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Form 990-T	E	Exempt Organization Bus			ax Returr)	OMB No 1545-0687
•		(and proxy tax und		·		.	
	For cal	ilendar year 2013 or other tax year beginning $\underbrace{ ext{OCT} \ 1}_{\prime}$				<u>.4</u>	2013
Department of the Treasury Internal Revenue Service	•	Information about Form 990-T and its instru Do not enter SSN numbers on this form as it ma		•		<u>. </u>	Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address changed		Name of organization ((Emp	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print	INC.					3-1635293
\mathbf{X} 501(c)(3)	Type 10	Number, street, and room or suite no. If a P.O bo		nstructions.			lated business activity codes instructions)
408(e) 220(e)	Туре	1801 ALEXANDER BELL DR	IVE			_	
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of RESTON, VA 20191-4400	r foreig	n postal code		541	800 561499
C Book value of all assets at end of year	F Group	p exemption number (See instructions.)	<u> </u>				
65,772,173.	G Checl	k organization type 🕨 💢 501(c) corporatio		501(c) trust	401(a) trust	[Other trust
				STATEMENT 1			
		poration a subsidiary in an affiliated group or a pare	nt-subsi	idiary controlled group?	>	Y	es X No
		tifying number of the parent corporation.					
		THE ORGANIZATION			one number 🕨 🥻		
	-	de or Business Income		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale		<u>212,702.</u>		010 500			
b Less returns and allo		c Balance	1c	212,702.			
2 Cost of goods sold (S		· · · · · ·	2	010 500	-		010 500
3 Gross profit. Subtrac			3	212,702.			212,702.
• •	•	ch Form 8949 and Schedule D)	4a				
- ' ',		Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction			4c		· · · · · · · · · · · · · · · · · · ·		
, , .		aps and S corporations (attach statement)	5				
6 Rent income (Schedu	•	(0.1.14.5)	6				
7 Unrelated debt-finance		•	7				
	•	and rents from controlled organizations (Sch. F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)		769,561.	39,3	50	730,201.
10 Exploited exempt acti 11 Advertising income (-	, ,	10	1,313,960.	1,140,6	63	173,297.
11 Advertising income (\$\frac{1}{2}\$Other income (See in		•	12	1,313,900.	1,140,0		113,231.
13 Total. Combine lines		·	13	2,296,223.	1,180,0	123	1,116,200.
		ot Taken Elsewhere (See instructions for			1,100,0		1,110,200.
		utions, deductions must be directly connected			income)		
		rectors, and trustees (Schedule K) RECE	-IVI-	-D		14	1
15 Salaries and wages	nccis, un	acciors, and musices (concadid it)		70		15	
16 Repairs and mainter	nance	اسا	. 7 61	l M		16	
> 17 Bad debts		S AUG	1 8 2	الي دان		17	
1 18 Interest (attach sche	edule)	l l =				18	
19 Taxes and licenses	,	L.GDI	EM:	UT)		19	39,299.
20 Charitable contributi	ions (Se	e instructions for limitation rules.) STATEM	ENT	4 SEE STAT	EMENT 2	20	68,410.
				21			
Depreciation (attach 22 Less depreciation cl 23 Depletion	aimed or	n Schedule A and elsewhere on return		22a		22b	
23 Depletion					· · ·	23	
24 Contributions to def	erred co	mpensation plans				24	
25 Employee benefit pr	ograms					25	
26 Excess exempt expe	enses (So	chedule I)				26	
27 Excess readership of	osts (Sc	hedule J)				27	173,297.
28 Other deductions (a	ttach sch	nedule)		SEE STAT	EMENT 3	28	218,503.
29 Total deductions	. Add lın	nes 14 through 28				29	499,509.
30 Unrelated business t	taxable ıı	ncome before net operating loss deduction. Subtrac	t line 29	9 from line 13		30	616,691.
31 Net operating loss d	leduction	n (limited to the amount on line 30)				31	L
32 Unrelated business t	taxable ıı	ncome before specific deduction. Subtract line 31 fr	om line	30		32	616,691.
		y \$1,000, but see instructions for exceptions)				33	1,000.
	taxable	income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sm	aller of zero or		
line 32						34	615,691.
323701 LHA For Pag	erwork i	Reduction Act Notice see instructions					Form 990-T (2013)

r	R1	~	
L	IN	L	

Form 990-T (2010	a INC.					13-16	<u> 35293</u>	Page 2
Part III	Tax Computation							
35 Org	anizations Taxable as Corporati	ions See ins	tructions for tax c	omputation			T	
	ntrolled group members (sections				ns and			
a Ente	er your share of the \$50,000, \$2	5,000, and \$9	,925,000 taxable i	ncome brackets (in that	order)			
(1)		(2) \$	25,000		540,691.			
	er organization's share of (1) A		ax (not more than		11,750.			
(2)	Additional 3% tax (not more tha	ın \$100,000)	•	\$				
c Inco	ome tax on the amount on line 3	4			E STATEME	NT 5 ▶	35c	209,335.
36 Trus	sts Taxable at Trust Rates. See	instructions f	or tax computatio	n. Income tax on the am	ount on line 34 from			
	Tax rate schedule or	Schedule D (F	orm 1041)			•	36	
37 Prox	xy tax. See instructions	`	•			•	37	
38 Alte	rnative minimum tax						38	
39 Tota	al_Add lines 37 and 38 to line 35	5c or 36, whic	hever applies				39	209,335.
Part IV	Tax and Payments	•						
40a Fore	eign tax credit (corporations atta	ich Form 1118	, trusts attach For	m 1116)	40a			
b Othe	er credits (see instructions)				40Ь		7	
c Gen	neral business credit. Attach Forn	n 3800			40c		7	
d Cred	dit for prior year minimum tax (a	attach Form 88	301 or 8827)		40d		7	
e Tota	al credits Add lines 40a through	h 40d	,				40e	
41 Sub	stract line 40e from line 39						41	209,335.
42 Othe	er taxes. Check if from: For	rm 4255 🔙	Form 8611 🔲	Form 8697 For	rm 8866 Other	(attach schedule)	42	
43 Tota	al tax. Add lines 41 and 42						43	209,335.
44 a Pay	ments A 2012 overpayment cre	edited to 2013			44a	54,898		
b 201	3 estimated tax payments				44b	56,177	.]	
c Tax	deposited with Form 8868				44c			
d Fore	eign organizations: Tax paid or w	rithheld at sou	rce (see instructio	ons)	44d]	
e Baci	kup withholding (see instruction	ıs)			44e			
f Cred	dit for small employer health ins	urance premii	ıms (Attach Form	8941)	44f			
g Othe	er credits and payments.	1	Form 2439					
	Form 4136		Other	Total	▶ 44g			
45 Tota	al payments. Add lines 44a throi	ugh 44g					45	111,075.
46 Esti	mated tax penalty (see instruction	ons). Check if	Form 2220 is atta	ched 🕨			46	159.
47 Tax	due If line 45 is less than the to	otal of lines 43	3 and 46, enter am	ount owed		•	47	98,419.
48 Ove	rpayment If line 45 is larger tha	an the total of	tines 43 and 46, 6	enter amount overpaid	•	•	48	·
	er the amount of line 48 you wan					efunded >	49	
Part V	Statements Regardin	ig Certain	Activities a	nd Other Inform	ation (see instri	ictions)		
1 At any tii	me during the 2013 calendar yea	ar, did the orga	anization have an	interest in or a signature	or other authority o	ver a financial a	ccount (bar	nk, Yes No
securitie	s, or other) in a foreign country?	? If YES, the o	rganization may h	ave to file Form TD F 90	-22 1, Report of Fore	ign Bank and Fi	nancial	
	s If YES, enter the name of the factorial terms in the factorial terms in the second second in the second second in the second second in the second s	oreign countr	y here					X
2 During the If YES, see	e instructions for other forms the organ	ization may have	m, or was it the grant to file	or or, or vansieror to a toreig	n rust?			X
	e amount of tax-exempt interest							
Schedule	A - Cost of Goods So	Id. Entern	nethod of invent	ory valuation	N/A			
1 Inventor	y at beginning of year	1		6 Inventory at end	of year		6	
2 Purchasi	1	2		7 Cost of goods so	old. Subtract line 6			
3 Cost of I	labor	3		from line 5. Ente	r here and in Part I, I	ne 2	7	, , ,
4a Additional	section 263A costs (att. schedule)	4a		8 Do the rules of s	ection 263A (with re	spect to		Yes No
b Other co	ests (attach schedule)	4b		property produce	ed or acquired for res	ale) apply to		
	dd lines 1 through 4b	5		the organization				
Sign	Under penalties of perjury, I declare that correct, and complete Declaration of p	it I have examine reparer (other thi	id this return, includin an taxpayer) is based	g accompanying schedules a op-all information of which p	and statements, and to the reparer has any knowled:	e best of my know 36	ledge and bel	ief, it is true,
Here		1	18/10			_		discuss this return with
11016	1 A	<u></u>	<u> אַן אַ</u>	CFO CFO				shown below (see
	Signature of office		Date /	Title	, ,		instructions)?	X Yes No
					Date	Check	if PTIN	
	Print/Type preparer's name		Preparer's sign	nature	Daile 1	CHECK		
Paid			Preparer's sign	nature Putu Veo Oim		self- employe	d	
Paid Preparer	ELIZABETH HELI		Eagle	erte Nach	8/7/2015	self- employe	PO	0397829
	ELIZABETH HELI	AND TRY	Eagle YON	eurseen			PO	0397829 -1855942
Preparer	ELIZABETH HELI Firm's name TATE 2 202	AND TRY	YON REET, NW	SUITE 400		self- employed	P0	-1855942
Preparer	ELIZABETH HELI Firm's name TATE 2 202	AND TRY	YON REET, NW	eurseen		self- employed	P0 > 52 (202)	

AMERICAN SOCIETY OF CIVIL ENGINEERS,

Form 990-T (20.13) INC. Schedule C - Rent Incom	e (Fro	m Real I	Proper	v and	Personal P	roperty	Lease		16352		Page ructions)
Description of property	<u>, , , , , , , , , , , , , , , , , , , </u>			.,					<u></u>	-37	
(1)		<u>-</u>									
(1)			· · · · ·								
(3)									· · · · · · · · ·		
(4)		S						1			
	2.	Rent receive						3(a) Deduc	ions directly co	nnected with the in	icome in
(a) From personal property (if the rent for personal property is n 10% but not more than 5	nore than	e of	(b) f	it rent for pr	nd personal propert ersonal property ex t is based on profit	ceeds 50% or	ntage if	co	umns 2(a) and 2	2(b) (attach schedu	le)
(1)								L			
(2)											
(3)								1			-
(4)								<u> </u>			
(↔) Total		0.	Total				0.	 			
							<u> </u>	(b) Total dod	uetione		
(c) Total income. Add totals of column here and on page 1, Part I, line 6, column	umn (A)		>				0.	(b) Total ded Enter here and Part I, line 6, co	on page 1,	<u> </u>	0.
Schedule E - Unrelated D	ept-Fi	nanced	incom	e (see	instructions)						.
					2 0			3. Deductions	directly connect debt-financed	ted with or allocab	le
_					2. Gross ind or allocable		(2)	Straight line dep		(b) Other de	aductions
1 Description of det	bt-financed	property			financed (property	(")	(attach sched		(attach sc	hedule)
(1)											
(2)											
(3)											
(4)											
4. Amount of average acquisition	I	5 Average			6 6.1		1	7 Gross incor		0 44	d-d
debt on or allocable to debt-financed property (attach schedule)		of or a debt-final	llocable to nced proper schedule)		6 Column by colu			reportable (column 6)		(column 6 x to	B. Allocable deductions blumn 6 x total of columns 3(a) and 3(b))
(1)	_					%	1				
(2)					<u> </u>						
	-				+					•	
(3)					 				-		
(4)					l	%					
							1	inter here and on Part I, line 7, colui	* '	Enter here and Part I, line 7, o	
Totals						1	▶ │		0.		0.
Total dividends-received deductions	e include	ed in column	R			-					0.
Schedule F - Interest, An	nuities	. Rovalt	ies, an	d Reni	ts From Co	ntrolled	Organ	izations	(see instru	ctions)	
	T	,ya.ı.	.00, a						(366 113110	Clionsy	
Name of controlled organization		2. Employer ide	ntification		3. Trelated income	Ĭ	4 I specified	5 Part of	column 4 that s	s 6. Deduction	ons directly
	ļ	numt			see instructions)		nts made		n's gross incom		umn 5
				ļ						 	
(1)				L							
(2)	I										
(3)											
(4)				t				-		1	
				<u>. </u>		L		1		<u> </u>	
Nonexempt Controlled Organizati				ı					-		
7 Taxable Income		velated income se instructions		9. To	ital of specified pay made	ments 1	in the cor	column 9 that is i ntrolling organizat gross income	nctuded 11 on's	Deductions directly with income in co	
(1)						+					
(2)				t		+					
				 							
(3)				ļ							
(4)				1							
							Enter here	columns 5 and 10 and on page 1, F e 8, column (A)	antl, E	Add columns 6 nter here and on pa line 8, colum	age 1, Part I,
							,				
Totals						<u> </u>			0.		0.
323721 12-12-13										Form	990-T (2013

Form 990-T (2013) INC.					13-	163529.	3 Page 4
Schedulè G - Investme		Section 501(c)(7	'), (9), or (17) Org	anization			
1. Desc	ription of income		2. Amount of income	3. Deductions directly connect (attach schedule	ed 4.	Set-asides tach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				<u> </u>	<u> </u>		
(2)							
(3)							
(4)							
			Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
otals		•	0.				0.
Schedule I - Exploited (see instru		Income, Other	Than Advertisin	g Income			
(see institu	10015)	CMMm 6	I 4	 -	- T		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	STMT 6 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	 Gross incomfrom activity the is not unrelated business incom 	t a	3. Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) WEBSITE/JOB				-			
(2) BOARD	769,561.	39,360.	730,201.				
(3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(4)							
	Enter here and on page 1 Part I, line 10 col (A)	Enter here and on page 1, Part I, line 10, col (B)			h		Enter here and on page 1, Part II, line 26
Totals	769,561.	39,360.					0.
Schedule J - Advertisi	ng Income (see	instructions)					
Part I Income From	Periodicals Rep	orted on a Con	solidated Basis	-	- "		
				T		-	-
1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulatio	n 6	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) CONSOLIDATED					Ì		
(2) PERIODICALS	131396	0. 1140663		141995	5. 31	83622.	
(3)							
(4)							
Totals (carry to Part II, line (5))			173,297				173,297.
	Periodicals Rep 7 on a line-by-line ba		arate Basis (For e	each periodical	listed in Pa	art II, fill in	
			4. Advertising gain				7. Excess readership
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	or (loss) (col 2 minus	5. Circulation income	in 6.	Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	131396	0. 1140663	•				173,297.
	Enter here and opage 1, Part I, line 11, col (A)	page 1, Part I,					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 131396						173,297.
Schedule K - Compens	sation of Officer	s, Directors, ar	nd Trustees (see	instructions)			
1. 4	Name		2. Title	time	Percent of devoted to ousiness		ensation attributable related business
(1)					%		
(2)					%		
(3)					%		
(4)				1	%	,	

323731 12-12-13

Form 990-T (2013)

Total. Enter here and on page 1, Part II, line 14

Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return

▶ Information about Form 4626 and its separate instructions is at www irs gov/form4626.

OMB No 1545-0175

Nam	AMERICAN SOCIETY OF CIVIL ENGINEERS,					Employer identification number
	INC.					13-1635293
	Note See the instructions to find out if the corporation is a small corporation exempt			-		
	from the alternative minimum tax (AMT) under section 55(e).					
	, , , , , , , , , , , , , , , , , , ,					
1	Taxable income or (loss) before net operating loss deduction				1	615,691.
2	Adjustments and preferences:					
	Depreciation of post-1986 property				2a	
i	Amortization of certified pollution control facilities				2b	
	A				2c	
	Amortization of circulation expenditures (personal holding companies only)				2d	
	Adjusted gain or loss				2e	
1	Long-term contracts				2f	
	Merchant marine capital construction funds				29	
ï	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)				2h	
Ì	Tax shelter farm activities (personal service corporations only)				21	
	Passive activities (closely held corporations and personal service corporations only)				2,	
í	Loss limitations				2k	
,	Depletion				21	
	n Tax-exempt interest income from specified private activity bonds				2m	
	Intangible drilling costs				2n	
	Other adjustments and preferences				* 20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20				3	615,691.
4	Adjusted current earnings (ACE) adjustment					
	ACE from line 10 of the ACE worksheet in the instructions	4a		615,69	1.	
	Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference as a					
	negative amount (see instructions)	4b			0.	
	: Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c				
	1 Enter the excess, if any, of the corporation's total increases in AMTI from prior					
	year ACE adjustments over its total reductions in AMTI from prior year ACE				!	
	adjustments (see instructions). Note You must enter an amount on line 4d		l			
	(even if line 4b is positive)	4d				
	ACE adjustment.					
	If line 4b is zero or more, enter the amount from line 4c)				
	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	•			4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT)			5	615,691.
6	Alternative tax net operating loss deduction (see instructions)				6	
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a	residu	al			
	interest in a REMIC, see instructions				7	615,691.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on l	ine 8c)				
	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled					
	group, see instructions) If zero or less, enter -0-	8a				
	Multiply line 8a by 25% (.25)	8Ъ		•		
	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a control	led				
	group, see instructions) If zero or less, enter -0-				8c	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-				9	615,691.
10	Multiply line 9 by 20% (.20)				10	123,138.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)				11	
12	Tentative minimum tax. Subtract line 11 from line 10				12	123,138.
13	Regular tax liability before applying all credits except the foreign tax credit				13	209,335.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her	e and o	n			
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return				14	0.
JW/	For Paperwork Reduction Act Notice, see separate instructions.					Form 4626 (2013)

* SEE ALSO

STATEMENT 7

317001 11-26-13

	See ACE Worksheet	Instructions.		
·				615 601
1 Pre-adjustment AMTI. Enter the amount from I	ine 3 of Form 4626		1	615,691.
2 ACE depreciation adjustment.		1 . 1		
a AMT depreciation				
b ACE depreciation:			l I	
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property	2b(2)			
(3) Pre-1990 MACRS property	2b(3)			
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)			
(7) Total ACE depreciation Add lines 2b(1)	through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b	7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings	and profits (E&P)			
a Tax-exempt interest income		3a		
b Death benefits from life insurance contracts		3b		
c All other distributions from life insurance conti	racts (including surrenders)	3c		
d Inside buildup of undistributed income in life ii	, ,	3d		
e Other items (see Regulations sections 1 56(g):				
for a partial list)	(e)(e)() (e e g (,)	3e		
f Total increase to ACE from inclusion in ACE of	items included in F&P. Add lines 3a		3f	
4 Disallowance of items not deductible from E&F		in degri de	, , , , , , , , , , , , , , , , , , , 	
a Certain dividends received	•	4a		
b Dividends paid on certain preferred stock of pi	thic utilities that are deductible	70		
under section 247	one diffices that are deductible	46		
c Dividends paid to an ESOP that are deductible	under coation 404/k)			
·	, ,	46		
d Nonpatronage dividends that are paid and ded	actions ander Section	44		
1382(c)	4(4)(0)() and () for a	4d	 	
e Other items (see Regulations sections 1 56(g)	- I(a)(3)(I) and (II) for a			
partial list)				
f Total increase to ACE because of disallowance		dd lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring	E&P	1 - 1		
a Intangible drilling costs		5a		
b Circulation expenditures		5b		
c Organizational expenditures		5c		
d LIFO inventory adjustments		5d		
e Installment sales		5e		
f Total other E&P adjustments. Combine lines 5	a through 5e		5f	
6 Disallowance of loss on exchange of debt pool	S		6	
7 Acquisition expenses of life insurance compan	ies for qualified foreign contracts		7	
8 Depletion			8	
9 Basis adjustments in determining gain or loss	from sale or exchange of pre-1994 p	roperty	9	
10 Adjusted current earnings. Combine lines 1,	2c, 3f, 4f, and 5f through 9 Enter the	result here and on line 4a of		
Form 4626			10	615,691.

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

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	
CASH ONLY	N/A	142,799.	
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	142,799.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
CONFERENCE CENTER EXPENSES TAX RETURN PREPARATION EXPENSE		214,503. 4,000.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	218,503.

FORM 990-T CO	NTRIBUTIONS SUMMARY		STATEMENT 4
QUALIFIED CONTRIBUTIONS SUBJ	ECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUS	SED CONTRIBUTIONS		
FOR TAX YEAR 2008	1,003,733		
FOR TAX YEAR 2009	290,796		
FOR TAX YEAR 2010			
FOR TAX YEAR 2011			
FOR TAX YEAR 2012	54,240		
TOTAL CARRYOVER		1,348,769	
TOTAL CURRENT YEAR 10% CONTR	IBUTIONS	142,799	
TOTAL CONTRIBUTIONS AVAILABLE	 3	1,491,568	_
TAXABLE INCOME LIMITATION AS	ADJUSTED	68,410	
EXCESS 10% CONTRIBUTIONS		1,423,158	
EXCESS 100% CONTRIBUTIONS		0	
TOTAL EXCESS CONTRIBUTIONS		1,423,158	
ALLOWABLE CONTRIBUTIONS DEDUC	CTION		68,41
TOTAL CONTRIBUTION DEDUCTION			68,41

FORM	990-T TAX COMPUTATION		STATEMENT 5
1.	TAXABLE INCOME	615,691	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	50,000	
3.	LINE 1 LESS LINE 2	565,691	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	25,000	
5.	LINE 3 LESS LINE 4	540,691	
6.	INCOME SUBJECT TO 34% TAX RATE	540,691	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	6,250	
10.	34 PERCENT OF LINE 6	183,835	
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	209,335

FORM 990-T SCHEDULE I - EXPENSES DIRECTION OF UNRELATED			STATEMENT 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
WEBSITE/JOB BOARD EXPENSES - SUBTOTAL -	1	39,360.	39,360.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	3		39,360.

FORM 4626	AMT CONTRIBUTIONS		
CARRYOVER OF PRIOR YI FOR TAX YEAR 2008 FOR TAX YEAR 2009 FOR TAX YEAR 2010 FOR TAX YEAR 2011 FOR TAX YEAR 2012	EARS UNUSED CONTRIBUTIONS	17,823	
TOTAL CARRYOVER CURRENT YEAR CONTRIBU			17,823 142,799
TOTAL CONTRIBUTIONS	E AS ADJUSTED	-	160,622 68,410
EXCESS CONTRIBUTIONS		_	92,212
ALLOWABLE CONTRIBUTION	ons	=	68,410
MT CHARITABLE DEDUCT EGULAR CONTRIBUTION			68,410 68,410
MT CONTRIBUTION ADJU	STMENT		0

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			▶ 🗍		
	are filing for an Additional (Not Automatic) 3-Month Ext					• - —		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously	filed For	m 8868			
-	nic filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	e to file (6	months for a	corporation		
	to file Form 990-T), or an additional (not automatic) 3-mor							
•	to file any of the forms listed in Part I or Part II with the exc		•		•			
Persona	al Benefit Contracts, which must be sent to the IRS in paper	er format (see instructions). For more details or	the elec	tronic filing of	this form,		
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonorofits		•		_			
Part			submit original (no copies nee	ded).				
A corpo	ration required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and co	omplete				
Part I or	nly				******	▶ 🕱		
All othe	r corporations (including 1120-C filers), partnerships, REMI	Cs. and tr						
	come tax returns.				er's identifyin	g number		
Type or Name of exempt organization or other filer, see instructions.					Employer identification number (EIN) or			
print	AVEDICAN COCTEMN OF CIVIL ENGINEEDS							
	INC.				13-1635293			
File by the due date for					ocial security number (SSN)			
filing your return, See	1801 ALEXANDER BELL DRIVE							
instruction		reign addi	ress, see instructions.					
	RESTON, VA 20191-4400							
Enter th	e Return code for the return that this application is for (file	a separat	e application for each return)		•••••	0 7		
Applica	tion	Return	Application Return			Return		
is For		Code	1.12			Code		
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07		
Form 990-BL		02	Form 1041-A	08				
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-T (trust other than above)		06	Form 8870			12		
	THE ORGANIZATION	N				•		
• The I	books are in the care of > 1801 ALEXANDER	BELL	DRIVE - RESTON, VA	2019	1-4400			
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							
1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until								
AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension								
is for the organization's return for:								
calendar year or								
	X tax year beginning OCT 1, 2013	, an	d ending <u>SEP 30, 2014</u>					
			_					
2 if	the tax year entered in line 1 is for less than 12 months, ch	neck reaso	n: 🔲 Initial return 🔲 F	inal retur	n			
Change in accounting period								
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any					
nonrefundable credits. See instructions.					\$	111,075.		
b If	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
99	estimated tax payments made. Include any prior year overpayment allowed as a credit			3b	\$	111,075.		
c Ba	alance due. Subtract line 3b from line 3a Include your pay	yment with	this form, if required,					
by	using EFTPS (Electronic Federal Tax Payment System). S	ee instruc	tions.	3c	\$	0.		
	. If you are going to make an electronic funds withdrawal (53-FQ an	d Form 8879	FO for payment		