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)

2017

OMB No 1545-1150

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

**Open to Public** Inspection

		nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information.				
A F	or the	2017 calend	ar year, or tax year beginning October 1 , 2017, and ending S	September 30 , 20 18			
_	check if ap		<sub>ا</sub> سمبرو التقديم بين وي التعلق التقديم والتعلق التقديم والتعلق والتقيير والتعلق والتقديم والتقديم والتقديم والتقار	D Employer identification number			
	Address c	hange	American Society of Civil Engineers Kansas City Section 2	3 - 7	381281		
_	Name cha	-	Number and street (or P O box, if mail is not delivered to street address)  Room/suite E Te	ephone	number		
=	Initial retui		1801 Alexander Bell Drive	703 -	295-6109		
=	rinas retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code  Poston, VA 20191	oup Ex	emption		
_		n pending	Reston, VA 20191 0 N	umber	<b>▶</b> 2	676	
G A	Account	ling Method	☑ Cash ☐ Accrual Other (specify) ► H Check	; ▶ □	if the organ	zation is <b>not</b>	
1 7	Vebsite	::▶	requir	ed to a	ttach Schedu	ıle B	
J T	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) 🔲 4947(a)(1) or 🔲 527 (Form	990, 99	90-EZ, or 990	0-PF)	
K F	orm of	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other ☐ Unincorporated	Assoc	iation		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s			
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	122,081	
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uction	is for Part	I)	
			the organization used Schedule O to respond to any question in this Part I		<del></del>	$\overline{V}$	
	1		ons, gifts, grants, and similar amounts received	1	<del></del>	36,591	
	2	Program se	ervice revenue including government fees and contracts	2		61,018	
	3		ip dues and assessments	3		8,461	
	4	Investment		4	<del> </del>	14	
	5a		ount from sale of assets other than inventory	4			
	b		or other basis and sales expenses	<u></u> .	-		
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	-	d fundraising events				
ø	a	\$15,000)	ome from gaming (attach Schedule G if greater than				
Revenue	<u> </u>	•		-{			
ě	b		me from fundraising events (not including \$ 24,390 of contributions aising events reported on line 1) (attach Schedule G if the				
ď			h gross income and contributions exceeds \$15,000)   6b   15,99	,			
	С		t expenses from gaming and fundraising events 6c 10,87	-			
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c)	,	6d	~	5 122	
	7a	Gross sale:	s of inventory, less returns and allowances . 7a	1		<u> </u>	
	b		of goods sold	7	]		
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8		nue (describe in Schedule O)	8_	-		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	HIÌ		111.206	
	10			10	70	35,683	
	11	Benefits pa	similar amounts paid (list in Schedule O)  ud to or for members	11011	S		
S	12	Salaries, ot	her compensation, and employee benefits	12	_ امٰ		
,us	13	Professiona	al fees and other payments to independent contractors	13	<u>E</u>		
Expenses	14	Occupancy	, rent, utilities, and maintenance OGDEN.	U7F 15,	]		
ω	15		iblications, postage, and shipping		manual <sup>2</sup>	13	
	16	•	nses (describe in Schedule O) .	16	<u> </u>	50,414	
	17		nses. Add lines 10 through 16	17	<u> </u>	86,110	
2	18	•	deficit) for the year (Subtract line 17 from line 9)	18		25,096	
Se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with				
Net Assets		•	r figure reported on prior year's return)	19		99,330	
É	20		ges in net assets or fund balances (explain in Schedule O)	20			
~	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	}	124 <u>,4</u> 26	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)



Pai	· · · · · · · · · · · · · · · · · · ·	•				
-	Check if the organization used Schedu	e O to respond to a	ny question in this			<u> </u>
			_	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments .		_	99,330	==	124,426
23	Land and buildings		·		23	
24	Other assets (describe in Schedule O) .		<u> </u>	20.222	24	404 400
25	Total assets		·	99,330	25	124,426
26	Total liabilities (describe in Schedule O)		:	0	26	104 100
27	Net assets or fund balances (line 27 of column			99,330	27	124,426
Par		•			}	Expenses
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III	(Rec	juired for section
What	is the organization's primary exempt purpose?	Advance science 8	civil engineering	protession		c)(3) and 501(c)(4)
as m perso	ribe the organization's program service accomp easured by expenses. In a clear and concise his benefited, and other relevant information for e	manner, describe the ach program title	e services provided		orga othe	nizations, optional for
28	Educational Seminars to enhance abilities of					
	National Conferences, Monthly Tech Present					
	PE Rev Course, Steel Bridge Competition, Fu					40.440
		t includes foreign gra		. ▶ ⊔	28a	48,413
29	Community Service activities and fundraisers	for local charitable	organizations:			
	Make-A-Wish golf tournament					
	Habitat for Humanity, Adopt-A-Highway, Chri					
	Grants \$ 0 ) If this amoun	t includes foreign gra	ants, check here	▶ □	29a	34,083
30						
	ASB informational Kiosk					
	GPR (Gov Pub Rel) activities					0.000
		t includes foreign gra	ants, check here	▶ ⊔	30a	2,839
	Other program services (describe in Schedule O)					
		t includes foreign gra	ants, check here	<u> ▶                                 </u>	31a	27.205
	Total program service expenses (add lines 28a		_ <del></del> ::		32	85,335
Part					istruc	tions for Part IV)
	Check if the organization used Schedul	e O to respond to a		<del></del>		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	0	Estimated amount of their compensation
	nel Winckler	4 hrs/wk			-	
Presi			0		)	0
	Blancett	2 hrs/wk				
	dent-Elect		0	(	<u> </u>	0
	mad Ibrawish	4 hrs/wk		,		•
	President	<del>-</del>	0	- (	<u>'</u> —	0
	to Severiano Longoria	_ 2 hr/wk		,		•
Treas		-	0		<u>'</u>	0
	Johnson	2 hr/wk		_		
Direc	an Malloy		0		<u>'                                     </u>	0
Direc		_ 2 hr/wk				0
	···		0	(	<u>'</u>	0
<u>-</u>	en Stinger	2 hr/wk		ĺ .		•
Direc	tor		0		<u>'   -</u>	0
					+	
					+-	
<del>-</del>						
					-	
		-1				

ABCGO

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in thi	s Part		
22	Did the expensation engage is any experience activity not provided to the IBS2 If "Vec." provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O .	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
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	35b		
С	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			
37a	· · · · · · · · · · · · · · · · · · ·			·
ь 38а	, ,			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			`
39	Section 501(c)(7) organizations Enter	,		
a	Initiation fees and capital contributions included on line 9	{		1
b 40a	Gross receipts, included on line 9, for public use of club facilities	┥,		
	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			-1 -
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 ▶ Ernie Longoria. PE  Located at ▶ 11110 Johnson Drive, Shawnee, KS  ZIP + 4 ▶	- 74 662	203	
b	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country ▶		1	Į
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<u>ا</u> ا
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		<u>√</u> _
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	<del></del>	<u> </u>	• 📋
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No_
h	completed instead of Form 990-EZ	44a		<b>√</b>
b	completed instead of Form 990-EZ	44b		<u> </u>
c d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		
	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	4.5		, .
	Form 990-EZ (see instructions)	45b	<u>l</u>	<u>√</u>

Form 990	, 0-EZ (2017	7)								F	age 4
	<u></u>		<del></del>							Yes	No
46	Did the	organization engage, directly or in	idirectly, in political c				or in oppositi	on [			
		idates for public office? If "Yes," c		, Part I		• •	·		46		<b>✓</b>
Part V		ection 501(c)(3) organizations		-1 17 101		50 I -				1	
		l section 501(c)(3) organization: ) and 51.	s must answer que	estions 47-49b a	ana :	52, and c	omplete the	tabi	es ro	or iin	es
		neck if the organization used Sch	andula O to respons	to any question	un ti	nie Part VI					
		reck if the organization used oci	ledule O to respond	to any question	111 L	iis i ait vi	·			Yes	No
47	Did the	organization engage in lobbying	activities or have a	section 501(h) ele	ectio	n ın effect	during the t	ax [	$\neg$		
	year? If "Yes," complete Schedule C, Part II								47	✓	
48	Is the or	ganization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," compl	ete S	Schedule E			48		1
49a	Did the	organization make any transfers to	an exempt non-cha	ırıtable related org	ganız	ation?		<u> </u>	49a		<b>√</b>
		' was the related organization a se							49b		
		te this table for the organization's									d key
	employe	ees) who each received more than	\$100,000 of comper	nsation from the c	orgar		h benefits,	, ente	31 NO	one	····
	(a) Na	me and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-M	ISC)	contribution benefit plans			imated r comp		
NONE											
	******										
<del></del>									<del></del>		
							}				
		mber of other employees paid ove									41
		te this table for the organization's 0 of compensation from the organ				contractor	s wno each	recer	vea r	nore	ınan
			· · · · · · · · · · · · · · · · · · ·	I			(0) (	`			
	(a) Nan	ne and business address of each independe	ent contractor	(b) Type of	SCIVI		(6)	Jumpe	nsatioi		
NONE											
			<del>–</del>								
			•••••								
			<u> </u>								
				·							
		***************************************									
											<del></del>
d T	Fotal nui	mber of other independent contrac	ctors each receiving	over \$100,000	•	<b></b>					
		organization complete Schedule	e A? Note: All se	ction 501(c)(3) o	rgan	izations r					
		ed Schedule A	<u> </u>	<u> </u>		• •		<u>▶                                    </u>		<u> </u>	
		erjury, I declare that I have examined this re implete Declaration of preparer (other than o						wledge	and b	oeliet, i	t is
		Soil faci				<u> </u>					
Sign	•	Signature of officer				Dai					
Here	<b>\</b>	Ernie Longoria, Treasurer				〔	Tuly 30,	)o(	7		
		Type or print name and title									
Paid	Pro	nt/Type preparer's name	Preparer's signature	-	Date	•	Check 🔲	PT	IN		
Prepai	rer 📖		self-employed				d				
Use O	I _	m's name ▶					n's EIN ▶				
Maritha		m's address >	phown chauch Car !-	netruotione		Pho	ne no	· — ·	<u> </u>	<u> </u>	
viay trie	ino ais	cuss this return with the preparer s	PHOME SPOKE 266 II	เธเเนตเเดาเธ .			<b>-</b>	\	Yes	$\square$ N	O

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number American Society of Civil Engineers - Kansas City Section 7381281 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/2/8 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

Par	II Support Schedule for Organiz	ations Desci	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked t	he box on line	e 5, 7, or 8 of	Part I or if th	ie organizatio	n failed to qu	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						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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			00.000.000.c	SEVE LUI FARM VOLUM		
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)		9.41 2008.0				
6	Public support. Subtract line 5 from line 4	產化2022	於引納物數數	<b>学员的第一个</b>	<b>李山沙湖</b>	1.常要的多人	
	on B. Total Support		,				<del></del>
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total';
7	Amounts from line 4			<u> </u>	<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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the		ons)		or fifth tax ye	12 ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			,		``▶ □
Secti	on C. Computation of Public Suppor	rt Percentag	e				
14	Public support percentage for 2017 (line (			1, column (f))		14	%
15	Public support percentage from 2016 Sch					15	%
16a	331/3% support test—2017. If the organibox and stop here. The organization qua	lifies as a publ	icly supported	organization		•	▶ □
b	331/3% support test—2016. If the organithis box and stop here. The organization					is 33½% or mo	ore, check . ► □
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets th	e "facts-and-c	arcumstances'	' test, check t	this box and s	top here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	16a, 16b, 17a	ı, or 17b, chec	k this box and :	_

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

(Complete only if you checked the box on line 10 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	ion A. Public Support			,		··· <i>,</i>	<del></del>
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	30,309	32,352	35,870	33,677	45,052	177,260
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	69,462	75,750	40,026	43,485	66,140	294,863
3	Gross receipts from activities that are not an unrelated trade or business under section 513	2,400	737				3,137
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	102,171	108,839	75,896	77,162	111,192	<u>475,260</u> 0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6).						475,260
	on B. Total Support	(-) 0040	(F) 0014	/-> 00±5	(-I) 004 C	(-) 0047	(O Tatal
Calen 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	102,171	108,839	75,896 15	77,162	111,192	475,260 234
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,,,,					,
С	Add lines 10a and 10b	158	33	15	14	14	234
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	102,329	108,872	75,911	77,176	111,206	475,494
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second	d, third, fourth,	, or fifth tax ye	ear as a section	
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8		-	3, column (f))		15	99.95 %
16	Public support percentage from 2016 Sch			<u> </u>		16	99.93 %
	on D. Computation of Investment In			<del></del>		T	
17	Investment income percentage for 2017 (			/ line 13, colun	nn (f)) .	17	0 %
18 19a	Investment income percentage from 2016 331/3% support tests—2017. If the organ	ization did not	check the box				
b	17 is not more than 331/3%, check this box 331/3% support tests – 2016. If the organiz line 18 is not more than 331/3%, check this I	ation did not ch	eck a box on I	ine 14 or line 1	9a, and line 16	is more than 33	31/3%, and
20	Private foundation. If the organization di						

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete is	an v	·)	
Secti	on A. All Supporting Organizations		1/22	A1-
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	2) 1	Yes	No
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		The se
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	150	
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ь	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	74(6)	
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 <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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		12.7
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		100
, b	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		
С	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 <b>Part VI</b> .	9c		si II
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		diái	15:0

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)		V	T
44	Healtha arganization appeared a gift or contribution from any of the following paragraps?	5-63388	Yes	No No
11 a	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)			
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<del> </del>
	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		<u> </u>
	ion B. Type I Supporting Organizations	1		•
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Sept.
	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 <b>Part VI</b> 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 manata	يوسارية موق	554 K4 13
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	XX.	er.
Secti	on C. Type II Supporting Organizations	1.2.1		·
	on or type it outplest and outp		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	AND PROPERTY	N.S.	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		14	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	۲,	
<u>Secti</u>	on D. All Type III Supporting Organizations			
		200-2 200	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, (i) a written notice describing the type and amount of support provided during the prior tax		900	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	0.5%		對透
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI 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			265
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Casti		3		
	on E. Type III Functionally Integrated Supporting Organizations			<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	ctions	;) ·
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	/aaa .me		اممدا
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see iiis		0115)
2	Activities Test. Answer (a) and (b) below.	II Street	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	240		
ນ	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		MI.	
•	activities but for the organization's involvement.	2b	AND STREET	·
3	Parent of Supported Organizations Answer (a) and (b) below.	2.3		
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? Provide details in Part VI.	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 Part VI the role played by the organization in this regard	3b		

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 instructions. All other Type III non-functionally integrated supporting organization.			
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	37		
a Average monthly value of securities	1a		<u> </u>
<b>b</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	ALAST AND STREET IN	- ·
2 Enter 85% of line 1	2	位。在安徽市的社会中的特别的	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	本来是一种自然 <b>对</b> 种类似的	
4 Enter greater of line 2 or line 3	4	ALCO DESCRIPTION OF THE PARTY O	
5 Income tax imposed in prior year	5	<b>建筑等的建筑的地址的</b>	
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-functional instructions)	y in	tegrated Type III supporting	organization (see

Pan		3) Supporting Organ	izations (continuea)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of súpported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is re	sponsive	
	(provide details in Part VI) See instructions.		<del></del>	
9	Distributable amount for 2017 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·	<del></del>	
10	Line 8 amount divided by line 9 amount	T	T /5	4:0
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	EZWENNAK DYN	24年7月19年3月2日	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017		**************************************	
а	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			
b	From 2013 .			
С	From 2014 .			
d	From 2015 .			
е	From 2016		OT SCHOOL DESIGNATION	<b>对证的不是公共</b>
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	A. S.	\$\$\T\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			AV V- 6.2.70V-0.000 0.00 0.00 0.00 0.00 0.00 0.00 0
С	Remainder. Subtract lines 4a and 4b from 4	The second secon		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result	Table 1		
	greater than zero, explain in Part VI. See instructions	And the second s	and the same of th	
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	2000 m 100 m 200 m 170		C. STATE S. CALLED VALUE OF ARREST AND ARREST
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:	Section 1		
а	Excess from 2013			
b	Excess from 2014			BARTHAN GOVERNO
С	Excess from 2015 .	COUNTY OF THE STATE		
d	Excess from 2016			
e	Excess from 2017			

### **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

2017

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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-EZ, Part V, line 35c (Proxy

Tax) (	see separate instructions), t	then			
• \$	ection 501(c)(4), (5), or (6) org	anizations Complete Part III.			
Name	of organization			Employer ide	ntification number
Ameri	can Society of Civil Engine				23-7381281
Part	I-A Complete if th	e organization is exempt und	ler section 501	c) or is a section 527	organization.
1	Provide a description of definition of "political cal	of the organization's direct and in mpaign activities")	idirect political ca	ampaign activities in Par	t IV (see instructions fo
2	Political campaign activi	ty expenditures (see instructions)		. ▶ 9	\$
3	Volunteer hours for politi	ical campaign activities (see instru	ctions) .		
Part	I-B Complete if th	e organization is exempt und	ler section 501(	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under section	on 4955 . ▶ \$	B
2	Enter the amount of any	excise tax incurred by organizatio	n managers unde	r section 4955	\$
3	If the organization incurr	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	Yes No
4a	Was a correction made?		•		Yes No
b	If "Yes," describe in Part	: IV			
Part	I-C Complete if th	e organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	Enter the amount direct activities	tly expended by the filing organiz	zation for section	527 exempt function	3
2	Enter the amount of the 527 exempt function act	filing organization's funds contrit ivities .	outed to other org	ganizations for section  \$ \$	) 
3	Total exempt function ( line 17b .	expenditures Add lines 1 and 2	Enter here and	l on Form 1120-POL, . ► \$	;
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	organization made paym the amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds Also ente political organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)			-		
(2)					
(3)					
(4)					
(5)					
(6)					-

SCI	IEGUIE C (FOIT	1 990 01 990-62) 2017					. ugo =
P	art II-A	Complete if the organiza section 501(h)).	tion is exempt u	under section 50	01(c)(3) and file	d Form 5768 (ele	ection under
<u>A</u>	Check ▶	if the filing organization be address, EIN, expenses, a				liated group memb	per's name,
В	Check ▶	If the filing organization ch	ecked box A and '	'limited control" pr	ovisions apply	<del></del>	·····
		Limits on Lo	obbying Expendit	ures		(a) Filing	(b) Affiliated
		(The term "expenditures"				organization's totals	group totals
	1a Total l	obbying expenditures to influer	nce public opinion	(grass roots lobby	ring)		
	<b>b</b> Total le	obbying expenditures to influer	nce a legislative bo	ody (direct lobbying	g) .		
	c Total le	obbying expenditures (add line	s 1a and 1b)				
	<b>d</b> Other	exempt purpose expenditures		•			
		exempt purpose expenditures (			•		<del></del>
	f Lobby column	ing nontaxable amount Entendent	table in both		and the second second		
	If the a	mount on line 1e, column (a) or (b	) is: The lobbying	nontaxable amoun	t is:	h ta sa	N. American
	Not ove	er \$500,000	20% of the an	nount on line 1e			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	100	
	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		
	Over \$1	7,000,000	\$1,000,000				<b>福德族。新汉、新</b>
	-	oots nontaxable amount (enter		•			
•		ct line 1g from line 1a If zero o		•			
	i Subtract line 1f from line 1c If zero or less, enter -0-						
		e is an amount other than ze ng section 4911 tax for this ye	ar <sup>o</sup> .			file Form 4720	Yes No
	(Som	ne organizations that made a	section 501(h) ele	Period Under sec ection do not hav ructions for lines	e to complete all	of the five column	ns below.
		Lobby	ing Expenditures	During 4-Year Av	veraging Period	γ	****
	Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d</b> ) 2017	(e) Total
	2a Lobby	ing nontaxable amount					
	•	ing ceiling amount , of line 2a, column (e))					
	c Total le	obbying expenditures				•	
	d Grassr	oots nontaxable amount					•
		roots ceiling amount of line 2d, column (e))	Tables .		4.5		
	f Grassr	oots lobbying expenditures					
			•			Schedule C (Forn	n 990 or 990-EZ) 2017

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	1 5768	}	
For (	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)		(b)	
	ription of the lobbying activity.	Yes	No	Α	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.					
а	Volunteers?	<b>✓</b>			2 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		1			
С	Media advertisements?	<u> </u>	1			
d	Mailings to members, legislators, or the public?		1			
е	Publications, or published or broadcast statements?		/			
f	Grants to other organizations for lobbying purposes?	<u></u>	<u> </u>			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				1,761
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<b>✓</b>			
	Other activities?	3 . 223	<b>√</b> 36√ e5√			
]	Total Add lines 1c through 1i	minima		-6. SOM	CANTE	1,761
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .	- 7: 4	<b>√</b> <**3%	S. 188	Y Y Y Y Y Y Y	
b	If "Yes," enter the amount of any tax incurred under section 4912	1. 60				
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-	200	-80 CE . So	Cadania.	200
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/5)	25.60	Ction	3857 m	· R Strategie
ı arı	501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JI 3C	Ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1_1_	<u> </u>	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	ļ	ļ
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		L
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	•	2a			
b	Carryover from last year		2b			
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3 ^*5.1			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	the ying				
5	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions).		4			
Pari			5_			
Provic 2 (see	de 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 list	t), Par	t II-A, I	ines 1	and
PART	II-B, LINE 1, LOBBYING ACTIVITIES			·		
TO AD	VANCE ITS POLICY MISSION, KANSAS CITY SECTION IDENTIFIES LEGISLATION TO IMPROVE					
10/10	VINOE 113 TOCIOT MISSION, INMISSIS ON POCOTION DENTIFICO ECOLOCATION TO MIN NOVE					
THE N	ATION'S INFRASTRUCTURE, AND ADVANCE THE PROFESSION OF ENGINEERING	<b>-</b>				

## 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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

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

► Go to www.irs gov/Form990 for the latest instructions.

Open to Public

Name	of the organization					Employer identifi	cation number	
	ican Society of Civil Engineers Kan	sas City Section	=				7381281	
Par	Fundraising Activities. Form 990-EZ filers are in				vered "Yes" on F	form 990, Part IV,	line 17	
1	Indicate whether the organization				owing activities Cl	heck all that apply		
а	☐ Mail solicitations				ion of non-governr			
b	Internet and email solicitation	ons	f [		on of government			
С	Phone solicitations		g 🗆		fundraising events	-		
d								
2a	Did the organization have a writ							
	or key employees listed in Form	ı 990, Part VII) o	r entity in co	onnection v	with professional fi	undraising services	<sup>7</sup> ☐ Yes ☐ No	
b	If "Yes," list the 10 highest paid			draisers) pi	ursuant to agreem	ents under which th	ne fundraiser is to be	
	compensated at least \$5,000 by	y the organization	n.					
							<del></del>	
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outlons?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		<u> </u>	Yes	No			<del>                                     </del>	
1					]			
2			<del></del>					
			ļ	-	<del> </del>			
				_				
4								
5		<del></del>	<del>                                     </del>		<del></del>			
	<del></del>	<u> </u>	<del> </del>		<u> </u>			
6								
7						<del></del>		
8				-				
9		<del> </del> -	<del> </del>	-	<del>                                     </del>			
-10		ļ	<u> </u>		<del>  -   -    </del>			
10				,				
Total 3	List all states in which the orga	inization is regis	tored or her	onsed to s	olicit contributions	or has been notifie	ad it is exempt from	
3	registration or licensing	mzation is regis	itered or ite	enseu io s	Olicit Contributions	or has been noun	ed it is exempt nom	
	registration of ticensing							
		·						
		·						
		,						
						••••		
			·					

P	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		g-coording ground in	(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 .	40,387			40,387
æ	2	Less Contributions	24,390			24,390
	3	Gross income (line 1 minus line 2)	15,997			15,997
	4	Cash prizes				
	5	Noncash prizes	378			378
enses	6	Rent/facility costs	7,407			7,407
Direct Expenses	7	Food and beverages .	66			66
Dire	8	Entertainment .				
	9	Other direct expenses .	3,024			3,024
Đ:	10 11	Direct expense summary Ad Net income summary Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)		10,875 5,122
_		than \$15,000 on Form 99				, 
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>ш</u>	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .			□ Ves %	
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	Yes % No	,
	7	Direct expense summary Ad	d lines 2 through 5 in co	olumn (d)	•	
	8	Net gaming income summary	Subtract line 7 from li	ne 1, column (d) .		
9	En	ter the state(s) in which the org	ganization conducts gai	ming activities		
		the organization licensed to co	• •		s?	. 🗌 Yes 🗌 No
10		ere any of the organization's ga 'Yes," explain.	amıng licenses revoked		ated during the tax year	? ☐ Yes ☐ No

Schedu	ule G (Form 990 or 990-EZ) 2017			Page 3
11 12	Does the organization conduct gaming activities with nonmembers?		Yes [	
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			Yes [	] No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	_		•
С	If "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?		Yes [	] No
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) at Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.	nd (v matic	); and on.	
			· <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.

2017
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

American Society of Civil Engineers Kansas City	y Section	23 - 7381281	
Part I, Line 16 - Other expenses			
Meeting and conference expenses	34,891		
Student and younger member outreach	13,020		
Travel and other expenses	2,503		
Total for Line 16	\$ 50,414		
			,
			•
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			,

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization American Society of Civil Engineers Kansas City Section	Employer identification number 23 - 7381281
·	

Schedule O (Form 990 or 990-EZ) (2017)	Page 3
Name of the organization	Employer identification number
American Society of Civil Engineers Kansas City Section	23 - 7381281
	•
	•
	***************************************
	·····
	***************************************

Schedule O (Form 990 or 990-EZ) (2017)			Page 1
Name of the organization		Employer identific	cation number
American Society of Civil Engineers Kansas City Section		23 - 7381	281
Part I, line 10 - Grants and Similar Amounts Paid	Total	Property Other	Relationship
	Cash	Than Cash	If
Grantee's Name and Address	Amount	(See Below)	Individual
Make-A-Wish® Missourí, Kansas Cıty Regional Office	17,25	0	
13523 Barrett Parkway Dr Suite 241	***************************************		
Ballwin, MO 63021			
·			<del>_</del>
University of Missouri-Kansas City	11,95	1	
5115 Oak Street			
Kansas City, MO 64111			
	<del></del>	•••••	
		<b></b>	
		**	
		•	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		<del>-</del>	