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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Department of the Treasury Internal Revenue Service

B Check rapinicate Address Applicate Application service Number and Speed (OP D box, if mail and determed is street address) Promote an application of the internal	A	For th	ne 2011 calendar year, or tax year beginning Jul 1 ,2011, and ending Jun 30	, 2012
Number and series (in Po Dax, I mail and otherwise to street address) Reconstants Standard Control Contr	В			Employer identification number
Interlate tellum Annexed eleum Annexed e		Addres		58-1984948
Section Sect	H			Telephone number
International Process	-		12919 Sandy Creek Drive	(901) 754-6571
Applications pending German Lown San Accrual Other (specify) Website: P N/A Accrual Other (specify) Name Namber Name Namber Name	-		City or town, state or country, and ZIP + 4	Carra Evanatura
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Website: \(\nabla \) N/A	Ğ	Acco	unting Method	X if the organization is not
K Check If the organization used as section 509(2)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form \$90-EZ or Form \$90 return is not required though Form \$90-N (e-postcard) may be required (see instructions). But if the organization choices to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Port II), line 25, column (8) below) are \$500,000 or more, the Form \$90 instead of Form \$90-EZ or more, or if total assets (Port II), line 25, column (8) below) are \$500,000 or more, the Form \$90 instead of Form \$90-EZ or more, or if total assets (Port II), line 25, column (8) below) are \$500,000 or more, the Form \$90 instead of Form \$90-EZ or more, or if total assets (Port II), line 25, column (8) below) are \$500,000 or more, the Form \$90 instead of Form \$90-EZ or more, or if total assets (Port II), line 25, column (8) below) are \$500,000 or more, the Form \$90 instead of Form \$90-EZ or more, or if total assets (Port II), line 25, column (8) below are \$500,000 or more, the Form \$90 instead of Form \$90-EZ or more, or if total assets of the III assets assets or Fund Balances (see the Instructions for Part II.) 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including some programs and contracts 2 Program service revenue including some programs and sales expenses 2 Sb Investment income 4 Report School 1 Report School 2 Report S	l l	Webs	ite: ► N/A	to attach Schedule B (Form
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8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 8 9		l .	<u> </u>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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)		C		_7c
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 271. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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)	_	8		
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 13 14 15 15 15 15 15 15 15	E	9	2.0	
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 12 13 729. 14 15 18 19 19 10 10 11 11 12 13 12 13 729. 14 271. 15 19 19 10 10 10 11 12 13 12 13 14 271. 14 271. 15 19 19 10 10 10 11 12 13 12 13 14 271. 14 271. 15 19 19 19 10 10 10 11 12 13 12 13 14 271. 15 19 19 19 19 19 10 10 10 10 10	N.	l	artis and similar amounts paid (list in Schedule S)	
Total expenses. Add lines 10 through 16 Responses. Add lines 10 t	w -	I		· · · · · · · · · · · · · · · · · · ·
NS E S S S S S S S S S S S S S S S S S S	_	1	Salaries, other compensation, and employee benefits	
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 15 190. 899. 17 18 19 19 19 19 19 32,898.		1	(a) (a) (3) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 32,898.	<u> </u>	ı		
ingure reported on prior year's return)	<u></u>	1		
ingure reported on prior year's return)	#	1		
ingure reported on prior year's return)	氢—	 		
ingure reported on prior year's return)		IS		
ingure reported on prior year's return)	Ø n	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	ar 10 20 000
O ZO A ODER COZODES DE DEL ASSEIS DE DODO DAPADORES ESSORIO DE ACCIDENTED E DE	E S	20		
21 Net assets or fund balances at end of year Combine lines 18 through 20	\$:I		
BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)	DA	•		

	Balance Sheets. (see the Ins Check if the organization used Sche	structions for Part II.) dule 0 to respond to any ques	stion in this Part II			X
) Beginning of yea	r	(B) End of year
22	Cash, savings, and investments			30,340.	_	37,437.
23	Land and buildings	_		0.	+	0.
24	Other assets (describe in Schedule O)	See L-24 Str	nt	2,558.	_	579.
25	Total assets			32,898.	_	38,016.
26	Total liabilities (describe in Schedule O)		21)	32,898.	26	0.
2/	Net assets or fund balances (line 27 of o				27	38,016. Expenses
	Check if the organization used Sch				(Regi	uired for section
What i					501(c)(3) and 501(c)(4) nizations and section
Desc	s the organization's primary exempt purpose? Te ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for ea	ccomplishments for each of its manner, describe the service	three largest program :	services, as of persons	4947	(a)(1) trusts, optional
		ach program title			tor of	hers)
28	Provide scholarships					
	(Grants \$) If th	nis amount includes foreign gra	ants check here		28 a	3,444.
29	(diditio 4	and difficult infordaces to length give	arto, oricore riore		Lou	3/111.
-						
	(Grants \$) If th	nis amount includes foreign gr	ants, check here	>	29 a	
30						
	70		-,,,			
21	(Grants \$) If the Other program services (describe in Sch	nis amount includes foreign gra	ants, check here		30 a	
31	, •	edule O) his amount includes foreign gr	ante chaek hara	►□	31 a	
32	Total program service expenses (add lin		arits, creck riere	▶	31 a	3,444.
			lovees. List each one eve	n if not compensated (
	Check if the organization used Sc					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employees benefit plans, and	óyee I	(e) Estimated amount of other compensation
Cha	arles Cooper	 		deferred compensat	ion	
	35 Wynne Road	President				
	dova TN 38116	2.00	0.		ο.	0.
	van Wardlaw					
	8 Stoned Ridge Drive	Treasurer				
	ve Branch MS 38654	2.00	0.	•••	0.	0.
	Jay Sweeney					
	06 Cowden Avenue	Secretary			_	0
TOP	nphis TN 38104 nn Bigham	2.00	0.	<u> </u>	0.	0.
	Black Ankle Drive	Treasurer				
	cland TN 38060	2.00	0.		0.	0.
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Form 990-EZ (2011) Construction Specifications Institute

58-1984948

Page 2

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Form	990-EZ (2011) Construction Specifications Institute	58-198494	8	Р	age 3
	Other Information (Note the Schedule A and personal benefit contract statement require the instructions for Part V) Check if the organization used Schedule O to respond to any que				
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a each activity in Schedule O	detailed description of	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the ame a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	ended documents if they reflect	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year fro (such as those reported on lines 2, 6a, and 7a, among others)?	m business activities	35 a		х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an expla Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6 reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of ne		35 c		<u>X</u>
37 a	year? If 'Yes,' complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	7a 0.	36 		X
b	Did the organization file Form 1120-POL for this year?		37 b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emp any such loans made in a prior year and still outstanding at the end of the tax year covered by the If 'Yes,' complete Schedule L, Part II and enter the total	loyee or were us return? 	38 a		X
	amount involved 38	8 b		• •	
	*****	9a	e e e		
	——————————————————————————————————————	9b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year	r under			
t	section 4911 ►, section 4912 ►, section 4955 ► Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 e transaction during the year or did it engage in an excess benefit transaction in a prior year that h on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	excess henefit	40 b	3	
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	>		Ĺ	
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	-			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed.	×	40 e		X
	The organization's books are in care of James A Neison Located at 2919 Sandy Creek Drive Germantown At any time during the calendar year, did the organization have an interest in or a signature or of financial account in a foreign country (such as a bank account, securities account, or other financial files to the foreign country (such as a bank account, securities account, or other financial securities accounts the foreign country (such as a bank account, securities account, or other financial securities accounts the foreign country (such as a bank account, securities account, or other financial securities accounts the foreign country (such as a bank account, securities account, or other financial securities accounts the foreign country (such as a bank account, securities account, or other financial securities accounts (such as a bank account).	Telephone no ► (901) TN _ ZIP + 4 ► 38138 ther authority over a cial account)?		- <u>65</u> 7	1 NoX
C	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financia 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		42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year	here ► 43	1	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ	oe completed instead	44 a		X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

 \boldsymbol{c} Did the organization receive any payments for indoor tanning services during the year?

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

1 01111 330-E	Z (2011) Construction Speci:	<u>fications Inst</u>	itute	58-198	34948	Page 4
46 Did th	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete	tly, in political campaig Schedule C, Part I	n activities on behalf of	or in opposition to	46	es No
7	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	and section 4947	(a)(1) nonexempt c	haritable trusts on	nly. All secti er questions	on
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI			
47 Did th	ne organization engage in lobbying activiti lete Schedule C, Part II	ies or have a section 50	11(h) election in effect di	uring the tax year? If 'Ye		es No
49 a Did th	e organization a school as described in se ne organization make any transfers to an s,' was the related organization a section	exempt non-charitable	•	ıle E	48 49a 49b	X
50 Comr	olete this table for the organization's five loyees) who each received more than \$100	highest compensated er	nployees (other than offi	cers, directors, trustees	s and key	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated a other comper	
_ -						
-			-			
	number of other employees paid over \$1 plete this table for the organization's five l		dependent contractors w	tho each received more	than \$100,000) of
comp	ensation from the organization. If there is same and address of each independent contractor paid	s none, enter 'None '	(b) Type		(c) Compen	
~						
52 Did tl	number of other independent contractors ne organization complete Schedule A? No	ote: All section 501(c)(3		▶ 7(a)(1) nonexempt	► □ Vac	
52 Did tl chari	·	ote: All section 501(c)(3 edule A) organizations and 494		► Yes	No
52 Did tl chari	ne organization complete Schedule A? Notable trusts must attach a completed Schess of perjury, I declare that I have examined this returned complete Declaration of preparer (other than office Signature of officer Charles Cooper	ote: All section 501(c)(3 edule A) organizations and 494		elief, it is	No
52 Did the charical Under penaltic true, correct, a	ne organization complete Schedule A? Notable trusts must attach a completed Schess of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office Signature of officer	ote: All section 501(c)(3 edule A) organizations and 494	Date //25//	elief, it is	□ No
52 Did the charical Under penaltical true, correct, a	ne organization complete Schedule A? Notable trusts must attach a completed Schriss of perjury. I declare that I have examined this returned complete Declaration of preparer (other than office Signature of officer Charles Cooper Type or print name and title	ote: All section 501(c)(3 edule A , including accompanying scheer) is based on all information of	organizations and 494.	Date 1/25/1	3	∏ No
52 Did to chari Under penaltie true, correct, a Sign Here	ne organization complete Schedule A? Notable trusts must attach a completed Schrist of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office) Signature of officer	ote: All section 501(c)(3 edule A , including accompanying scheer) is based on all information of the preparer's signature the scpansor CPA	organizations and 494: dules and statements, and to the first which preparer has any knowledge of the control o	Date 1/25/1 Check X if self-employed P	PTIN P00849176 62-10471	03
52 Did to chari Under penaltic true, correct, a Sign Here Paid Preparer Use Only	ne organization complete Schedule A? Notable trusts must attach a completed Schess of perjury, I declare that I have examined this returned complete Declaration of preparer (other than office) Signature of officer Charles Cooper Type or print name and title Print/Type preparer's name Lewis Allen Jones, CPA Firm's name Lewis Allen Jones	Preparer's signature Preparer's Signature Preparer's Signature Preparer's Signature	organizations and 494. dules and statements, and to the first which preparer has any knowled by the control of	Date 1/25/1 Check X if self-employed P	3 PTIN P00849176 62-10471	03 120

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the organization						Employer identifica	ation number
Construction	Specificati	ons Instit	tute			58-198494	8
Fundraisi	ng Activities. Compl -EZ filers are not red	ete if the organi	zation ans	swered 'Ye	s' to Form 990, Part IV	, line 17	
					ving activities Check a	II that apply	
a Mail solicit	tations			е	Solicitation of non-	government grants	
b Internet ar	nd email solicitations			f	Solicitation of gove	ernment grants	
c Phone soli	citations			g	Special fundraising	_	
d In-person	solicitations			•		,	
2a Did the organiz	zation have a writter ed in Form 990. Par	i or oral agreem t VII) or entity in	ent with a	ny individu	al (including officers, c fessional fundraising s	lirectors, trustees or key ervices?	☐ Yes ☐ No
b If 'Yes,' list the		dividuals or entit		-		nder which the fundraise	
(i) Name and add	ress of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		have custor of contr	dy or control butions?	from activity	(or retained by) fundraiser listed in	(or retained by) organization
			01 00111	, Dationio		column (i)	organization
			Yes	No			
1							
2	.,	:					
3							
4							
5					· · · · · · · · · · · · · · · · · · ·		
6							
7							
8							
9	· · · · · ·	·					
10							
		<u></u>	··_ · · · · · · · · · · · · · · · · · ·	·			
Total				▶			<u>L</u>
3 List all states or licensing	in which the organiza	ation is registere	ed or licen	sed to soli	cit contributions or has	been notified it is exem	pt from registration
							-
		 					
		_ 					
		 					

Sche		G (Form 990 or 990-EZ) 2011 Constru				
4		Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second	event contributions	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, Iır on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
R			Banquets/Dinners (event type)	Products Display (event type)	GOLF TOURNAMENT (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts	8,427.	32,588.	5,583.	46,598.
E	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	8,427.	32,588.	5,583.	46,598.
	4	Cash prizes	-			
D	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages				
X	8	Entertainment				
EXPENSES	9	Other direct expenses	8,143.	17,500.	4,069.	29,712.
S	10	Direct expense summary Add lines 4 thro	ough 9 in column (d)		•	29,712.
-	11				•	16,886.
10.5	-	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Ye:	s' to Form 990, Par	t IV, line 19, or rep	orted more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E	1	Gross revenue				
	<u>-</u> -	aloss levelide				
D X	2	Cash prizes				
D-REST	3	Non-cash prizes				
ŤĚ	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•	_
	8	Net gaming income summary Combine li	ines 1, column (d) and I	ıne 7	.	
_		ter the state(a) is which the organization on	orates gamina activities			
	a Is ti	ter the state(s) in which the organization op he organization licensed to operate gaming No,' explain	activities in each of the	ese states?		Yes No
		re any of the organization's gaming license Yes,' explain:	•	-	-	Yes No
				· 		
BAA	١	- · · · · · · · · · · · · · · · · · · ·	TEEA3702 (01/24/12	Schedule G (For	rm 990 or 990-EZ) 2011

Sche	hedule G (Form 990 or 990-EZ) 2011 Construction Specifications Ins	titute 58	3-1984	948	Page 3
11	Does the organization operate gaming activities with nonmembers?	<u></u>		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partners administer charitable gaming?	hip or other entity form	ed to	Yes	No
13	Indicate the percentage of gaming activity operated in		1 1		
	a The organization's facility		13a		8
	b An outside facility		13b		 8
14	Enter the name and address of the person who prepares the organization's gaming/spec	cial events books and r	ecords		
	Name ►			· - ·	
	Address •				-
15 a	5a Does the organization have a contact with a third party from whom the organization rece	eives gaming revenue?		Yes	No
ŀ	b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$	and th	e amount	_	_
	of gaming revenue retained by the third party > \$				
•	c If 'Yes,' enter name and address of the third party				
	Name ►				
	Address ►				
16	6 Gaming manager information				
	Name •		- -		
	Gaming manager compensation ► \$				
	Description of services provided			. – – <i>–</i> .	
	☐ Director/officer ☐ Employee ☐ Independent cont	ractor			
17	7 Mandatory distributions				
á	a Is the organization required under state law to make charitable distributions from the gastate gaming license?	ming proceeds to retail	the	Yes	No
ı	b Enter the amount of distributions required under state law to be distributed to other exer	mpt organizations or sp	ent in the		
· 15.	organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the exp	olanations required	by Par	t I, line 2	<u>2</u> b,
	columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, this part to provide any additional information (see instructions).	and 17b, as applic	able. Al	so comp	olete
					
					
					
					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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	Employer identification number
Construction Specifications Institute	58-1984948
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Schedule O (Form 990 or 990-EZ), S	upplemental Information to Form 990 or 990-EZ
Form 990-F7 Part I Line 16 Other F	ynenses

Other expenses (describe in Schedule O)

Insurance	350.
Miscellaneous	549.

Total _____899.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid Expenses	2,558.	579.
Total	2,558.	579.