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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2008

Department of the Treasury
Internal Revenue Service

For calendar year 2008 or other tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

Open to Public Inspection for
501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions)
AMERICAN SOCIETY OF CIVIL ENGINEERS, INC.

D Employer identification number (Employees' trust, see instructions for Block D on page 9)
13-1635293

B Exempt under section
 501(C)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

Number, street, and room or suite no. If a P O box, see page 9 of instructions
1801 ALEXANDER BELL DRIVE

E Unrelated business activity codes (See instructions for Block E on page 9)
541800 561499

City or town, state, and ZIP code
RESTON, VA 20191-4400

C Book value of all assets at end of year
47,608,711.

F Group exemption number (See instructions for Block F) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No

If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **703-295-6118**

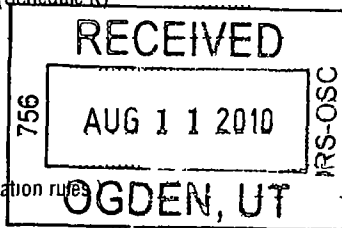
Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 419,420.			
b Less returns and allowances c Balance ▶	1c 419,420.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3 419,420.		419,420.
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10 357,063.	78,876.	278,187.
Advertising income (Schedule J)	11 2,312,046.	1,133,713.	1,178,333.
Other income (See instructions, attach schedule)	12		
13 Total. Combine lines 3 through 12	13 3,088,529.	1,212,589.	1,875,940.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	18,220.
20 Charitable contributions (See instructions for limitation rules)	20	31,717.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	1,178,333.
28 Other deductions (attach schedule)	28	361,218.
29 Total deductions. Add lines 14 through 28	29	1,589,488.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	286,452.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	286,452.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	285,452.



SEE STATEMENT 2

SEE STATEMENT 3

SCANNED AUG 12 2010

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	(1) \$	(2) \$
	(3) \$	9,914,946.
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$	9,273.
(2) Additional 3% tax (not more than \$100,000)	\$	
c Income tax on the amount on line 34		▶ 35c 106,327.
36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from		▶ 36
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		▶ 37
37 Proxy tax. See instructions		▶ 38
38 Alternative minimum tax		▶ 39
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		106,327.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d		40e	
41 Subtract line 40e from line 39		41	106,327.
42 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		42	
43 Total tax. Add lines 41 and 42		43	106,327.
44 a Payments A 2007 overpayment credited to 2008	44a	44,153.	
b 2008 estimated tax payments	44b	112,208.	
c Tax deposited with Form 8868	44c		
d Foreign organizations Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44f		
45 Total payments. Add lines 44a through 44f		45	156,361.
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>		46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	50,034.
49 Enter the amount of line 48 you want Credited to 2009 estimated tax 50,034. Refunded		49	0.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 8/5/10 Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 8/4/10
 Firm's name (or yours if self-employed), address, and ZIP code: TATE AND TRYON, 805 15TH STREET, NW SUITE 900, WASHINGTON, DC 20005
 Check if self-employed:
 Preparer's SSN or PTIN: P00290720
 EIN: 52-1855942
 Phone no: (202) 293-2200

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr on pg 19)

1 Description of property

(1)		
(2)		
(3)		
(4)		

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A) **0.** Enter here and on page 1, Part I, line 7, column (B) **0.**

Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) **0.**

Totals

**SCHEDULE O
(Form 1120)**

(December 2006)

Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ See separate instructions.

OMB No 1545-0123

Name

AMERICAN SOCIETY OF CIVIL ENGINEERS, INC.

Employer identification number

13-1635293

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire tax year.
- b From _____, 20_____, until _____, 20_____

3 This corporation consents to:

- a Adopt an apportionment plan.
- b Amend the current apportionment plan
- c Terminate the current apportionment plan.

4 Check the applicable box, below, concerning the status of the group's apportionment plan (see instructions)

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending SEP 30, 2008, and for all succeeding tax years.
- c All the members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, 20_____, and for all succeeding tax years.
- d All the members of this group are adopting an apportionment plan, effective for the current tax year, which ends on _____, 20_____, and for all succeeding tax years
- e The plan was terminated, effective _____, 20_____, because:
 - (i) This group ceased to remain in existence during the calendar year ending on the December 31st subsequent to the adoption of the plan
 - (ii) A corporation which was a component member of this group on the December 31st of this tax return year is not a component member of this group on the succeeding December 31st.
 - (iii) A corporation which was not a component member of this group on the December 31st of this tax return year is a component member of this group on the succeeding December 31st.
 - (iv) All the members of the group have agreed to terminate the previously adopted plan.

5 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. N/A

- a Yes.
 - (i) The statute of limitations for this year will expire on _____, 20_____.
 - (ii) On _____, 20_____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20_____.
- b No.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions for Forms 1120 and 1120-A.
ISA

Schedule O (Form 1120) (12-2006)

Part III **Income Tax Apportionment** (See instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 AMERICAN SOCIETY OF CIVIL ENGINEERS			97,054		9,273			106,327
2 AMERICAN SOCIETY OF CIVIL ENGINEERS FDTN	7,500	6,250	3,418					17,168
3 -----								
4 -----								
5 -----								
6 -----								
7 -----								
8 -----								
9 -----								
10 -----								
Total	7,500	6,250	100,472	0	9,273	0		123,495

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization AMERICAN SOCIETY OF CIVIL ENGINEERS, INC.	Employer identification number 13-1635293
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1801 ALEXANDER BELL DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RESTON, VA 20191-4400	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

- The books are in the care of ▶ **1801 ALEXANDER BELL DRIVE - RESTON, VA 20191-4400**
Telephone No. ▶ **703-295-6118** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 106,327.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 156,361.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev 4-2009)

FORM 990-T CONTRIBUTIONS STATEMENT 2

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
2008 CHARITABLE CONTRIBUTIONS	N/A	1,166,611.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1,166,611.

FORM 990-T SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 5
 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
JOB BOARD EXPENSES		78,876.	
- SUBTOTAL -	1		78,876.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			78,876.

FORM 990-T	TAX COMPUTATION	STATEMENT	4
1.	TAXABLE INCOME	285,452	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0	
3.	LINE 1 LESS LINE 2	285,452	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0	
5.	LINE 3 LESS LINE 4	285,452	
6.	INCOME SUBJECT TO 34% TAX RATE	285,452	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	0	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	97,054	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX.	9,273	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		<u>106,327</u>

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

CONFERENCE CENTER EXPENSES

361,218.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

361,218.

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				(f) Other
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	
1	AMERICAN SOCIETY OF CIVIL ENGINEERS		20,000	75,000		
2	AMERICAN SOCIETY OF CIVIL ENGINEERS FDTN		20,000	75,000		
3	-----					
4	-----					
5	-----					
6	-----					
7	-----					
8	-----					
9	-----					
10	-----					
	Total	0	40,000	150,000	0	0

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	AMERICAN SOCIETY OF CIVIL ENGINEERS 13-1635293	2009-09	0	0	285,452		285,452	
2	AMERICAN SOCIETY OF CIVIL ENGINEERS FDTN 52-1891243	2009-09	50,000	25,000	10,054		85,054	
3	-----							
4	-----							
5	-----							
6	-----							
7	-----							
8	-----							
9	-----							
10	-----							
	Total		50,000	25,000	295,506	0	370,506	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	STMT 5 3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) JOB BOARD	357,063.	78,876.	278,187.			
(2)						
(3)						
(4)						
Totals	357,063.	78,876.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) CONSOLIDATED						
(2) PERIODICALS	2312046.	1133713.		1427321.	3696623.	
(3)						
(4)						
Totals (carry to Part II, line (5))	2312046.	1133713.	1178333.	1427321.	3696623.	1,178,333.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	2312046.	1133713.				1,178,333.
Totals, Part II (lines 1-5)	2312046.	1133713.				1,178,333.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.