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DLN: 93493104007041

Form **990** 

Department of the Treasury Internal Revenue Service

# **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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the .	2009 ca	lendar yea	ır, or tax year beginning	07-01-2009	and ending 06-30-2010	)		-
<b>B</b> Che	eck ıf a	pplicable	Please	C Name of organization CONSTRUCTION SPECIFIC	CATIONS INSTITUT	E INC		D Employer id	dentification number
☐ Add	lress ch	nange	use IRS label or					53-02429	
┌ Nar	ne cha	nge	print or type. See	Doing Business As				E Telephone r	number
┌ Inıt	ial retu	rn	Specific	Number and street (or P	O box if mail is no	t delivered to street addres	ss) Room/suite	(703) 706	
┌ <sub>Ter</sub>	mınate	d	Instruc- tions.	110 SOUTH UNION STREE			, , , , , , , , , , , , , , , , , , , ,	<b>G</b> Gross receipt	s \$ 4,619,522
☐ Am	ended	return		City or town, state or cou	intry, and ZIP + 4			ł	
		n pending		ALEXANDRIA, VA 22314	,,				
, , , ,	, iida tio i	. penanig	E Non	L ne and address of princ	unal officer			ı	_
				T Marlowe	ipai officer			ıs a group retu ates?	rn for
				OUTH UNION STREET	No 100				,
			ALEXA	NDRIA,VA 22314				ll affiliates inclu	
<b>T</b> Ta:	x-exem	npt status	▼ 501(c)	) ( 6 ) <b>◄</b> (insert no )	947(a)(1) or $\Box$	527	_		t (see instructions)
				) ( 0 ) 4 (msere no )   4	347(4)(1) 01 )	52,	H(c) Grou	up exemption n	lumber <b>F</b>
	ebsite	e:⊫ csır	net org					<u>.</u>	
<b>K</b> Forr	n of or	ganızatıon	✓ Corporat	tion Trust Association	Other ►		<b>L</b> Year of fo		M State of legal domicile
Pa	rt I	Sumr	marv					L	MD
- a				e organization's mission	n or most sianif	icant activities			
	-	FOUND	ED IN 194	18, CSI IS THE ONLY O	RGANIZATIO	N THAT SERVES ALL			
e e				AL BUILDING DESIGN N-RESIDENTIAL BUIL				ONTINUOUS	LY IMPROVE THE
Governance		PROCE	33 OF NO	N-RESIDENTIAL BOIL	DING DESIGN	AND CONSTRUCTIO	/ IN		
Ĕ									
8									
	2	Check t	his box 🟲	if the organization dis	continued its o	perations or disposed	of more than	25% of its net	
<b>න්</b> ග්	3	Number	of voting r	members of the governi	ng body (Part V	I, line 1a)			321
₽	4	Number	ofindepen	ndent voting members o	f the governing	body (Part VI, line 1b	)		421
Activities				nployees (Part V , line 2	•				522
₫	6	Total nu	ımber of vo	olunteers (estimate if ne	cessary) .			1	6
		-		ted business revenue fr	,		•	7	<b>7a</b> 238,918
	b	Net unre	elated busi	iness taxable income fro	om Form 990-T	, line 34		7	<b>7b</b> 152,788
							Pric	or Year	Current Year
g)	8			d grants (Part VIII, line	•			223	0
Revenue	9	-		revenue (Part VIII, line				4,514,660	3,772,977
3/61	10			me (Part VIII, column (		•		228,012	-553,079
_	11			art VIII, column (A), lii				-214,833	198,291
	12			dd lines 8 through 11 (r	•	, , , , , , , , , , , , , , , , , , , ,	•	4,528,062	3,418,189
	13			ar amounts paid (Part I)					0
	14			or for members (Part IX,		•			0
	15			ompensation, employee			_		
Expenses		10)	•			, , ,		2,607,306	2,169,738
क	16a	Profes	sıonal fund	Iraising fees (Part IX, co	olumn (A), line	11e)			0
ਡੌ	ь	Total fur	ndraising exp	enses (Part IX, column (D),	line 25) <b>►</b> 0				
_	17	Other	expenses (	(Part IX, column (A), lın	es 11a-11d, 1	1f-24f)		2,407,887	2,265,384
	18	Total e	xpenses /	Add lines 13–17 (must	equal Part IX,	column (A), line 25)		5,015,193	4,435,122
	19	Revent	ue less exp	penses Subtract line 18	3 from line 12			-487,131	-1,016,933
<u>ኞ</u> ዊ							_	g of Current	End of Year
Net Assets or Fund Balances	20	<b>T</b> - • •		mt V lun - 465			<u> </u>	rear	
Ass He	20			rt X, line 16)				7,713,726	7,805,794
<u> </u>	21							2,975,293	2,664,692
	22	_		nd balances Subtract lir	ne 21 from line	20		4,738,433	5,141,102
Pai	rt II		ature Blo	OCK egury, I declare that I have e			aabadulaa and a	*************	the best of my brewledge
				correct, and complete Decla					
							I		
Sign		****	** ature of office	or.			2011- Date	-04-14	
Here	=	[ ]					Date		
			NON GC MAG	CGREGOR DIRECTOR, FINAN	ICE & OPERATIONS				
		<u> </u>	or principality	Indicate		<u> </u>	N 1 - 5		16
		Preparer' signature			Da		Check If elf-	Preparer's iden (see instruction	tifying number ns)
Paid							mpolyed 🕨 🦵		
•	arer's		nme (or yours	s Tate and Tryon				EIN 🕨	
Use (	Jnly		and ZIP + 4	2021 L Street NW Suite	400				
				Washington, DC 20036	5			Phone no 🕨 (	(202) 293-2200
May t	he IR	S discus	s this retu	rn with the preparer sho		instructions)			▼ Yes

## Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Founded in 1948, CSI is the only organization that serves all of the major disciplines involved in non-residential building design and construction. Our mission is to continuously improve the process of non-residential building design and construction.

2	_		rogram services during the yea	r which were not listed on	
	the prior Form 990	or 990-EZ?			┌ Yes ┌ No
	If "Yes," describe th	nese new services on Schedu	le O		
3	Did the organization services?	•,	significant changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese changes on Schedule O			
4	Section 501(c)(3) a	and 501(c)(4) organizations	each of the organization's three and section 4947(a)(1) trusts venue, if any, for each program	are required to report the amo	•
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	TECHNICAL - EDUCAT: INDUSTRY	ON PROVIDED TO PERSONS ENGAG	ED IN ANY PHASE OF WRITING, PREP	PARING, COMPILING, OR UTILIZING	SPECIFICATIONS IN THE
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	EDUCATIONAL - PROFI	ESSIONAL DEVELOPMENT SEMINARS	IN TECHNICAL, SALES, AND MANAGE	MENT SKILLS	
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	CONSTRUCTION SPEC AND GENERAL PUBLIC		ES TECHNICAL INFORMATION AND TO	OPICAL ISSUES TO THE MEMBERSHIF	P, PERSONS IN THE INDUSTRY,
4d	Other program ser	vices (Describe in Schedule	O ) See also Additional Data (	for Description	
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program serv	vice expenses►\$			
					Form <b>990</b> (2009)

Part TV	Check	list of	Peguired	Schedules
	CHECK	IIISL UI	Reuulleu	<b>Juliculies</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

Form 990 (.	2009)		
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		7	Г

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 0	i		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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)?	4a		Νο
Ь	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νc
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
5	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
•	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ł	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business heldings at any time during the year?			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
)	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them )	-		
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	vear   120	1	i	

110 SOUTH UNION STREET SUITE 100

alexandria, VA 22314 (703) 706-4730

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 21	-		
ь	Enter the number of voting members that are independent 1b 21	-		
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?	2		Νo
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?	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		Νο
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		103	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
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?	16a		No
ь	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?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 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.			
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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the SHANNON MACGREGOR DIRECTOR OF FINANCE	ne orga	nızatıor	n <b>-</b>

# Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee"
- 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		( <b>D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page <b>8</b>
1b	Total	0		18,828
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►3			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		( <b>C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \( \mathbb{E}\)0			
		F	orm <b>99</b> 0	<b>0</b> (2009)

Form 99								Page <b>9</b>
Part V	<u> </u>	Statement o	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
nts ots	1a	Federated camp	paigns 1a					
gra our	ь	Membership du	es <b>1b</b>					
3,€	С	Fundraising eve	ents 1c					
<u>=</u>	d	_	rations 1d					
Sign Sign	e	Government grants						ļ
ž Ž	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
き	g		butions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ Total. Add lines	s 1a-1f	🛌				
				Business Code				
a)Ti	2a	Membership Dues		900,099	2,656,896	2,656,896		
ex ex	ь	EDUCATIONAL PRO	OGRAMS	900,099	596,454	596,454		
Se F	c	PUBLICATIONS		541,800	318,934	80,016	238,918	
Program Serwce Revenue	d	TECHNICAL PROGR	RAMS	900,099	112,263	112,263		
	e	CONVENTION		900,099	88,430	88,430		
E	f	All other progra	ım service revenue					
Ř	g	Total. Add lines	s 2a – 2f		3,772,977			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	<b>⊢</b>	169,998			169,998
	4		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	173,934			172.024
	5	Royalties	(ı) Real	(II) Personal	173,934			173,934
	6a	Gross Rents	29,110	(II) F ersonar				
	ь	Less rental	243,256					
	c	expenses Rental income	-214,146					
	d	or (loss) Net rental incor	me or (loss)	<u> </u>	-214,146			-214,146
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	45,520	93,564				
	Ь	Less cost or other basis and	240,472	621,689				
	c	sales expenses Gain or (loss)	-194,952	-528,125				
	d		s)		-723,077			-723,077
	8a	Gross income fi	_					
an ne		events (not incl						
Other Revenue		See Part IV, lin	reported on line 1c) e 18 a					
	ь	Less direct exp	penses <b>b</b>					
Ö	С	Net income or (	loss) from fundraising	events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 <b>a</b>					
	ь		penses b					
	с 10а	Gross sales of	• •	vities				
	_	returns and allo	а	269,685				
	b   с		oods sold <b>b</b> loss) from sales of inve	95,916 entory ►	173,769	173,769		
		Miscellaneous		Business Code				
	11a	AFFINITY PRO	GRAMS	900,099	37,546			37,546
	ь	MISCELLANEC	US	900,099	22,750	22,750		
	С	MAILING LIST	/LABELS	900,099	4,438			4,438
	d	All other revenu						
	e	Total. Add lines			64,734			
	12	Total revenue.	See Instructions .	▶	3,418,189	3,730,578	238,918	-551,307

# Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ organizations mu II other organizations must complete column (A) but are not required to	st complete all c	olumns.	(D)	
			(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
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	338,994			
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	1,318,242			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	75,004			
9	Other employee benefits	261,544			
10	Payroll taxes	175,954			
11	Fees for services (non-employees)				
а	Management				
b	Legal	14,779			
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	49,393			
g	Other	74,303			
12	Advertising and promotion	149,158			
13	Office expenses	403,720			
14	Information technology	221,954			
15	Royalties				
16	Occupancy	20,428			
17	Travel	192,791			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	95,440			
20	Interest	32,021			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	278,293			
23	Insurance	55,210			
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)				
а	CONSULTANTS	187,560			
b	DUES AND SUBSCRIPTIONS	172,335			
c	BANK FEES	86,670			
d	MISCELLANEOUS	79,285			
e	DONATION EXPENSE	70,836			
f	All other expenses	81,208			
25	Total functional expenses. Add lines 1 through 24f	4,435,122			
26	Joint costs. Check here ► ☐ 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				

Pa	rt X	Balance Sheet					<u> </u>
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			500	1	500
	2	Savings and temporary cash investments	porary cash investments			2	77,587
	3	Pledges and grants receivable, net	s receivable, net			3	
	4	Accounts receivable, net			487,400	4	356,683
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			15,343	8	21,144
⋖	9	Prepaid expenses and deferred charges			175,386	9	93,872
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,594,432	!		
	ь	Less accumulated depreciation	10b	1,157,887	397,801	10c	436,545
	11	Investments—publicly traded securities			6,607,556	11	6,819,463
	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)			7,713,726	16	7,805,794
	17	Accounts payable and accrued expenses .			1,385,614	17	984,847
	18	Grants payable				18	
	19	Deferred revenue			1,437,522	19	1,517,115
	20	Tax-exempt bond liabilities				20	
Se)	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lie		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 to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			152,157	25	162,730
	26	Total liabilities. Add lines 17 through 25			2,975,293	26	2,664,692
Fund Balances		Organizations that follow SFAS 117, check here ▶	let e li	nes 27			
ank	27	Unrestricted net assets			4,669,347	27	5,072,016
89	28	Temporarily restricted net assets			69,086	28	69,086
Z	29	Permanently restricted net assets				29	
F		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
or		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•			31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			4,738,433	33	5,141,102
	34	Total liabilities and net assets/fund balances			7,713,726	34	7,805,794

## Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

### **Additional Data**

Software ID: Software Version:

**EIN:** 53-0242938

Name: CONSTRUCTION SPECIFICATIONS INSTITUTE INC

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$

CONSTRUCTION SPECIFIER - PUBLICATION WHICH PROVIDES TECHNICAL INFORMATION AND TOPICAL ISSUES TO THE

MEMBERSHIP, PERSONS IN THE INDUSTRY, AND GENERAL PUBLIC AS A WHOLE

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per		(C) Position (check all that apply)				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
michael m davis PRESIDENT	1 00	Х		х				0	0	0
Dennis J Hall PRESIDENT ELECT	1 00	Х		х				0	0	0
LANE J BEOUGHER VICE PRESIDENT	1 00	Х		х				0	0	0
GREGORY L MARKLING VICE PRESIDENT	1 00	Х		х				0	0	0
GREGORY W SPRINKEL VICE PRESIDENT	1 00	Х		х				0	0	0
Sheryl L Dodd-Hansen secretary	1 00	Х		х				0	0	0
ELLEN KAY CREWS treasurer	1 00	Х		х				0	0	0
Gilman K M Hu immediate past president	1 00	Х		х				0	0	0
HOWARD A LEVINE Director	1 00	Х						0	0	0
scott j tobias director	1 00	Х						0	0	0
MITCH A MILLER Director	1 00	Х						0	0	0
george wade bevier director	1 00	Х						0	0	0
ROBERT B SWAN Director	1 00	Х						0	0	0
keith west director	1 00	Х						0	0	0
DAVID G DIXON director	1 00	Х						0	0	0
J GERALD CAPELL Director	1 00	Х						0	0	0
john m griffithII director	1 00	Х						0	0	0
ROBERT OLSON director	1 00	Х						0	0	0
CORNELIUS H DAVISON director	1 00	Х						0	0	0
robert w sımmons dırector	1 00	Х						0	0	0
duane michael johnson director	1 00	Х						0	0	0
walter t marlowe executive director/CEO	40 00			х				196,802	0	8,252
Shannon MacGregor Finance & Operations Dir	40 00			х				127,520	0	6,420
Roger J Grant Technical Services Direc	40 00					х		130,882	0	4,156

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Membership Dues	900,099	2,656,896	2,656,896		
EDUCATIO NAL PRO GRAMS	900,099	596,454	596,454		
PUBLICATIONS	541,800	318,934	80,016	238,918	
TECHNICAL PROGRAMS	900,099	112,263	112,263		
CONVENTION	900,099	88,430	88,430		

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONSULTANTS	187,560			
DUES AND SUBSCRIPTIONS	172,335			
BANK FEES	86,670			
MISCELLANEOUS	79,285			
DONATION EXPENSE	70,836			

DLN: 93493104007041

OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

lf th		t have NOT filed Form 5768 (electi s," to Form 990, Part IV, Line 5 zations Complete Part III			
N a	me of the organization NSTRUCTION SPECIFICATIONS INSTITU	•		Employer iden	tification number
CO	NSTRUCTION SPECIFICATIONS INSTITU	I E INC		53-0242938	
Par	t I-A Complete if the or	ganization is exempt und	ler section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect p	olitical campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	ler section 501(	(c)(3).	
1	<u> </u>	e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization ma	inagers under sectio	on 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(	(c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	or section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file I	Form 1120-POL for this year?			⊤ Yes
5	were made For each organizat contributions received that we	nd employer identification numbe ion listed, enter the amount paid re promptly and directly delivere nittee (PAC) If additional space	from the filing organ d to a separate polit	nization's funds Also enter t rical organization, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		on Act Notice, see the instructions		Cat No 50084S Schedule C (	

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	edule C (Form 990 or 990-EZ) 2009				age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and have (election under section 501(h)).	s NOT f	iled Fo		8
		(:	a)	(b)	
		Yes	No	A mou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c	)(5), oı	r sectio	n
_	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2 Yes	<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	Νo
Par	Tt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Paanswered "Yes".				n
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a	<u> </u>		
b	Carryover from last year	2b			
С	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
Pa	art IV Supplemental Information				
	omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 so, complete this part for any additional information	, and Part	II-B, line	11	
		anation			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493104007041

OMB No 1545-0047

Open to Public

Inspection

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** CONSTRUCTION SPECIFICATIONS INSTITUTE INC 53-0242938 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section

the organization's accounting for 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.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 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
- 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
  - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or O	the	<u>r Similar</u>	<u>Asse</u>	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne foll	lowing t	that are	a significa	int u	se of its col	lection	l	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t			,					ılar		Yes	Г No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an an	<b>ements.</b> Comple	ete ıf	the	organı	zation			es" to Fori			,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions o	r other ass	ets r	not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ıng t	able		Г			A mou	nt	
с	Beginning balance							1c				
d	Additions during the year						<b></b>	1d				
e	Distributions during the year						<b>-</b>	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	717 م				L				Yes	┌ No
			c Z I ,							,	. 63	, 140
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete i		n ans		ed "Ve	s" to F	orm gan	Dar	t IV/ line 1	n		
Fal	Endowment I dids. Complete I	(a)Current Year		)Prior `			Years Back		Three Years Ba		Four Ye	ears 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 yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment  %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and a	dmınıstered	d for	the			
	organization by	<b>3</b>							_		Yes	No
	(i) unrelated organizations								-	3a(i)		
	(ii) related organizations									3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•	[	3b		<u> </u>
	t VI Investments—Land, Buildings					90 Da	rt X line	10				
TCI.	Threstments—Land, buildings	,, and Equipme	114. 3		a) Cost o		(b)Cost or o		(c) Accumu	lated		
	Description of investment				sis (inves		basis (oth		depreciati		( <b>d</b> ) Bo	ook value
1a	Land		•	$\vdash$								
	Buildings		•	$\perp$								
c	Leasehold improvements		•	$\vdash$								
	Equipment			$\perp$			877	,242		56,428		20,814
	O + h = =											41E 721
	Other		•				717	,190	<u>3</u>	01,459		415,731

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		·
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bescription of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	btion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
(a) Descri	otion	(b) Book value
		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line :	5.)	
	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	<i>(5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part 3  1 (a) Description of Liability  Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part 3  1 (a) Description of Liability  Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Dues collected for local chapters	.5.)	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,418,189
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,435,122
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,016,933
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,419,602
9	Total adjustments (net) Add lines 4 - 8	9	1,419,602
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	402,669
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	5,127,570
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,758,774
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,368,796
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 49,393		
c	Add lines <b>4a</b> and <b>4b</b>	4c	49,393
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	3,418,189
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	4,724,901
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	339,172
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,385,729
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	49,393
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	4,435,122
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	DURING THE YEAR ENDED JUNE 30, 2010, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO US FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEGINNING BEFORE 2006
Part XI, Line 8 - Other Adjustments		Unrealized Gain 1419602
Part XII, Line 2d - Other Adjustments		Rental Expenses 243256 Cost of Goods Sold 95916
Part XII, Line 4b - Other Adjustments		Investment Management Fees 49393
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD 243256 RENTAL EXPENSES 95916
Part XIII, Line 4b - Other Adjustments		Investment Management Fees 49393

DLN: 93493104007041

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

COL	NSTRUCTION SPECIFICATIONS INSTITUTE INC							
		53-0242938						
Pa	rt I Questions Regarding Compensation		<u> </u>					
					Yes	Νo		
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III							
	First-class or charter travel	Ē						
	Travel for companions	Ė	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Ė						
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 organizatio organization's CEO/Executive Director Check all the Compensation committee	at appl	·					
	Independent compensation consultant	Ė	Compensation survey or study					
	Form 990 of other organizations	<u>احا</u>	Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-control p	aymer	nt?	4a		Νo		
b	Participate in, or receive payment from, a supplemen	tal non	iqualified retirement plan?	4b		Νo		
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III					
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	_						
а	The organization?			5a				
b	Any related organization?			5b				
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a,	, did the organization pay or accrue any					
а	The organization?			6a				
b	Any related organization?			6b				
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de		•	7				
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in in Part III			8				
9	If "Yes" to line 8 did the organization also follow the	rahutt	able presumption procedure described in Regulations					

section 53 4958-6(c)?

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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-MI		(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
walter t marlowe	(1) (11)	196,159 0			3,675 0		205,054	0
	()			<u> </u>		<u> </u>		
				<del> </del>		<u> </u>		
				1				

## 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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

Software ID: **Software Version:** 

**EIN:** 53-0242938

Name: CONSTRUCTION SPECIFICATIONS INSTITUTE INC

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**SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Identifier

Form 990, Part VI, Section A, line 6

**Supplemental Information to Form 990** 

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047

DLN: 93493104007041

Name of the organization CONSTRUCTION SPECIFICATIONS INSTITUTE INC

**Employer identification number** 53-0242938

Return Reference	Explanation
	The Institute shall consist of individual professional, industry, associate, intermediate, student, retired members, members emeritus, distinguished members, and lifetime members. Firms or corporations are not eligible for membership Professional Members. Professional members shall be technically experienced individuals whose primary function is to author, interpret, or enforce construction documents. Applicants shall have had not less than two years of experience in such work at the time of their application. Professional members shall be eligible to vote and to hold any office in the institute in the institute individuals whose primary function is to use and/or comply with construction documents in the normal course of their work to construct projects. Applicants shall have had not less than two years of experience in such work at the time of their application industry members shall be eligible to vote and to hold any office in the institute. Associate members shall be eligible to vote and to hold any office in the institute. Associate members shall be those individuals whose primary function is to provide service, support and assistance to the construction industry. Applicants shall have had not less than two years of experience in such work at the time of their application. Associate members shall be eligible to vote and to hold any office in the Institute Intermediate Members. Intermediate members shall be individuals who are prospective professional, industry or associate members from the respective full membership classification, and who are interested in the improvement of construction specifications, who are engaged in such specific work functions as established by the Board If eligible, intermediate members may petition for professional, industry or associate membership at any time, however, intermediate status shall be terminated on or before the end of the third year after election as an intermediate members with a such as a subject to the past consecutive five years and who have all the rights and

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		One member from each geographical region shall be elected to the Board in accordance with the Bylaws. In addition, two Directors at Large shall be elected to the Board. The Institute Nominating Committee shall consist of seven members, one from each of five regions for a two-year term, two appointed one year and three the following year, in rotation among the regions and two Board members, appointed for one year terms. Not later than November 1 of the administrative year in which the term of the Director expires the following June 30, the Region Nominating Committee shall submit nominees for Director. Not more than four qualified members of that region may be submitted as nominees for Director. The Secretary shall validate the names submitted by the Region Nominating Committees as the nominees to appear on the election ballot for the office of Director of that particular region in the event that a Region Nominating Committee should fail to act by the stipulated time, the Institute Nominating Committee shall select the names of not more than four qualified nominees from that region to be placed on the election ballot. Nominations of Officers, except President, and Directors at Large, shall be made by the Nominating Committee and may be made by written petition of voting members. Each nominating petition must be submitted to the Secretary, on the prescribed form, sent by trackable delivery service, and be received at the Institute office during the month of December. Each nomination shall be by separate petition, signed by not less than two percent (2%) of the voting members from each of four regions based upon the previous June 30 membership. Each petition shall be accompanied by full information required by the Board and by a signed statement from the proposed nominee, indicating a willingness to serve. A petition shall be considered valid if it complies with these Bylaws and contains the required information. The Nominating Committee shall make one or more nominations each for the office of President-elect, vi

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Any action taken by the Secretary may, within a period of one year from the date of said action, be appealed to the Board for final determination. Appeals, may be filed by any member, or chapter of the institute, including the member or applicant directly concerned.

ldentifier	Return Reference	Explanation
Form 990 Part VI Section B line 11		Form 990 is reviewed by the CFO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		AT THE BEGINNING OF EACH FISCAL YEAR, BOARD MEMBERS MUST SIGN THE CSI CODE OF CONDUCT AGREEMENT, WHICH SETS FORTH THE POSITION OF THE ORGANIZATION ON THE MANAGEMENT OF THE FOLLOWING CONFLICT OF INTEREST, CONFIDENTIALITY, MISCONDUCT, DISHONESTY, ANTI-FRAUD, ANTITRUST, WHISTLE BLOWER POLICIES, ETHICS, SEXUAL AND OTHER HARASSMENT, AND DISCRIMINATION, TO NAME A FEW EMPLOYEES AGREE TO THESE POLICIES UPON THEIR DATE OF HIRE AND SIGNIFY THEIR AGREEMENT BY SIGNING A DOCUMENT THAT ACKNOWLEDGES RECEIPT OF THE EMPLOYEE HANDBOOK, IN WHICH THESE POLICIES ARE COMMUNICATED EMPLOYEES MUST SIGN ANY SUBSEQUENT AGREEMENTS AS POLICIES ARE CHANGED AND AS THE HANDBOOK IS UPDATED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15		THE BOARD UTILIZES AN EVALUATION AND COMPENSATION COMMITTEE TO DETERMINE THE APPROPRIATE COMPENSATION FOR THE CEO THE COMMITTEE LOOKS AT COMPENSATION SURVEYS AND STUDIES, AND COMPARABLE INFORMATION FOR SIMILAR ASSOCIATIONS THE CEO HAS A WRITTEN EMPLOYMENT CONTRACT THE CEO'S COMPENSATION REQUIRES BOARD APPROVAL ALL OTHER STAFF COMPENSATION IS APPROVED BY THE BOARD INDIRECTLY VIA THE ANNUAL BUDGET PROCESS, IN WHICH THE COMPENSATION IS PRESENTED TO THE BOARD IN A LUMP SUM AS PART OF THE TOTAL BUDGETED OPERATING EXPENSES THE BOARD DOES NOT EVALUATE OR APPROVE ANY INDIVIDUAL STAFF COMPENSATION EXCEPT FOR THE CEO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Association makes its Form 990 and all other financial documents available upon request

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DLN: 93493104007041

2009

OMB No 1545-0047

Open to Public

# **Related Organizations and Unrelated Partnerships**

(Form 990)

**SCHEDULE R** 

Department of the Treasury

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service					Thispection
Name of the organization CONSTRUCTION SPECIFICATIONS INSTITUTE INC				Employer identif	ication number
				53-0242938	
Part I Identification of Disregarded Entities (Comp	ete if the organization	answered "Yes" on	ı Form 990, Part I	V, line 33.)	
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income E	(e) ind-of-year assets	<b>(f)</b> Direct controlling entity
		-			
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during to		the organization an	iswered "Yes" on	Form 990, Part I\	/, line 34 because it had one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity			(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
The Construction Specifications Institute Foundation Inc			+	+	
110 south union street suite 100	To Conduct Activities for Advancement within the	MD	501(c)(3)	509(a)(2)	Construction Specifications Institute
Alexandra, VA 22314 75-3090752	Construction Industry				
			1	1	1

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	controlling (related unrelated Share of total income		Share of end	(g) Share of end-of-year assets		(h) Disproprtionate allocations?		te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		) ral or iging ner?
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f)	)		(-)	(5)		
(a) Name, address, and EIN o	f related organization	<b>(b)</b> Primary a	ctivity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

Note. Complete line 1 if any entity is listed in Parts II, III or IV	IV, line 34, 35, or 36.)	1	Yes	No				
	TT TV2		103					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts	11-10 /	1a		No				
<ul> <li>a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity</li> <li>b Gift, grant, or capital contribution to other organization(s)</li> </ul>		1b		No				
		1c 1d	-	No No				
d Loans or loan guarantees to or for other organization(s)								
e Loans or loan guarantees by other organization(s)		1e		No				
		1f						
f Sale of assets to other organization(s)				No No				
g Purchase of assets from other organization(s)		1g 1h		No				
h Exchange of assets								
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No				
		1j		No				
j Lease of facilities, equipment, or other assets from other organization(s)								
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		1k		No				
l Performance of services or membership or fundraising solicitations by other organization(s)		11	.	No				
m Sharing of facilities, equipment, mailing lists, or other assets		1m	Yes					
n Sharing of paid employees		1n	Yes					
• Reimbursement paid to other organization for expenses		10		No				
p Reimbursement paid by other organization for expenses		1p		No				
<b>q</b> Other transfer of cash or property to other organization(s)		1q		No				
r Other transfer of cash or property from other organization(s)		1r		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation	nships and transaction thre	sholds						
(a)	<b>(b)</b> Transaction		(c)					
Name of other organization	type(a-r)	Amount	t involve	<u>a</u>				
( <u>1</u> ) ( <u>2</u> )		_						
(3)								
(4)								
(5)								
(6)								

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	N	
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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493104007041

OMB No 1545-0172

Department of the Treasury

Form 4562

See separate instructions.

Attach to your tax return.

Sequence No 67

Internal Revenue Service Name(s) shown on return Identifying number Business or activity to which this form relates CONSTRUCTION SPECIFICATIONS INSTITUTE INC Form 990 Page 10 53-0242938 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount See the instructions for a higher limit for certain businesses 1 250,000 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election . . . . . . . . . **16** Other depreciation (including ACRS) . . 278,293 . . MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more .▶□ Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period deduction property service use only-see instructions) 19a 3-year property **b** 5-year property **c** 7 - year property **d** 10-year property **e** 15-year property **f** 20-year property S/L g 25-year property ММ h Residential rental 27 5 yrs S/L property ΜМ S/L ΜМ S/L i Nonresidential real 39 yrs property ΜМ S/I Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System **20a** Class life **b** 12-year 12 yrs S/L c 40-year 40 yrs ΜМ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 21 Listed proper **Summary** (see instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 278,293 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Depre																
<b>24a</b> Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ <sub>No</sub>			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo	)
										,						-
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	r other   basis for deprecia			- 11	<sub>t</sub>  Recovery		(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost		
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (	l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				$\top$			$\Box$		
		%														
	orlassin	%   %	C 11C A													
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			$\Box$		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobiolo				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
<b>30</b> Total business/inv	estment m	ıles driven diirina	the	(a)			(b)		(c)		(d)		(6	-	(f)	
year ( <b>do not</b> includ		-		Vehi	Vehicle 2		2 Vehi		nicle 3		Vehicle 4		cle 5	Vehicle 6		
<b>31</b> Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		<b>⊢</b>			<u> </u>		+								
<b>33</b> Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				<b>not</b> moi	re tha
<b>37</b> Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
<b>38</b> Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
<b>40</b> Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما						•			•	•	$\vdash$		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				(6	.,					
(a)		Date		(c)			<b>(d)</b> Code			A mortization		n (f) A mortization			an far	
Description of costs		amortization		A mortizable amount			section			perio		this				
		begins 								perce	ntage					
<b>42</b> A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
<b>43</b> A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44