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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2008**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public  
Inspection**A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C**  
 Portland Chapter of Construction  
 Specifications Institute Inc  
 PO Box 5116  
 Salem, OR 97304

**D** Employer identification number

93-0760052

**E** Telephone number**F** Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) \_\_\_\_\_**I** Website: N/A**J** Organization type (check only one) — ☒ 501(c) ( 6 ) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ\$ 105,403.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	325.
	2	Program service revenue including government fees and contracts	2	33,541.
	3	Membership dues and assessments	3	19,804.
	4	Investment income	4	876.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule C). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	50,857.
	6b	Less: direct expenses other than fundraising expenses	6b	33,133.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	17,724.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	72,270.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	350.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	35,545.
	14	Occupancy, rent, utilities, and maintenance	14	3,225.
	15	Printing, publications, postage, and shipping	15	5,111.
	16	Other expenses (describe <u>See Statement 2</u> )	16	29,569.
17	<b>Total expenses</b> (add lines 10 through 16)	17	73,800.	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,530.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	82,873.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	81,343.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	82,873.	81,343.
23 Land and buildings		
24 Other assets (describe _____)		
25 <b>Total assets</b>	82,873.	81,343.
26 <b>Total liabilities</b> (describe _____)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	82,873.	81,343.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)
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What is the organization's primary exempt purpose? Advance Construction Technology

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

## Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others )

## 28 Chapter Meetings, Seminars & Education

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

28a	35,183.
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## 29

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

29 a	
------	--

30

(Grants \$ ) If this amount includes foreign grants, check here

30 a	
------	--

**31** Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31 a	
------	--

**32 Total program service expenses** (add lines 28a through 31a)

32	35,183.
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**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs )

[illegible]

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b> N/A</span>		
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b> N/A</span>		
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b> List the states with which a copy of this return is filed ▶ <u>None</u>		

**42a** The books are in care of ▶ Jane Ellsworth Telephone no. ▶ 503 805 2500  
 Located at ▶ PO Box 5116 Salem OR ZIP + 4 ▶ 97304

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country: ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?  
 If 'Yes,' enter the name of the foreign country: ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ ☐ N/A  
▶ **43** N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		X
<b>45</b>		X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I**Yes** **No****46****47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**47****48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**48****49 a** Did the organization make any transfers to an exempt non-charitable related organization?**49 a****b** If 'Yes,' was the related organization(s) a section 527 organization?**49 b****50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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-----				
-----				
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-----				
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-----				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----		
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Total number of other independent contractors receiving over \$100,000		

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

Signature of officer

Date

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

Check if self-employed

Preparer's Identifying Number (See instructions)

Anthony Robinson

5-10-2008

N/A

Synergy Tax &amp; Accounting Inc

15500 NE 29th Ave

Vancouver, WA 98686

EIN N/A

Phone no 503-643-4870

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

## Supplemental Information Regarding Fundraising or Gaming Activities

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

**Open to Public Inspection**

Name of the organization Portland Chapter of Construction  
Specifications Institute Inc

Employer identification number  
93-0760052

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |                          |                         |                          |                                       |
|--------------------------|-------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations      | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Email solicitations     | <input type="checkbox"/> | Solicitation of government grants     |
| <input type="checkbox"/> | Phone solicitations     | <input type="checkbox"/> | Special fundraising events            |
| <input type="checkbox"/> | In-person solicitations |                          |                                       |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes    ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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**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 <u>Industry Forum</u> (event type)	(b) Event #2 <u>Golf Tournamen</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	35,244.	15,138.		50,382.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	35,244.	15,138.		50,382.
DIRECT EXPENSES	4 Cash prizes		1,100.		1,100.
	5 Non-cash prizes				
	6 Rent/facility costs	17,829.	9,616.		27,445.
	7 Other direct expenses	1,022.	1,000.		2,022.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				30,567.
	9 Net income summary. Combine lines 3 and 8 in column (d)				19,815.

**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				
	2 Cash prizes				
DIRECT EXPENSES	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)				

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:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**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 contact 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?**17a****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: ▶ \$ \_\_\_\_\_



**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name: United Way  
Cash Amount Given: \$ 350.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$ 56.
Awards	673.
Bank Charges	996.
Dues & Memberships	890.
Information Technology	254.
Insurance	1,095.
Meeting Expenses	22,116.
Office Expenses	160.
State Filing Fee	50.
Telephone	756.
Travel	2,523.
Total	\$ <u>29,569.</u>