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Department of the Treasury Internal Revenue Service

Short Form 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)

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 \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

Α	A For the 2009 calendar year, or tax year beginning July 1 , 2009, and ending June					and ending	Ju	ne 30)	, 20	10	
В	Check i	f applicable	Please	C Name of organization				D Emplo	yer id	entificat	ion numb	er
	Addres	ress change use IRS label or Associated Schools of Construction						23-7209853				
닏		ne change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep							Telephone number			
H	Initial re		type. See	P.O. Box 1312				l	97	0-222-4	459	
H			Specific	City or town, state or country, and	ZIP + 4			F Grou	Exe	motion		
H		ed return ation pending	instruc- tions	Fort Collins, CO 80522				Numi				
_				<u> </u>		to much ottook	G Acco	unting Me			ch 🗆 🗛	ccrual
	• 56	ction 501(c)(3)	organiz	rations and 4947(a)(1) nonexer	npt cnantable trus	its must attach	l l	-		<u> </u>	1311 L. A	.cci uai
a completed Schedule A (Form 990 or 990-EZ). Other (specify)												
H Check ► ✓ if the state of th										-		
	Website: ► www.ascweb.org required to attach Schedule B (Form 990,											
7	Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF).											
Κ	Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.											
										urn		 _
<u>L</u>	Add lır	nes 5b, 6b, and 7	b, to line	e 9 to determine gross receipts, if	\$500,000 or more, fil	e Form 990 inste	ad of Form 990	D-EZ ►	<u>\$</u>	, 5		04,840
F	art I	Revenu	ie, Exp	enses, and Changes in	Net Assets or	Fund Balanc	es (See the	instruc	tions	s for P	art I.)	
	1			ts, grants, and similar amoui				[1			0
	2	Program s	ervice i	revenue including governme	nt fees and contra	acts			2			0
	3	-		s and assessments					3			81,500
	4		•					[4			5,175
	5			m sale of assets other than	inventory	5a		οſ		•		
	l .			er basis and sales expenses	-	i		0				
				n sale of assets other than in			line 5a)		5c			0
4				tivities (complete applicable parts of								
Revenue	6											
Š	[]			ot including \$			ŀ	0				
ã		•)		1		0				
				nses other than fundraising			<u> </u>					_
	'	c Net incom	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c			
	7	a Gross sale	es of inv	ventory, less returns and allo	wances	_		0				
	-	b Less cost						0				
				ss) from sales of inventory (7c			0
	8	Other reve	enue (de	escribe Web Posting, Nat	l & Regional Confe	erences, Facult	y Developme	nt)	8		3	18,165
	9	Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c	and 8			. ▶	9		4	04,840
	10			ar amounts paid (attach sche		I REC	CEIVED		10			0
	11			or for members				ا ای ر	11			0
Q	12	Salaries, c	ther co	mpensation, and employee	benefits	ω'		S-OSC	12			0
9	13	Profession	al fees	and other payments to inde	pendent contract	Pal NOA	1.6 2010.	[인]	13			12,000
Š	14	Occupano	v rent	utilities and maintenance				S	14	_		0
Evnoncoc	15								15			16,394
_	16	OGDEN, OT							16			40,930
	17	Total exp	enses (Add lines 10 through 16 .	<u>a regional como</u>				17			69,324
_) for the year (Subtract line 1				I	18			64,484)
÷	18	Excess or	(dencit	nd balances at beginning of	· Hom me s) .	 27 oolumn (A)		-	10			,4,404)
è	19			e reported on prior year's re					40		4	03,617
<	<u> </u>	•	_						19			03,017
Not Accote	20			net assets or fund balances				[20			20.422
_	21	Net assets	s or fun	d balances at end of year. C	ombine lines 18 t	nrough 20			21	ad ad E		39,133
	Part	n Balanc	e Sne	ets. If Total assets on line 25		⊅ı,∠ou,uuu or						
				(See the instructions for I	•		(A) Be	ginning of) End of ye	
				nvestments			· ·	399	,867		3	34,009
2										23		0
2	24	Other assets	(describ	De ► Accounts Receivable)		,750			5,124
2	25	Total assets						403	3,617		3	339,133
2		Total liabilitie)			26		0
	7	Net assets o	r fund l	balances (line 27 of column	(B) must agree w	ith line 21)	.	403	3,617	27	3	339,133

Form **990-EZ** (2009)

orm	990-EZ (2009)					Page ∠
Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part III	l.)		Expenses
Nha	t is the organization's primary exempt purpose?	Development & advancement	nt of construction e	ducation.		ired for section
Desc		501(c)(3) and 501(c)(4)				
	ner, describe the services provided, the number o				, -	izations and section (a)(1) trusts, optional
each	program title.				for ot	
28	Through the website & conferences at regional & nat	ional levels, this organization	n reaches out to ap	proximate		
	ly 140 universities/colleges (higher education) with p					
	educational info between faculty (approx 900+) to en					
					28a	469,324
00	(Grants \$) If this amount	includes foreign grants, che	SCRIIGIE	· • -	20a	405,024
29						
	(Grants \$) If this amount	includes foreign grants, che	eck nere	. 🏲 🗀	29a	
30						
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ ∐_	30a	
31	Other program services (attach schedule)					
		includes foreign grants, che	eck here .	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		. •	32	469,324
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	ınstruc	ctions for Part IV.)
_		(b) Title and average	(c) Compensation	(d) Contribution	ons to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
Cha	ries Berryman, Univ of Nebraska-Lincoln, W145					
	raska Hall, Lincoln, NE 68588	President, 5 hr/wk	0		0	o
	Christofferson, Brigham Young Univ, School of				<u>.</u>	
		1st Vice President, 5 hr/wk	0		0	o
	nnology, Provo, UT 84602					
	n Moore, Georgia Southern University, Box 8047	2nd Vice President, 5 hr/wk	_		0	o
	uth Bldg, Room 1007B, Statesboro, GA 30460		0		U	
	n Grossekopf, Univ of Nebraska-Lincoln, W145	Secretary, 5 hr/wk			•	
	raska Hall, Lincoln, NE 68588		0		0	0
Rich	ard Boser, Illinois State Univ, Dept of Technoloy,	Treasurer, 5 hr/wk	_		_	_
	mal, IL 61790	,	0	ļ	0	0
Tod	d Dunn, Rochester Institute of Technology-Civil Engr	NE Regional Dir, 5 hr/wk				
78 L	omb Memorial Drive, Rochester, NY 14623	//2 rrogional on, o minu	0		0	0
Shir	na Clarke, Clemson University, 124 Lee Hall,	SE Regional Dir, 5 hr/wk				
Cler	nson, SC 29634	SE Regional Dir, 3 m/wk	0		0	0
Joh	n R. Schmidt, Ferris State University, 227 Granger	Const. shap Box Div. 5 halos				
Cen	ter, Big Rapids, MI 49307	Great Lakes Reg Dir, 5 hr/w	0		0	0
Rich	nard Bruce, Missouri State University, 901 South					
	onal Ave, Springfield, MO 65897	N Central Reg Dir, 5 hr/wk	0		0	o
	Williamson, Texas A & M University, Mail Stop 3137,					
	ege Station, TX 77843	S Central Reg Dir, 5 hr/wk	0		0	0
	s Soelberg, Weber State University, 1802 University				_	
	le, Ogden, UT 84408	Rocky Mtn Reg Dir, 5 hr/wk	0		0	o
	Brown, California State Univ-Chico, Langdon Hall	-				
		Far West Reg Dır, 5 hr/wk	o		0	0
	Chico, CA 95929		· · · · · · · · · · · · · · · · · · ·			
	d Scott, Dublin Institute of Technology, Bolton	Intntl Reg Dir, 5 hr/wk		1		
Stre	et Campus, Dublin 1, Leinster, Ireland		0		0	0
		1		1		1
		_				
		1				
						İ
		1		1		t

Part	Other Information (Note the statement requirements in the instructions for Part V.)		. —	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		√
38a	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 outstanding at the end of the period covered by this return?	38a		7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			 !
39	Section 501(c)(7) organizations. Enter:			;
а	Initiation fees and capital contributions included on line 9			l
b	Gross receipts, included on line 9, for public use of club facilities			İ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			į
	section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0		,	ļ
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
_	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	reimbursed by the organization	į		
е	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.	40e		√
41	List the states with which a copy of this return is filed. ▶			
42a	The organization of books are in date of a second s	 -	2-4459	·
	Located at ► 2001 Sonora Street, Fort Collins, CO ZIP + 4 ►	80	525	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		120	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		
	If "Yes," enter the name of the foreign country: ►	}		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🗌
	and enter the amount of tax-exempt interest received or accrued during the tax year	_		
		[Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	ļ <u>'</u>	✓
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		_	- 5
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	:	✓

Part VI	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	ection 4947(a)(1) no 7(a)(1) nonexempt cl d 51.	onexempt charital haritable trusts mu	ole trusts only. A st answer questio	ll sec ns 46	tion -49b)		
46 Did	the organization engage in direct or indirect	political campaign act	tivities on behalf of c	r in opposition to		Yes	No		
car	candidates for public office? If "Yes," complete Schedule C, Part I								
47 Did	I the organization engage in lobbying activities	? If "Yes," complete S	chedule C, Part II		47		✓		
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49a Did	Did the organization make any transfers to an exempt non-charitable related organization?								
b If "'	If "Yes," was the related organization a section 527 organization?								
50 Co	mplete this table for the organization's five hig ployees) who each received more than \$100,0	officers, directors, t	ruste	es and	l key				
em	ployees) who each received more than \$100,0	(b) Title and average	(c) Compensation			Expens			
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position	(0, 00, 10, 10, 10, 10, 10, 10, 10, 10, 1	employee benefit plans & deferred compensation	acc	ount ar	nd		
f Tot	tal number of other employees paid over \$100	.000							
	(a) Name and address of each independent contractor		(b) T	/pe of service	(c) Cor	npensal	lion		
d To	tal number of other independent contractors e	each receiving over \$10	00,000 ▶						
	Under penalties of penury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including according of preparer (other than office	mpanying schedules and s rr) is based on all information	atements, and to the bes	at of my	knowle	dge		
Sign Here	Signature of officer Richard Boser, Treasurer			//////// Date	0	•			
	Type or print name and title								
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (See	instruct	ions)		
Preparer's Use Only	yours if self-employed),			IN ►	-				
May the IF	address, and ZIP + 4 RS discuss this return with the preparer shown	above? See instruction			Yes		lo		
				Fo)-EZ			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization **Associated Schools of Construction** 7209853 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я ☑ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **d** Type III-Other c ☐ Type III-Functionally integrated **b** Type II a 🗌 Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported in col (i) listed in your organization in col organization (described on lines 1-9 the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes Yes

Par	Support Schedule for Org (Complete only if you check	j anizations (ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)	
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.		I			1	<u>.</u>	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
		(4) 2000	(5) 2000	(0) 2007	(4) 2000	(0) 2000	(i) rotar	
7 8	Amounts from line 4							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .					1	<u> </u>	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	nd, third, fourth			on 501(c)(3)	
	tion C. Computation of Public Su							
14	Public support percentage for 2009 (line					15	<u>%</u> %	
15	Public support percentage from 2008 Sci							
16a								
L	and stop here. The organization qualifies							
D	33\% % support test—2008. If the organization quality and stop here. The organization quality is a support test—2008.							
17a	box and stop here. The organization qualifies as a publicly supported organization							
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances the "facts-and-circumstances" Private foundation. If the organization did	facts-and-circur ances" test. The	nstances" test, organization qu	check this box alifies as a public	and stop here. cly supported or	Explain in Part ganization .	IV how the	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

500	tion A Public Support	d the box of	illie 9 01 Fa	11.1.)			
	tion A. Public Support alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2000	49 Tetal
Ci	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(C) 2007	(a) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,050	54,150	58,100	81,450	81,500	324,250
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	151,492	367,866	445,793	370,526	318,165	1,653,842
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	200,542	422,016	503,893	451,976	399,665	1,978,092
_	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	0	0	0	0		0
	amount on line 13 for the year	0	0	0	0	0	0
8 8	Add lines 7a and 7b			* * .	^		1,978,092
Sec	etion B. Total Support	11				l	1,010,002
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	200,542	422,016	503,893	451,976	399,665	1,978,092
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,222	6,484	6,174	5,220	5,175	25,275
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c	Add lines 10a and 10b	2,222	6,484	6,174	5,220	5,175	25,275
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	202,764	428,500	510,067	457,196	404,840	2,003,367
14	First five years. If the Form 990 is for to organization, check this box and stop to the stop of the s	here	<u></u> .	nd, third, fourth	· -		n 501(c)(3) ▶ □
Sec	ction C. Computation of Public Sup	pport Percer	ntage				
15	Public support percentage for 2009 (lin		•	e 13, column ((f))	15	98.7 %
16	Public support percentage from 2008 S			<u> </u>		16	98.8 %
Sec	tion D. Computation of Investmen						4.2 %
17	Investment income percentage for 2009			-		17	1.3 %
18	Investment income percentage from 20					18	1.2 %
19a	17 is not more than 33% %, check this b	ox and <mark>stop he</mark>	re. The organi	zation qualifies	as a publicly s	supported orga	nızation 🕨 🗹
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	box and stop	h ere. The orgar	nization qualifies	s as a publicly s	supported orgar	nization 🕨 🔲
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see insti	ructions ▶ 🗀

scriedule A (F	orm 990 or 990-EZ) 2009				raye 🕶
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any othe	ne explanations requier additional information	red by Part II, line 10; on. See instructions.

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