	for local charitable	organizations:			
	Make-A-Wish golf tournament					1
	Habitat for Humanity, Adopt-A-Highway, Chris				İ	
		t includes foreign gra			298	12,818
30	Educational Outreach to inform the general pu	<u>ıblic about civil enc</u>	ineering issues:		i	
	GPR (Gov Pub Rel) activities					
		includes foreign gra			30a	7,214
31	Other program services (describe in Schedule O)					
22	(Grants \$) If this amount Total program service expenses (add lines 28a	tincludes foreign gra			31a	
Par						10,0,0
rai	Check if the organization used Schedule					
	Officer if the organization assa conteasit		(c) Reportable	(d) Health benefits,	Ť.	<u>· · · · · </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS((if not paid, enter -0-			Estimated amount of other compensation
John	Blancett	8 hrs/wk				
Pres	dent		() ()	0
Vaca	·	2 hrs/wk			-	
	dent-Elect	ļ	(1)	0
Vaca		. 0 hrs/wk				_
	Prosident/Treasurer	 		! })	0
	rawish	. 0 hr/wk]			
Secr		 	·)	0
Direc	ie McCaw	5 hr/wk				n
	Bravo	4 to also to	<u> </u>	<u>'</u>	2	0
Direc		4 hr/wk	l c	,	,	0
	Winckler	1		' 	'	
Direc		4 hr/wk	1	,	o	0
	sto Longoria	<u> </u>		<u>'</u>	_	
	c Director	2 hr/wk)	,]	,	0
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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	Tes	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?			✓ ✓
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
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	ے 40b		√
c	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	San		
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	*. * <u>*</u>	\
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Valerie McCaw, P.E. Telephone no. ▶ 816			88
h	Located at ► 8008 N Chatham, Kansas City, MO ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	64	151	
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO.
	If "Yes," enter the name of the foreign country: ▶	12.0		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		* 1	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a	-	√
	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		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b		

Oid the organization engage directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes", complete Schedule C, Part I Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Tyes, complete Schedule C, Part II Did the organization agage in lobbying activities or have a section 501(n) election in effect during the tax year II "Yes", complete Schedule C, Part II II "Yes", complete Schedule C, Part II B is the organization agage in lobbying activities or have a section 501(n) election in effect during the tax year II "Yes", complete Schedule C, Part II B is the organization against an expension of section 17(b)(1)(1)(4)(9)(n) "Yes", complete Schedule C, Part II B is the organization as school as described in section 17(b)(1)(1)(4)(9)(n) "Yes", complete Schedule C, Part II B is the organization against any transfer or an everprit one-orthribbit related organization (Part II) Complete this table for the organization as action 527 organization makes the stable of the organization as action 527 organization makes the stable of the organization as action 527 organization makes the stable of the organization as action 527 organization. (a) None and title of each employees paid over \$100,000 or compensation from the organization. (b) Type of service (c) Reportable (d) Part II there is none, enter "None. (e) Part II there is none, enter "None. (e) Part II there is none, enter "None. (f) Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 or compensation from the organization. If there is none, enter "None. (g) Narva and business address of each independent contractor (b) Type of service (g) Narva and business address of each independent contractor (b) Type of service (g)	Form 99	0-EZ (2	(015)						F	age 4
Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI The property of the organization spage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II year? If "Yes," complete Schedule C, Part II year? If "Yes," complete Schedule E State of the organization as exception in section 170(h)(1)(A)(h)? If "Yes," complete Schedule E State of the organization as exception for the section 501(h) election in effect during the tax year? If "Yes," complete Schedule E State of the organization of the section 170(h)(1)(A)(h)? If "Yes," complete Schedule E State of the organization of the section 170(h)(1)(A)(h)? If "Yes," complete Schedule E State of the organization of the section 170(h)(1)(A)(h)? If "Yes," complete Schedule E State of the organization of the organization of the organization? State of the organization of the organization of the organization of the organization. If there is none, enter "None" (a) Name and table of each employee paid over \$100,000 The organization of the organization of the organization of the organization of the organization. If there is none, enter "None" organization organization or the organization or the organization organization organization organization organization. If there is none, enter "None" organization orga	46								Yes	No
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	Part \		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	estions 47–49b an	d 52. and	complete the		ior lin	es \Box
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48	47		he organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe		- 1	Yes	No
(a) Name and tute of each employee bound from the Compensation of the compensation devoted to position NONE Total number of other employees paid over \$100,000 Total number of other independent contractors (a) Type of sense (b) Type of sense (c) Compensation NONE Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors (b) Type of sense (c) Compensation NONE Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors (b) Type of sense (c) Compensation NONE Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors (b) Type of sense (c) Compensation Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors (b) Type of sense (c) Compensation	49a b	Is the Did t If "Ye Com	e organization a school as described in the organization make any transfers to es," was the related organization a se plete this table for the organization's	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organization i five highest comper	ii)? If "Yes," complet aritable related orga on? asated employees (o	e Schedulinization?	officers, directo	48 49a 49b ors, truste	es an	
f Total number of other employees paid over \$100,000 . Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . Did portifies of perifur, I docture that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and based, it is true, correct, and complete Octation of prepare to the firm's including accompanying schedules and statements, and to the best of my knowledge and based, it is true, correct, and complete Octation of prepare to the firm's address to the preparer's signature of officer Valerie McGaw, P.E., Treasurer Type or print name and title Print's gardess b Print' per preparer's name Preparer's signature Print' per preparer's name Print's signature Print's signa		(a)	Name and title of each employee	hours per week	compensation	contribut	ions to employee ians, and deferred			
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations must attach a completed Schedule A Under ponalties of perjur, I docture that I have examined this return. Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Oscilaration of preparer (other) than officer) is based on all information of which preparer has any knowledge. Sign Valerie McCaw, P.E., Treasurer Type or print name and bitle Print Signature of officer Valerie McCaw, P.E., Treasurer Print's name Firm's name Firm's name Firm's name Firm's name Firm's name Phone no.	NONE							···		
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d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, 'including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other(than officer) is based on all information of which preparer has any knowledge. Sign Fignature of officer Valerie McCaw, P.E., Treasurer Type or print name and title Preparer Use Only Firm's address ▶ Phone no		Com	plete this table for the organization	s five highest comp		nt contrac	tors who each	received	more	than
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ✓ Yes □ No Under perceities of perjury, I declare that I have examined this return. Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (othersthan officer) is based on all information of which preparer has any knowledge. Sign Signature of officer	***************************************	(a)	Name and business address of each independ	dent contractor	(b) Type of s	arvice	(c)	Compensat	ion	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NONE		**************************************	******						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A						·				
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A						······································				
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Under ponalties of perjury, I declare that I have examined this return, including accompanying schodulos and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (othersthan officer) is based on all information of which preparer has any knowledge. Sign Here Valerie McCaw, P.E., Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN Preparer's signature Firm's name Firm's name Firm's address > Phone no		Did	the organization complete Schedu	•	ŕ	. ► ganization			 3 🗆 1	No
Sign Here Valerie McCaw, P.E., Treasurer Type or print name and title Paid Preparer Preparer's signature Date Check ☐ if self-employed Firm's name ▶ Firm's address ▶ Phone no	Under pe	onallies rect, ar	of perjury, I declare that I have examined this indicomplete. Declaration of preparer (other) than	return, including accompan	lying schedules and state	ments, and te er has any kn	o the best of my kn			ıt ıs
Paid Preparer Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN Use Only Firm's name Firm's name Firm's eliN ➤			1 Tulines	Meraur				·····		***********
Paid Preparer Preparer Use Only Firm's name Preparer's signature Date Check ☐ if self-employed Firm's name Firm's eadress ▶ Phone no			Valerie McCaw, P.E., Treasure	or .			Date 5/1	117		
Use Only Firm's name ► Firm's EiN ►			· · · · · · · · · · · · · · · · · · ·	Preparer's signature		Date	1	if		
			Firm's name ▶					** * *****	<u>.</u>	
	May th	e IRS		r shown above? See	Instructions			- TYP		No.

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.

a section 2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No 1545-0047

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	of the organization					Employer Identification	
	rican Society of Civil Engineers				4 - 41-7-	23 - 738128	
Par							ons.
_	organization is not a private found				•	•	
1 2	☐ A church, convention of church A school described in section						
3	☐ A hospital or a cooperative ho		•			• •	
4	☐ A medical research organizati						(iii) Enter the
•	hospital's name, city, and stat		organionon mar a noo	Dita: GCSC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ing. Enter the
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a government	tal unit described in
6 7							
8	☐ A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9							
10	An organization organized and	d operated exclu-	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported	d organizations o	lescribed in section 5	09(a)(1) c	r section	1 509(a)(2). See sect	ion 509(a)(3). Check
	the box in lines 11a through 11						-
а	the supported organization(sorganization)	s) the power to re	egularly appoint or ele				
b	Type II. A supporting organi	zation supervise	d or controlled in con	nection v	vith its su	pported organization	n(s), by having
	control or management of tr organization(s). You must c			ie same p	ersons ti	hat control or manag	ge the supported
С	☐ Type III functionally integrated its supported organization(s)	• •					y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	ization generally must	satisfy a	distributi	ion requirement and	
е	Check this box if the organize functionally integrated, or Ty						II, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	ported organization(s)			··	
	(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No	1	
(A)							
(B)							
(C)							·
(D)			-				
(E)					-		
					l		

Total

Concac	SIGN (I GITT 000 GI 300 EE) 2010						Page ∠
Part	Support Schedule for Organize	ations Desci	ribed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to gu	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	•
Sect	ion A. Public Support			·			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and		(5) 25 12	(0, 20.0	(4) 20	(6) 2010	(i) rotar
-	membership fees received. (Do not						
	include any "unusual grants.")						
2				-	 	-	<u> </u>
2	Tax revenues levied for the organization's benefit and either paid						
	<u> </u>						
_	to or expended on its behalf						
3	The value of services or facilities	l			•		
	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		1		*		
	governmental unit or publicly		}	* *	1		
	supported organization) included on		\$				
	line 1 that exceeds 2% of the amount	,	, , ,			* , . , . ,	
	shown on line 11, column (f)	1 * :	, , , , , , , , , , , , , , , , , , ,	,	†	` •	
6	Public support. Subtract line 5 from line 4.	13 % 3	. xx. > .	., , , ,			
	ion B. Total Support			L	I* * * * * *	, ,	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(4) 20 11	(2) 2012	(0) 2010	(4) 2014	(0) 2010	(i) rotal
8	Gross income from interest, dividends,			· · · · · · · · · · · · · · · · · · ·			
0							
	payments received on securities loans, rents, royalties and income from similar			ĺ			
	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				ļ		
	loss from the sale of capital assets					:	
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	2 % }	4 (2 - 1)	多张 5元 3	11.81843	10:312	· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, etc	. (see instruction				12	
13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	rt Percentag	e				
14	Public support percentage for 2015 (line to			1. column (fl)		14	%
15	Public support percentage from 2014 Sch		•	. ,,,		15	%
16a	331/3% support test-2015. If the organi					1	
	box and stop here. The organization qua						
b	331/3% support test-2014. If the organ	•		•			
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test—20			_			
174							
	10% or more, and if the organization me Part VI how the organization meets the "f						
	organization						
b	10%-facts-and-circumstances test—26						
	15 is 10% or more, and if the organizat	tion meets the	facts-and-ci	rcumstances"	test, check th	nis box and st	op here.
	Explain in Part VI how the organization m					n qualifies as a	publicly
	supported organization						. ▶ 🗆
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	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		oto notou bon	out, ploade de	inploto Lait	··· <i>y</i>	
Calen	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			• • • • • • • • • • • • • • • • • • • •			
	received. (Do not include any "unusual grants.")	19,997	25,445	30,309	32,352	35,870	143,973
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	64,114	44,777	69,462	75,750	40,026	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1,555		2,400	737		4,692
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	85,666	70,222	102,171	108,839	75,896	442,794
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	0	0	ō	0	0	0
8	Public support. (Subtract line 7c from	- N - N - N		\$ v / (%)	** ***	13 . 2	
-	line 6.)	1					442,794
Secti	on B. Total Support						442,734
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	85,666	70,222	102,171	108,839	75,896	442,794
10a	Gross income from interest, dividends,						1,
	payments received on securities loans, rents,						
	royalties and income from similar sources	136	66	158	33	15	408
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	136	66	158	33	15	408
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			700		,,,,	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	25.002	70.000	400,000		75.044	0
14	First five years. If the Form 990 is for the organization, check this box and stop her			102,329 d, third, fourth,	-		
Secti	on C. Computation of Public Suppor						· · · · <u>-</u> <u></u>
15	Public support percentage for 2015 (line 8			3 column (f))		15	99 91 %
16	Public support percentage from 2014 Sch					16	99.85 %
	on D. Computation of Investment Inc			` · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	1.5	33.03 /0
17	Investment income percentage for 2015 (li			v line 13. colum	nn (fl)	17	0 %
18	Investment income percentage from 2014					18	0 %
19a	331/3% support tests—2015. If the organia 17 is not more than 331/3%, check this box a	zation did not	check the box	on line 14, an	d line 15 is m	ore than 331/3 orted organizat	%, and line
b	331/3% support tests – 2014. If the organization 18 is not more than 331/3%, check this b	xox and stop he	ere. The organi	zation qualifies	as a publicly s	upported orgai	nization 🕨 🗌
20	Private foundation If the organization do	not chack a t	Nov on line 14	100 or 10b o	book this boy	and one inetri	otiono 🕨 🗆

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on 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	Organizations

ect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	ž		
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	- ~	4
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 Part VI 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 Part VI what controls the organization put in place to ensure such use	3c		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	\$} 4b	<u> </u>	
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 Part VI 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 Part VI , 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	designated in the organization's organizing document?	5b		130
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	3. ³ .	
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 or 990-EZ).	^- 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 Part VI .	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) 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 Part VI.	9c		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	102	* ********	

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)

10a

Part	Supporting Organizations (continued)			
	the the considerate and the control of the control		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			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	}	ļ	1
	controlled the organization's activities. If the organization had more than one supported organization,		İ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	İ
	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			* 3
	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	1-	Ь	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		· , ,	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	***		. *
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Socti	on D. All Type III Supporting Organizations	1	<u> </u>	<u> </u>
Section	on b. All Type in 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	* ×.	78/8	1.10
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		(à .
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		No.	1
	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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	2
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	£5	20
3	By reason of the relationship described in (2), did the organization's supported organizations have a	@-	- 74	2 M. S.
	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	1		
	supported organizations played in this regard.	3		
Section	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	instru	ction	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.	· •	-44!	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	itructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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			<u> </u>
	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	<u> </u>	<u> </u>
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	Ja	 	
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь	* '	****

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must co	mp	lete Sections A through E.	
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	0	0
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	0	0
Section B - Minimum Asset Amount	•	(A) Pnor 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	10		
d Total (add lines 1a, 1b, and 1c)	1d		0
e Discount claimed for blockage or other factors (explain in detail in Part VI):	ì		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		7
3 Subtract line 2 from line 1d	3	0	0
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	0	0
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	1	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
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	12. 12. 1	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	\$ 10 miles 200 miles	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional		itegrated Type III supporting	
instructions).	.,		9 901 112211011 (000

Par	- Type to trothe t direction intograted 505(a)	(3) Supporting Organ	izations (continued)	<u> </u>		
	tion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	- Fare to Partition about the discould full discision	cempt purposes of supp	orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt pur	poses of supported org	anizations			
4	Pare se medano exempt and assets	-				
5)				
6	Other distributions (describe in Part VI). See instructions	S				
	7 Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whi	ch the organization is re	sponsive			
9	(provide details in Part VI). See instructions.					
10	Distributable amount for 2015 from Section C, line 6					
	Line 8 amount divided by Line 9 amount		T	0.000		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
	Distributable amount for 2015 from Section C, line 6		· · · ·	 		
2	Underdistributions, if any, for years prior to 2015	* }		. 57		
	(reasonable cause required-see instructions)	* .		* *		
3	Excess distributions carryover, if any, to 2015:	9 '9	`````			
<u>a</u>		,), ' , ' , '	3 33 1/2	- " " " " " " " " " " " " " " " " " " "		
<u>b</u>		x)				
c	From 2013		* 1 (s)			
<u>u</u>	From 2014	1.7		*** *** ***		
	Total of lines 3a through e			* * *		
g	Applied to underdistributions of prior years		10 10 10	7. 7 1.		
<u> </u>	Applied to 2015 distributable amount		· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *		
	Carryover from 2010 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0				
4	Distributions for 2015 from Section					
-	D, line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount		A. M. 45	****		
C	Remainder. Subtract lines 4a and 4b from 4.	0				
5	Remaining underdistributions for years prior to 2015, if	A - A . ' A	* *** ***			
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).		0			
6	Remaining underdistributions for 2015. Subtract lines 3h		· · · · · · · · · · · · · · · · · · ·			
	and 4b from line 1 (if amount greater than zero, see					
	instructions).			0		
7	Excess distributions carryover to 2016. Add lines 3		\$ 10 B 1			
	and 4c.	0	* , ,	* ,		
8	Breakdown of line 7:	· ·	4 , , ,			
a			G			
b_	Evene from 2012		5			
c	Excess from 2013			, 1		
e				l l		
	Excess from 2015 0			1		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

► 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," on 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," on 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." on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-FZ, Part V, line 35c (Proxy

	see separate instructions), t	· · · · · · · · · · · · · · · · · · ·	y rax) (see separat	e instructions) of 1 offit 990	-LZ, Fait V, line 550 (Floxy
	ection 501(c)(4), (5), or (6) orga	anızatıons: Complete Part III.			
Name	of organization			Employer ider	ntification number
Ameri	can Society of Civil Enginee	ers Kansas City Section			23-7381281
Part		e organization is exempt und			organization.
1		the organization's direct and indire		•	
2				▶ \$)
3	Volunteer hours				
Part		e organization is exempt und			
1		excise tax incurred by the organiz)
2		excise tax incurred by organizatio			
3		ed a section 4955 tax, did it file Fo			Yes No
4a	Was a correction made?				[_] Yes [_] No
ь	If "Yes," describe in Part	e organization is exempt und	lan a a abian 504/	a) award another 504	(-\(\0\)
Part 1		tly expended by the filing organi			(0)(3).
•				•	
2		filing organization's funds contril			
_	527 exempt function act		_		
3	· ·	expenditures. Add lines 1 and 2			
Ū				· · · · · · · > \$	
4		n file Form 1120-POL for this year		· · · · · · · · · · · · · · · · · · ·	. Yes No
5		ses and employer identification nu			
J		ents. For each organization listed,			
		ontributions received that were pro			
		fund or a political action committ			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(b) Name	(b) / (diess	(6) Eliv	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)]		
			ļ		
(2)		}	1	1	
				ļ	
(3)		}	1		
			<u></u>		
(4)		}	1		
		 	 		
(5)			1		
			 		
(6)			-		

Schedule	C/Earm	000 00	000 57	2015

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oched	ule O (1 0/111 330 0/ 330-22) 2013					rage 🕰
Part	II-A Complete if the organiza section 501(h)).	tion is exempt ι	ınder section 5	01(c)(3) and file	d Form 5768 (elec	ction under
A C	heck ► ☐ If the filing organization name, address, EIN, ex	belongs to an af penses, and sha	filiated group (ai	nd list in Part IV o bying expenditur	each affiliated groes).	up member's
вС	heck ▶ ☐ if the filing organization	checked box A	and "limited con	trol" provisions a	ipply.	
	Limits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to influer	ce public opinion	(grass roots lobby	/ing)		
b	Total lobbying expenditures to influer			•		
С	Total lobbying expenditures (add line	•				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c and 1				
f	Lobbying nontaxable amount. Ente		•			
	If the amount on line 1e, column (a) or (b	is: The lobbying	nontaxable amoun	nt is:		
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess	over \$500 000	,	"' ''
	Over \$1,000,000 but not over \$1,500,000		10% of the excess		, ,	, ,
	Over \$1,500,000 but not over \$17,000,000		5% of the excess of		* , ' .	
	Over \$17,000,000	\$1,000,000.			* ()	, (i)
g	Grassroots nontaxable amount (enter			·		1
h	Subtract line 1g from line 1a If zero o	•				
i	Subtract line 1f from line 1c. If zero or	•				
i	If there is an amount other than ze		1h or line 1i, did	the organization	file Form 4720	
•	reporting section 4911 tax for this ye			-		Yes No
	(Some organizations that made a	section 501(h) ele	Period Under sed ection do not hav ructions for lines	e to complete all	of the five column	s below.
	Lobby	ing Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					~
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))	* *		, , ,		
f	Grassroots lobbying expenditures					

Schedu Part		filed	Form	Page (
	(election under section 501(h)).	T 6	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
a	Volunteers?	<u> </u>		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	<u> </u>	1	
d	Mailings to members, legislators, or the public?	ļ	7	
е	Publications, or published or broadcast statements?	<u> </u>	1	
f	Grants to other organizations for lobbying purposes?		✓	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓	L	1,07
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	√	ļ
i :	Other activities?		✓	ļ
j 2a	Total. Add lines 1c through 1i			1,07
b	If "Yes," enter the amount of any tax incurred under section 4912	,		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		3	<u> </u>
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			A STATE OF THE STA
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), (or se	ction
	501(c)(6).			
4	Manage that a thirth all (000) as managed to a managed managed to this but managed are			Yes No
1 2	Were substantially all (90% or more) dues received nondeductible by members?			1 2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." Dues, assessments and similar amounts from members			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
а	Current year		2a	
þ	Carryover from last year		2b	
C	Total		2c	 -
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		3	
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Part				
	te the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information	up lis	t); Par	t II-A, lines 1 and

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Name (of the organization					Employer identific	cation number
Amer	can Society of Civil Engineers Kan	sas City Section					7381281
Par	- Eundraicing Activities	. Complete if the	ne organiza	ation ansv	vered "Yes" on Fo	orm 990, Part IV,	line 17.
ı aı	Form 990-EZ filers are						
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. Che	eck all that apply.	
а	Mail solicitations		e [on of non-governm		
b	Internet and email solicitation	ons	f [] Solicitat	ion of government g	rants	
С	Phone solicitations		g [] Special	fundraising events		
d	In-person solicitations						
2a	Did the organization have a wr						
	or key employees listed in Forn	-	•		•	_	
b	If "Yes," list the ten highest pai			draisers) p	ursuant to agreeme	nts under which th	ne fundraiser is to be
	compensated at least \$5,000 b	y the organization	on.				
	(3) Name and address of males of		(m) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of outlons?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			Continu	Julions,	<u> </u>	col (ı)	Organization
			Yes	No			
1							
2							
3		}					
4							
			ļ	ļ	<u> </u>		ļ
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Total				🕨			
3	List all states in which the orga	anization is regis	stered or lic	ensed to s	solicit contributions	or has been notifi	ed it is exempt from
	registration or licensing.	· ·					

Pa	art II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions			
_		,	(a) Event #1 Golf Tournament (event type)	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	23,064			23,064
Œ	2 3	Less: Contributions Gross income (line 1 minus	14,424			14,424
		line 2)	8,640			8,640
	4	Cash prizes	600			600
	5	Noncash prizes				j
sesu	6	Rent/facility costs	6,064			6,064
Direct Expenses	7	Food and beverages	267			267
Direc	8	Entertainment				
	9	Other direct expenses .	14,974			14,974
	10 11	Direct expense summary. Ac Net income summary. Subtra				21,905 (13,265)
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-Re	1	Gross revenue				
Ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	□ Yes %	☐ Yes %	□ Ves %	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)	<u> ▶ </u>	
Ş	a Is	nter the state(s) in which the or the organization licensed to co "No," explain.	onduct gaming activities	s in each of these state	s?	
10		ere any of the organization's g	•	d, suspended or termina		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ 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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization American Society of Civil Engineers Kansas	Employer identification number 23 - 7381281		
American Society of Civil Engineers Kansas	City Section		
Part I, Line 16 - Other expenses			
Meeting and conference expenses	68,215		
Travel	1,939		
Outreach and other expenses	6,149		
Total for Line 16	\$ 76,303		
	······		
	·····		