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Form **990-EZ**
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

A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: FORM-BASED CODES INSTITUTE INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 1571 SUNSET DRIVE
City or town, state or country, and ZIP + 4: CORAL GABLES, FL 33143

D Employer identification number: 76-0796091
E Telephone number: (305) 666-0446
F Group Exemption Number:

G Accounting method: Cash Accrual
Other (specify):

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.FORMBASEDCODES.ORG
J Tax-Exempt status (check only one) - 501(c)(3) (insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A 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.
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 139,865

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	
1 Contributions, gifts, grants, and similar amounts received	1 50,000
2 Program service revenue including government fees and contracts	2 89,559
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe)	8 306
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 139,865
Expenses	
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 105,019
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe)	16 63,177
17 Total expenses. Add lines 10 through 16	17 168,196
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -28,331
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 100,661
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 72,330

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	100,661	22 72,330
23 Land and buildings		23
24 Other assets (describe)		24
25 Total assets	100,661	25 72,330
26 Total liabilities (describe)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	100,661	27 72,330

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	
<p>What is the organization's primary exempt purpose? TO ORGANIZE AND PRODUCE MEETINGS, EDUCATIONAL COURSES AND CONFERENCES DEDICATED TO THE REFINEMENT, TEACHING AND DISSEMINATION OF FORM-BASED LAND DEVELOPMENT CODES TO PRODUCE AND DISTRIBUTE WRITTEN, GRAPHIC, AND AUDIO VISUAL DOCUMENTS, SUCH AS MODEL FORM-BASED CODES, MODEL REQUESTS FOR PROPOSALS FOR LOCAL GOVERNMENTS SEEKING CONSULTANTS TO ASSIST IN THE PREPARATION OF FORM-BASED CODES, A STANDARDIZED GLOSSARY OF TERMS AND A MASTER LAND USE TABLE, UNIVERSITY AND CONTINUING EDUCATION COURSE MATERIALS AS WELL AS WRITTEN AND AUDIO VISUAL MATERIALS RECORDING MEETING AND CONFERENCE PROCEEDINGS AND OTHER EDUCATIONAL PROGRAMS, FOR THE PURPOSE OF EDUCATING THE PUBLIC AND THE DESIGN AND LEGAL PROFESSIONAL ABOUT FORM-BASED CODES TO FURTHER ADVANCE THE PRINCIPLES OF FORM-BASED CODES THROUGH DEVELOPMENT AND ADMINISTRATION OF A CERTIFICATION PORCESS IDENTIFYING PROFESSIONALS THAT HAVE DEMONSTRATED A SATISFACTORY LEVEL OF COMPETENCY IN THE PREPARATION OF FORM-BASED CODES TO FACILITATE THE SHARING O</p> <p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title</p>	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
<p>28 ORGANIZED AND HELD MEETINGS, EDUCATIONAL COURSES AND CONFERENCES FOR THE PURPOSE OF EDUCATING THE PUBLIC AND THE DESIGN AN DLEGAL PROFESSIONS ABOUT FORM-BASED CODES (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	121,794
<p>29 AWARDS PROGRAM FOR OUTSTANDING ADOPTED FORM-BASED CODES (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	29a	11,018
<p>30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	
<p>31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	31a	
<p>32 Total program service expenses (add lines 28a through 31a)</p>	32	132,812

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Part V 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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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			
a	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		No
b	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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____			
b	Did the organization file Form 1120-POL for this year?	37b		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		No
c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	<i>All organizations.</i> 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		No
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ <u>JOSEPH A KOHL</u> Telephone no ▶ <u>(305) 995-2760</u> 1571 SUNSET DRIVE Located at ▶ <u>CORAL GABLES, FL</u> ZIP + 4 ▶ <u>33413</u>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
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		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____			
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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

Signature of officer: ***** Date: 2011-05-14

JOSEPH KOHL TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: LOIS ISEMINGER Date: 2011-05-14 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: POULOS & BAYER CPAS, 180 N LASALLE ST STE 3110, CHICAGO, IL 606012021

Preparer's identifying number (See instructions): EIN: Phone no: (312) 332-0150

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
FORM-BASED CODES INSTITUTEINC

Employer identification number

76-0796091

Part I 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 **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).**
- 4 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

- 5 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).**
- 7 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 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
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- 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)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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.")	4,500	57,192	62,500	79,500	50,000	253,692
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	78,882	180,046	86,541	142,645	128,282	616,396
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	83,382	237,238	149,041	222,145	178,282	870,088
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						870,088

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	83,382	237,238	149,041	222,145	178,282	870,088
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			432			432
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			432			432
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	83,382	237,238	149,473	222,145	178,282	870,520
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99.950 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.940 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions


Additional Data

Software ID:
Software Version:
EIN: 76-0796091
Name: FORM-BASED CODES INSTITUTEINC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANDRES DUANY 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
BILL SPIKOWSKI 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIR/SEC 0	0		
CAROL WYANT 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIR/EXE DIR 0	0		
DANIEL PAROLEK 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
DANIEL SLONE 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
GEOFFREY FERRELL 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIR/PRES 0	0		
JOSEPH KOHL 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIR/TREA 0	0		
KAIZER RANGWALA 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIR/VP 0	0		
KAREN PAROLEK 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
MARY MADDEN 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
PETER KATZ 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
RICK BERNHARDT 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
ROBERT SITKOWSKI 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
SAM POOLE 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
STEFANOS POLYZOIDES 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		
STEVE PRICE 1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VICTOR DOVER  1571 SUNSET DRIVE CORAL GABLES, FL 33143	DIRECTOR 0	0		

TY 2009 Compensation Explanation

Name: FORM-BASED CODES INSTITUTEINC

EIN: 76-0796091

Person Name	Explanation
ANDRES DUANY	
BILL SPIKOWSKI	
CAROL WYANT	
DANIEL PAROLEK	
DANIEL SLONE	
GEOFFREY FERRELL	
JOSEPH KOHL	
KAIZER RANGWALA	
KAREN PAROLEK	
MARY MADDEN	
PETER KATZ	
RICK BERNHARDT	
ROBERT SITKOWSKI	
SAM POOLE	
STEFANOS POLYZOIDES	
STEVE PRICE	
VICTOR DOVER	

TY 2009 Other Expenses Schedule**Name:** FORM-BASED CODES INSTITUTEINC**EIN:** 76-0796091

Description	Amount
EXPENSES	
ADVERTISING	940
ADVERTISING	192
INTERNET EXPENSES	10,703
INTERNET EXPENSES	2,185
POSTAGE EXPENSES	398
PHOTOCOPY EXPENSES	139
OFFICE AND OPERATING EXPENSES	2,449
ROUNDING	2
TELEPHONE EXPENSES	2,266
INFORMATION TECHNOLOGY	1,033
AWARD PROGRAM TRAVEL	4,836
CONFERENCE TRAVEL	721
COURSE PROGRAM TRAVEL	19,518
AWARD PROGRAM PHOTOCOPY	1,305
CONFERENCE EXPENSES	1,818
COURSE BINDERS	3,498
COURSE CATERING	2,143
COURSE CLASS RENTALS	3,490
COURSE SUPPLIES	645
INSURANCE	2,951
APA/AICP CM ANNUAL FEE	995
AIA CES ANNUAL FEE	950

TY 2009 Other Revenues Schedule

Name: FORM-BASED CODES INSTITUTEINC

EIN: 76-0796091

Description	Amount
CREDIT CARD REBATES	306