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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print type See Specific Instructions	C Name of organization CONSTRUCTION INDUSTRY SERVICE PROGRAM Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 950 KEYNOTE CIRCLE 10 City or town, state or country, and ZIP + 4 CLEVELAND, OH 44131-1802		D Employer identification number 34-6608625
		F Name and address of principal officer JOHN PORADA 950 KEYNOTE CIRCLE #10, CLEVELAND, OH 44131		E Telephone number (216) 398-9860
		I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 1,703,927.
		J Website: WWW.CEACISP.ORG		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
K Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1960	M State of legal domicile OH

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities	TO PROVIDE WAGE INFORMATION AND SAFETY SERVICES TO ITS MEMBERS	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	14
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		
	9 Program service revenue (Part VIII, line 2g)	1,123,297.	1,097,960.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,307.	48,213.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	628,097.	258,476.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,794,701.	1,404,649.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,853.	28,592.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	841,654.	800,894.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,088,762.	733,754.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,961,269.	1,563,240.
19 Revenue less expenses Subtract line 18 from line 12	<166,568.>	<158,591.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,508,904.	1,331,729.
	22 Net assets or fund balances Subtract line 21 from line 20	218,359.	176,950.
		1,290,545.	1,154,779.

Part II Signature Block

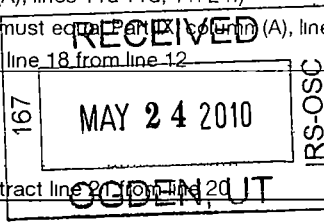
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: *Mark D. Laskey* Signature of officer Date: *5-14-10*
 Type or print name and title: *Mark D. Laskey Interim Chief Executive*

Paid Preparer's Use Only: Preparer's signature: *Dominic M. D'Amore, CPA* Date: *5/14/2010* Check if self-employed: Preparer's identifying number: *P00729940*
 Firm's name (or yours if self-employed), address, and ZIP + 4: *THE D'AMORE TATMAN GROUP LLC*
3659 GREEN ROAD, SUITE 124
BEACHWOOD, OHIO 44122 EIN: Phone no: *216-378-1550*

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

SCANNED JUL 19 2010



20

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO PROVIDE WAGE INFORMATION AND SAFETY SERVICES TO ITS MEMBERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$) MONTHLY PUBLICATION OF CONSTRUCTION INDUSTRY NEWSLETTER WHICH IS DISTRIBUTED TO OVER 450 COMPANIES. ALL CONTRIBUTORS RECEIVE A WAGE RATE UPDATE COMPILED FOUR TIMES A YEAR

4b (Code) (Expenses \$ including grants of \$) (Revenue \$) JOBSITE SAFETY INSPECTIONS AND SAFETY TRAINING ARE AVAILABLE TO ALL MEMBERS, AS WELL AS CLASSROOM TRAINING. ANNUAL AND RANDOM DRUG TESTING IS ALSO AVAILABLE TO ALL MEMBERS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) A SAFETY INCENTIVE PROGRAM PROVIDES QUARTERLY AWARDS TO JOURNEYMEN DRAWN BY TRADE FROM THOSE WHO HAVE WORKED WITHOUT STOPPAGE FOR OVER 250 HOURS. THIS PROGRAM ALSO PROVIDES YEARLY AWARDS TO JOURNEYMEN DRAWN BY TRADE FROM THOSE WHO HAVE WORKED WITHOUT STOPPAGE FOR OVER 1,000 HOURS.

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a	15
1b	14

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **JUNE LANG - (216) 398-9860**
950 KEYNOTE CIRCLE #10, CLEVELAND, OH 44131-1802

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN PORADA ADMINISTRATOR	15.00	X		X			0.	179,130.	26,331.	
MICHAEL KELLY CHAIRMAN	10.00	X					0.	0.	0.	
DON DREIER TRUSTEE	10.00	X					0.	0.	0.	
JACK PETSCH TRUSTEE	10.00	X					0.	0.	0.	
JIM FOX TRUSTEE	10.00	X					0.	0.	0.	
SAM PERRINO TRUSTEE	10.00	X					0.	0.	0.	
CHUCK FISHER TRUSTEE	10.00	X					0.	0.	0.	
MAC DONLEY TRUSTEE	10.00	X					0.	0.	0.	
ROBERT ZAVAGNO, JR TRUSTEE	10.00	X					0.	0.	0.	
VICTOR ARSENA TRUSTEE	10.00	X					0.	0.	0.	
JOHN ARSENA TRUSTEE	10.00	X					0.	0.	0.	
DAVID GIORGI TRUSTEE	10.00	X					0.	0.	0.	
ELLIOT AZOFF TRUSTEE	10.00	X					0.	0.	0.	
MARK DENT TRUSTEE	10.00	X					0.	0.	0.	
BERNARD E WEIR, JR TRUSTEE	10.00	X					0.	0.	0.	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants, and other similar amounts	1 a	Federated campaigns					
		1a					
	b	Membership dues					
		1b					
	c	Fundraising events					
		1c					
	d	Related organizations					
		1d					
	e	Government grants (contributions)					
	1e						
f	All other contributions, gifts, grants, and similar amounts not included above						
	1f						
g	Noncash contributions included in lines 1a-1f \$						
h	Total. Add lines 1a-1f						
Program Service Revenue	2 a	SEE ATTACHMENT A - PRO	Business Code 812900	1,016,877.	1,016,877.		
	b	TRAINING COURSES	812900	81,083.	81,083.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			1,097,960.		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		44,527.		44,527.
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		(i) Real					
		(ii) Personal					
		Gross Rents					
		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory		202,977.	6,225.		
		Less cost or other basis and sales expenses		201,374.	4,142.		
c		Gain or (loss)		1,603.	2,083.		
d		Net gain or (loss)		3,686.		3,686.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a	46,466.			
	Less: direct expenses		b	93,762.			
	Net income or (loss) from fundraising events			<47,296.>	<47,296.>		
9 a	Gross income from gaming activities See Part IV, line 19		a				
	Less. direct expenses		b				
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		a				
	Less cost of goods sold		b				
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	DRUG TESTING		812900	305,772.	305,772.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			305,772.			
12	Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,404,649.	1,356,436.	0. 48,213.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	18,350.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,242.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	630,001.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	52,730.			
9 Other employee benefits	72,684.			
10 Payroll taxes	45,479.			
11 Fees for services (non-employees)				
a Management				
b Legal	58,955.			
c Accounting	10,845.			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	2,126.			
12 Advertising and promotion	7,445.			
13 Office expenses	36,348.			
14 Information technology				
15 Royalties				
16 Occupancy	111,224.			
17 Travel	16,298.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,045.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,774.			
23 Insurance	12,499.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>DRUG TESTING</u>	194,084.			
b <u>PRINTING & PUBLICATIONS</u>	47,244.			
c <u>CONSULTING EXPENSE</u>	36,660.			
d <u>POSTAGE & SHIPPING</u>	22,900.			
e <u>TELEPHONE EXPENSE</u>	20,359.			
f All other expenses	108,948.			
25 Total functional expenses Add lines 1 through 24f	1,563,240.			
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	170,165.	1	156,039.	
	2	Savings and temporary cash investments	506,277.	2	574,429.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	138,476.	4	129,796.	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	2,500.	9	0.	
	10a	Land, buildings, and equipment: cost basis	82,252.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	55,458.	43,710.	10c	26,794.
	11	Investments - publicly traded securities	647,776.	11	444,671.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,508,904.	16	1,331,729.		
Liabilities	17	Accounts payable and accrued expenses	216,935.	17	176,512.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule D	1,424.	25	438.	
	26	Total liabilities. Add lines 17 through 25	218,359.	26	176,950.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	0.	30	0.	
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.	
	32	Retained earnings, endowment, accumulated income, or other funds	1,290,545.	32	1,154,779.	
	33	Total net assets or fund balances	1,290,545.	33	1,154,779.	
	34	Total liabilities and net assets/fund balances	1,508,904.	34	1,331,729.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization

CONSTRUCTION INDUSTRY SERVICE PROGRAM

Employer identification number

34-6608625

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		78,654.	51,860.	26,794.
e Other		3,598.	3,598.	0.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				26,794.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED SALES TAX LIABILITY	438.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	438.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
		GOLF OUTING (event type)	CLAM BAKE (event type)	2 (total number)		
Revenue	1	Gross receipts	37,221.	6,237.	3,008.	46,466.
	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	37,221.	6,237.	3,008.	46,466.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	35,955.	44,503.	13,304.	93,762.
	7	Other direct expenses				
	8	Direct expense summary Add lines 4 through 7 in column (d)				93,762.
	9	Net income summary. Combine lines 3 and 8 in column (d)				<47,296.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%
13b		%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____
 Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address:

Name ► _____
 Address ► _____

16 Gaming manager information:

Name ► _____
 Gaming manager compensation ► \$ _____
 Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CONSTRUCTION INDUSTRY SERVICE PROGRAM

Employer identification number
34-6608625

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. <input type="checkbox"/>	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	NORTHEAST OHIO CONSTRUCTION LABOR AND MANAGEMENT SAFETY INCENTIVE PROGRAM - 950 KEYNOTE CIRCLE #10 - CLEVELAND, OH 44131	34-7004973	501(C)(3)	18,350.	0.	CASH	SAFETY AWARDS	

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

1.
0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Part I Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	1	3,000.	0.	CASH	N/A
SCHOLARSHIP	1	2,000.	0.	CASH	N/A
SCHOLARSHIP	1	1,000.	0.	CASH	N/A
SCHOLARSHIP	1	1,000.	0.	CASH	N/A
SCHOLARSHIP	1	1,000.	0.	CASH	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: LABOR AND MANAGEMENT INITIATED AN INNOVATIVE PROGRAM, THAT OFFERS SAFETY AWARDS TO ELIGIBLE CRAFTSPERSONS IN NORTHEAST OHIO WHO WORK A SPECIFIC NUMBER OF HOURS, WITHOUT LOST TIME DUE TO AN ACCIDENT OR ILLNESS.

Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	1.	1,000.	0. CASH	N/A	
SCHOLARSHIP	1.	1,000.	0. CASH	N/A	
SCHOLARSHIP	1.	242.	0. CASH		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CONSTRUCTION INDUSTRY SERVICE PROGRAM

Employer identification number

34-6608625

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a Receive a severance payment or change of control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a The organization?
- b Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		
5b		
6a		
6b		
7		
8		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
	(i)	0.	0.	0.	0.	0.	0.
JOHN PORADA	(ii)	171,330.	0.	15,500.	10,831.	205,461.	173,703.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: ON 4/1/90 THE RELATED ORGANIZATION (CONSTRUCTION EMPLOYERS ASSOCIATION) IMPLEMENTED A DEFERRED COMPENSATION AGREEMENT UNDER IRS 457(F) ON BEHALF OF JOHN PORADA, WHICH WILL UPON NORMAL RETIREMENT AGE PAY HIM \$4,000/MONTH (AS ADJUSTED FOR INFLATION) FOR 180 MONTHS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

CONSTRUCTION INDUSTRY SERVICE PROGRAM

Employer identification number
34-6608625

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SEMINARS ARE HELD ON ALL TYPES OF SAFETY MANAGEMENT. THE CLASSES PROVIDE UP TO DATE INFORMATION ON ALL ASPECTS OF CONSTRUCTION.

FORM 990, PART VI, SECTION A, LINE 2: TRUSTEE VICTOR ARSENA AND TRUSTEE JOHN ARSENA HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 10: A "DRAFT" COPY OF THE 990 IS REVIEWED DIRECTLY BY THE CHAIRMAN, ADMINISTRATOR AND THE CONTROLLER FOR ACCURACY, MATERIAL MISSTATEMENTS AND EXTRAORDINARY ITEMS. ONCE APPROVED, THE RETURN IS PROCESSED AND A COPY OF THE RETURN IS SENT TO EACH VOTING BOARD MEMBER (VIA EMAIL OR HARDCOPY) PRIOR TO THE RETURN BEING FILED.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DETERMINED AND REVIEWED ON AN ANNUAL BASIS DURING WHICH THE ORGANIZATION COMPARES SALARIES OF SIMILAR PROFIT AND NON-FOR-PROFIT POSITIONS, COST OF LIVING ADJUSTMENTS AND HOURS WORKED. THE FINAL DETERMINATION OF COMPENSATION IS APPROVED BY THE BOARD. CURRENTLY NO OTHER OFFICERS OR KEY EMPLOYEES RECEIVE ANY COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: ALL COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND IN CERTAIN CASES AVAILABLE ON THE INTERNET AT WWW.GUIDESTAR.ORG

FORM 990 PART XI, LINE 2C

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

CONSTRUCTION INDUSTRY SERVICE PROGRAM

Employer identification number

34-6608625

OVERSEEING THE REVIEW AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT:

THE PROCESS FOR OVERSEEING THE REVIEW AND THE SELECTION OF THE

INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	CONSTRUCTION EMPLOYERS ASSOCIATION	M	7,068.
(2)	CONSTRUCTION EMPLOYERS ASSOCIATION	N	630,001.
(3)	CONSTRUCTION EMPLOYERS ASSOCIATION	O	762,486.
(4)	NORTHEASTERN OHIO CONSTRUCTION LABOR MANAGEMENT SAFETY INCENTIVE PROGRAM	B	18,350.
(5)			
(6)			

Construction Industry Service Program

950 Keynote Circle #10
Cleveland, Ohio 44131-1802
F.E.I.N #34-6608625
FYE 6/30/09

Form 990, Page 9, Line 2

Program revenue employers contribute a specified amount for each hour worked by their employees. The specified amount being stated in the collective bargaining agreements. Contributions were made by employees in various construction trades as follows:

Carpenter	\$	453,754
Carpenters-Youngstown		41,350
Residential Carpenters		10,035
Building Laborers		204,922
Building Laborers-Lorain		6,008
Cement Masons		19,462
Operating Engineers		45,373
Roofers		19,500
Steel and Iron		147,076
Bricklayers - Mansfield		6,325
Bricklayers		29,608
Plasters		3,448
Glaziers		12,522
Tile Layers		4,437
Tapers		<u>13,057</u>
Total	\$	<u>1,016,877</u>

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization CONSTRUCTION INDUSTRY SERVICE PROGRAM	Employer identification number 34-6608625
	Number, street, and room or suite no. If a P.O. box, see instructions. 950 KEYNOTE CIRCLE, NO. 10	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44131-1802	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

JUNE LANG

- The books are in the care of **950 KEYNOTE CIRCLE #10 - CLEVELAND, OH 44131-1802**
Telephone No **(216) 398-9860** 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 is for.

4 I request an additional 3-month extension of time until MAY 15, 2010

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

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

7 State in detail why you need the extension AWAITING ADDITIONAL INFORMATION FROM THIRD PARTY TO FILE ACCURATE RETURN

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due Subtract line 8b from line 8a. 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	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *June Lang* Title *CPA* Date *2-15-10*

D'Amore Group LLC
 3659 Green Road, Suite 124
 Beachwood, OH 44122