



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2010

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning OCT 1, 2010 and ending SEP 30, 2011

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) 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 instructions 1801 ALEXANDER BELL DRIVE

E Unrelated business activity codes (See instructions)

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

541800 561499

C Book value of all assets at end of year 572,195.

F Group exemption number (See instructions)

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from partnerships, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents, Investment income, Exploited exempt activity income, Advertising income, and Total.

SCANNED FEB 14 2012

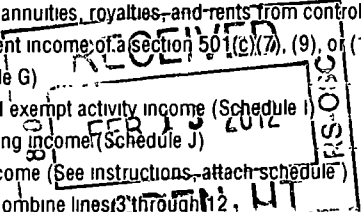


Table for Part II Deductions Not Taken Elsewhere. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, Less depreciation claimed, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Net operating loss deduction, Unrelated business taxable income before specific deduction, Specific deduction, and Unrelated business taxable income.

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) \$ <u>50,000.</u> (2) \$ <u>18,000.</u> (3) \$ <u>9,925,000.</u>		
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ <u>11,750.</u> (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	SEE STATEMENT 4	35c <u>124,571.</u>
36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36 _____
37 Proxy tax. See instructions		37 _____
38 Alternative minimum tax		38 _____
39 Total Add lines 37 and 38 to line 35c or 36, whichever applies		39 <u>124,571.</u>

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		<u>124,571.</u>
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		<u>124,571.</u>
44a Payments A 2009 overpayment credited to 2010	44a	<u>933.</u>	
b 2010 estimated tax payments	44b	<u>125,000.</u>	
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 Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g		
45 Total payments Add lines 44a through 44g	45		<u>125,933.</u>
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	46		<u>1,116.</u>
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		<u>246.</u>
49 Enter the amount of line 48 you want Credited to 2011 estimated tax <u>246.</u> Refunded	49		<u>0.</u>

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 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
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 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 <u>\$</u>		X

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				

Sign Here 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.

Signature of officer: [Signature] Date: 2/7/12 Title: CFO

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

Paid Preparer Use Only

Print/Type preparer's name: DEBORAH G. KOSNETT Preparer's signature: [Signature] Date: 2/6/12 Check if self-employed PTIN: P00290720

Firm's name: TATE AND TRYON Firm's EIN: 52-1855942

Firm's address: 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036 Phone no: (202) 293-2200

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

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)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

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)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		0.	0.
Total dividends-received deductions included in column 8		0.	

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

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

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		Enter here and on page 1, Part I, line 9, column (A) 0.		Enter here and on page 1, Part I, line 9, column (B) 0.

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

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	330,609.	33,389.	297,220.			
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A) 330,609.	Enter here and on page 1, Part I, line 10, col (B) 33,389.			Enter here and on page 1, Part II, line 26 0.

Schedule J - Advertising Income (see instructions)

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	2,042,483.	1,024,959.		1,462,737.	3,451,402.		
(3)							
(4)							
Totals (carry to Part II, line (5))		2,042,483.	1,024,959.	1,017,524.	1,462,737.	3,451,402.	1,017,524.

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	2,042,483.	1,024,959.				1,017,524.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col (A) 2,042,483.	Enter here and on page 1, Part I, line 11, col (B) 1,024,959.			Enter here and on page 1, Part II, line 27 1,017,524.

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

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

**SCHEDULE O
(Form 1120)**

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

OMB No 1545-0123

Department of the Treasury
Internal Revenue Service

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

2010

Name
AMERICAN SOCIETY OF CIVIL ENGINEERS

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 year
 - b From _____, 20_____, until _____, 20_____

- 3 This corporation consents and represents to
 - a Adopt an apportionment plan. All the other 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.
 - b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending SEP 30, 2010, and for all succeeding tax years.
 - c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d Terminate the current apportionment plan and adopt a new plan. All the other 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.

- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
 - a Elected by the component members of the group.
 - b Required for the component members of the group.

- 5 If you did not check a box on line 3 above, 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 _____, 20_____, and for all succeeding tax years.

- 6 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. The members may not adopt or amend an apportionment plan.

- 7 Required information and elections for component members. Check the applicable box(es) (see instructions)
 - a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
 - b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
 - c The corporation has a short tax year that does not include December 31.

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	2011-09	50,000	18,000	296,533		364,533	
2	AMERICAN SOCIETY OF CIVIL ENGINEERS FDTN 52-1891243	2011-09	0	7,000	50,898		57,898	
3	-----							
4	-----							
5	-----							
6	-----							
7	-----							
8	-----							
9	-----							
10	-----							
	Total		50,000	25,000	347,431	0	422,431	

Part III Income Tax Apportionment (See instructions)

Income Tax Apportionment

(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 AMERICAN SOCIETY OF CIVIL ENGINEERS	7,500	4,500	100,821	0	11,750		124,571
2 AMERICAN SOCIETY OF CIVIL ENGINEERS FDTN	0	1,750	17,305	0	0	0	19,055
3 -----							
4 -----							
5 -----							
6 -----							
7 -----							
8 -----							
9 -----							
10 -----							
Total	7,500	6,250	118,126	0	11,750	0	143,626

Part IV Other Apportionments (See instructions)

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

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
------------	---	-----------	---

ADVERTISING IN PUBLICATIONS & CONFERENCE CENTER RENTAL FEE

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CONTRIBUTION CARRYOVER FROM 2008	N/A	1,134,894.	
CONTRIBUTION CARRYOVER FROM 2009	N/A	290,796.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1,425,690.	

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

CONFERENCE CENTER EXPENSES

366,495.

TAX RETURN PREPARATION EXPENSE

3,000.

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

369,495.

FORM 990-T	TAX COMPUTATION	STATEMENT 4
1.	TAXABLE INCOME	364,533
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	50,000
3.	LINE 1 LESS LINE 2	314,533
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	18,000
5.	LINE 3 LESS LINE 4	296,533
6.	INCOME SUBJECT TO 34% TAX RATE	296,533
7.	INCOME SUBJECT TO 35% TAX RATE	0
8.	15 PERCENT OF LINE 2	7,500
9.	25 PERCENT OF LINE 4	4,500
10.	34 PERCENT OF LINE 6	100,821
11.	35 PERCENT OF LINE 7	0
12.	ADDITIONAL 5% SURTAX.	11,750
13.	ADDITIONAL 3% SURTAX	0
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C	<u>124,571</u>

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

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
JOB BOARD EXPENSES		33,389.	
- SUBTOTAL -	1		33,389.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			33,389.