

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493082004125

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 private foundations)

foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

2013

OMB No 1545-0047

Open to Public Inspection

		2013 cai	endar year, or tax year beginning	g 07-01-2013 ,2013, and endi	ng 06-30	2014			
B Che	eck ıf a	applicable	C Name of organization CONSTRUCTION SPECIFICATIONS IN	NSTITUTE INC			D Employe	er iden	tification number
☐ Add	Iress ch	:hange					53-024	2938	
┌ Nar	ne cha	ange	Doing Business As						
┌ Inıt	ıal retu	um		naıl ıs not delivered to street address)	Room/suite		E Telephone	e numb	er
┌ Ter	mınate	ed	110 SOUTH UNION STREET NO 100						
┌ Am	ended	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code			(800)6	89-2	900
┌ App	lication	n pending	ALEXANDRIA, VA 22314				G Gross rec	eipts \$	4,505,587
			F Name and address of prir	ncipal officer		H(a) Is th	ıs a group re	eturn 1	 for
			GREG CETON 110 SOUTH UNION STREE	T NO 100			rdinates?		Γ Yes Γ No
			ALEXANDRIA, VA 22314	1 NO 100		H(b) Are :	all subordina	atec	┌ Yes ┌ No
						inclu		ates	1 1651 110
I Ta	x-exen	mpt status	「 501(c)(3)	(insert no)	27	If "N	o," attach a	lıst (see instructions)
J W	ebsite	e:► WW	/W CSINET ORG			H(c) Grou	ıp exemptio	n num	nber ►
K Forr	n of or	rganization	Corporation Trust Associatio	n Other 🕨	<u> </u>	· ,	rmation 1948	М	State of legal domicile
		rgamzation	restpondition rest //ssociatio	ny other P		L rear or re	mination 13 to	MD	
Pa	rt I	Sum	mary						
Governance		PROCES	ED IN 1948, CSI IS THE ONLY SIDENTIAL BUILDING DESIGNS OF NON-RESIDENTIAL BUILDING B	N AND CONSTRUCTION OUF LDING DESIGN AND CONSTR	R GOAL IS UCTION	S TO CONT	INUOUSLY	'IMPI	ROVE THE
			, -	·					
Activities &			of voting members of the govern				—	3	18
툳			of independent voting members		<u> </u>		⊢	4	18
Į.			mber of individuals employed in		•		· · -	5	25
			mber of volunteers (estimate if n					6 7a	180
	l		related business revenue from P lated business taxable income fi				: :	7a 7b	315,517 211,271
				· · · · · · · · · · · · · · · · · · ·		1	or Year		Current Year
		Contri		413				_	
	8	Contin	butions and grants (Part VIII, li	nein)				0	0
alle	8 9		butions and grants (Part VIII, II im service revenue (Part VIII, II				3,755,48	_	3,718,957
enueve		Progra		ne 2g)			3,755,48 213,71	35	<u>_</u>
Revenue	9	Progra Invest Other	ım service revenue (Part VIII, lı ment income (Part VIII, columr revenue (Part VIII, column (A),	ne 2g)	 1e)			35	3,718,957
Revenue	9 10	Progra Invest Other Total r	im service revenue (Part VIII, li ment income (Part VIII, columr revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	 1e) (A), line		213,71 413,91	35	3,718,957 360,210 362,589
Revenue	9 10 11	Progra Invest Other Total : 12) .	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	 1e) (A), line		213,71	35	3,718,957 360,210
Revenue	9 10 11 12	Progra Invest Other Total (12) . Grants	im service revenue (Part VIII, li ment income (Part VIII, columr revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	 1e) (A), line 		213,71 413,91	35	3,718,957 360,210 362,589 4,441,756
	9 10 11 12	Progra Invest Other Total (12) Grants Benefi	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 	ne 2g)	(A), line		213,71 413,91 4,383,10	35 .00 .44 .09 .00	3,718,957 360,210 362,589 4,441,756 0
	9 10 11 12 13 14 15	Progra Invest Other Total (12) . Grants Benefi Salar(65-10)	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 	ne 2g)	(A), line		213,71 413,91	35 .00 .44 .09 .00 .00	3,718,957 360,210 362,589 4,441,756 0 0
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salari 5-10) Profes	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 	ne 2g)	(A), line		213,71 413,91 4,383,10	35 .00 .44 .09 .00	3,718,957 360,210 362,589 4,441,756 0
Expenses Revenue	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salar(65-10) Profes Total fu	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 	ne 2g)			213,71 413,91 4,383,10 2,156,98	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 	ne 2g)			213,71 413,91 4,383,10 2,156,98 2,554,87	35 .00 .44 .09 .00 .00 .00 .00 .00 .00 .00 .00 .00	3,718,957 360,210 362,589 4,441,756 0 2,015,758 0
	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 	ne 2g)			213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86	35 .00 .44 .09 .0 .0 .0 .35 .0	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 	ne 2g)		_	213,71 413,91 4,383,10 2,156,98 2,554,87	35 .00 .4 .99 .0 .0 .0 .35 .0	3,718,957 360,210 362,589 4,441,756 0 2,015,758 0
Expenses	9 10 11 12 13 14 15 16a b 17	Progra Invest Other Total (12) . Grants Benefi Salar(65-10) Profes Total (10) Other Total (20) Reven	im service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 	ne 2g)		_	213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86 -328,75 g of Current	35 .00 .44 .09 .00 .00 .00 .00 .00 .00 .00	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0 2,472,655 4,488,413 -46,657
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total 6 Reven	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)		_	213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86 -328,75 g of Current /ear	35 .00 .44 .99 .00 .00 .35 .00 .44 .65 .64 .65 .65 .65	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0 2,472,655 4,488,413 -46,657 End of Year
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salar(65-10) Profes Total fu Other Total 6 Reven Total 1 Net as	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	(A), line, linesee 25)	_	213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86 -328,75 g of Current (ear 8,903,60	35 .00 .44 .99 .00 .00 .35 .00 .35 .00 .35 .00 .35 .00 .35 .00 .35 .00 .00 .00 .00 .00 .00 .00 .0	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0 2,472,655 4,488,413 -46,657 End of Year 8,353,884
Met Assets or Expenses of Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total i 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign alties of	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	(A), line, linesee 25)companyii	ng schedulo	213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86 -328,75 g of Current /ear 8,903,60 2,582,18 6,321,42	35 00 44 09 0 0 0 35 0 64 55 5 21	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0 2,472,655 4,488,413 -46,657 End of Year 8,353,884 2,593,006 5,760,878 s, and to the best of
Met Assets or Expenses of Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total i 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total a Reven Total a Sign alties of edge and	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	(A), line, linesee 25)companyii	ng schedule n officer) is	213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86 -328,75 g of Current (ear 8,903,60 2,582,18 6,321,42 es and state based on all	35 00 44 09 0 0 0 35 0 64 55 5 21	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0 2,472,655 4,488,413 -46,657 End of Year 8,353,884 2,593,006 5,760,878 s, and to the best of
and Defended Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (1) Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven Total of Sign alties of idge and idas any ki	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	(A), line, linesee 25)companyii	ng scheduli n officer) is	213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86 -328,75 g of Current /ear 8,903,60 2,582,18 6,321,42	35 00 44 09 0 0 0 35 0 64 55 5 21	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0 2,472,655 4,488,413 -46,657 End of Year 8,353,884 2,593,006 5,760,878 s, and to the best of
Sign Care Seeks of Expenses Expenses Care Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penarowled arer had	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total a Reven Total a Total I Net as Sign alties of r dge and r as any kr	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	(A), line, linesee 25)companyii	ng scheduli n officer) is	213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86 -328,75 g of Current /ear 8,903,60 2,582,18 6,321,42 es and state based on al	35 00 44 09 0 0 0 35 0 64 55 5 21	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0 2,472,655 4,488,413 -46,657 End of Year 8,353,884 2,593,006 5,760,878 s, and to the best of
Sign of the State	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r penarowled arer had	Progra Invest Other Total (1) Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven Total of Sign alties of idge and idas any ki	mm service revenue (Part VIII, International Income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	(A), line (A), lines (a), lines (b), lines (c), lines	ng scheduli n officer) is	213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86 -328,75 g of Current (ear 8,903,60 2,582,18 6,321,42 es and state based on all	35 00 44 09 0 0 0 35 0 64 55 :	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0 2,472,655 4,488,413 -46,657 End of Year 8,353,884 2,593,006 5,760,878 s, and to the best of
Mot Assets or Expenses of Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 1 III r penarowled arer had	Progra Invest Other Total (1) Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven Total I Net as Sign alties of place and	im service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	(A), line, linesee 25)companyii	ng schedula n officer) is	213,71 413,91 4,383,10 2,156,98 2,554,87 4,711,86 -328,75 g of Current/ear 8,903,60 2,582,18 6,321,42 es and state based on al	35 00 44 09 0 0 0 35 0 64 55 5 21	3,718,957 360,210 362,589 4,441,756 0 0 2,015,758 0 2,472,655 4,488,413 -46,657 End of Year 8,353,884 2,593,006 5,760,878 s, and to the best of mation of which

Firm's address ► 2021 L STREET NW SUITE 400

WASHINGTON, DC 20036

May the IRS discuss this return with the preparer shown above? (see instructions) .

Use Only

Phone no (202) 293-2200

✓ Yes ☐ No

Form	990 (201	3)			Page
Par		atement of Program Service A eck if Schedule O contains a response			٦
1	Briefly de	escribe the organization's mission			
		OF CSI IS TO ADVANCE BUILDING ILITY PERFORMANCE	INFORMATION MANAGEMENT A	AND EDUCATION OF PROJE	CT TEAMS TO
2		rganızatıon undertake any sıgnıficant p Form 990 or 990-EZ?	rogram services during the year w	hich were not listed on	□ Yes ▽ No
	•	describe these new services on Sched	ule O		, 122 , 112
3	Did the or	ganization cease conducting, or make		ucts, any program	┌ Yes ┌ No
	If "Yes," o	describe these changes on Schedule O			
4	expenses	the organization's program service acc Section 501(c)(3) and 501(c)(4) org expenses, and revenue, if any, for each	anizations are required to report th		
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
		L PROGRAMS - STANDARDS AND FORMATS PRO ATIONS IN THE INDUSTRY	OVIDED TO PERSONS ENGAGED IN ANY PH	ASE OF WRITING, PREPARING, COM	PILING, OR UTILIZING
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		NAL AND CERTIFICATION PROGRAMS - PROFES DUCTS FOUR RIGOROUS CERTIFICATION PROC		EBINARS IN TECHNICAL, SALES, AND	MANAGEMENT SKILLS CSI
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		CTION SPECIFIER - PUBLICATION THAT PROVID GENERAL PUBLIC AS A WHOLE	ES TECHNICAL INFORMATION AND TOPIC	AL ISSUES TO THE MEMBERSHIP, PE	RSONS IN THE INDUSTRY,
	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	CONVENTI AND SOLU	ON - PROVIDES ACCREDITED EDUCATION, UNITIONS	PARALLELED NETWORKING, AND A FULL EX	KHIBIT HALL FLOOR WITH THE LATES	T PRODUCTS, SERVICES,
	Other pr	ogram services (Describe in Schedule	0)		
	(Expense	· ·	grants of \$) (Revenue \$)

Total program service expenses ►

Part IV Checklist of Required Schedules

			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 (see instructions)?	2		No
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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^{\bullet}	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 for escrow or custodial account liability, 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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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"	11b		No
C	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	11c	Yes	
d	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	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
L 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
. 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
. 8	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 "Yes," complete Schedule G, Part II</i>	18		No
L 9	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	38	Yes	

	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 14		163	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	gaming (gambling) winnings to prize winners?	1c	Yes	
ı	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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	4a	1.00	
	account)?	44		N
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for 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?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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 as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	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	7c		
	file Form 8282?	76		
	These, indicate the number of forms 3232 med during the year	_		
	Did the organization 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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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 holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	۳		
	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	1		
	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 against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
ı	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Ţ	[
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part VI 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.

Check if Schedule O contains a response or note to any line in this Part VI

Se	ection A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?		2		No
3		ct	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	 			
_	filed?	-	4		No_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	•	5	.,	No
6	Did the organization have members or stockholders?	• • -	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockly or persons other than the governing body?	nolders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following	the			
а	The governing body?		8a	Yes	
b	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 reache organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Int		venu	e Cod	e.)
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes		10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form?	re filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· · -			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	<u> </u>		103	
	rise to conflicts?		12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," a in Schedule O how this was done		12c	Yes	
13	Did the organization have a written whistleblower policy?	· ·	13	Yes	
14	Did the organization have a written document retention and destruction policy?	· · L	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 dec	ision?			
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	Other officers or key employees of the organization		15b		No
	If "Yes" to line 15a or 15b, 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	t with a			
	taxable entity during the year?		16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?				
		· <u> </u>	16b		
	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed	0.1 ()			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (5 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	U1(C)			
4.0	Own website Another's website Vupon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	\f			
19	Describe in schedule of whether faild it so, now, the ordanization made its doverning documents it office it	, ,			

interest policy, and financial statements available to the public during the tax year

Part VII 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(4)	(B)	<u> </u>		(6)				(D)	(E)	(E)
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is a linetitutional	one bot ecto	not box h ar or/tr	check, office Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		g.	Trustee			insated				
(1) CASEY F ROBB	1 00	х		х				0	0	0
PRESIDENT										
(2) ROBERT W SIMMONS PRESIDENT-ELECT	1 00	х		х				0	0	0
(3) RONALD L GEREN	1 00									
VICE PRESIDENT		х		Х				0	0	0
(4) STEPHEN E NASH	1 00	х		Х				0	0	0
VICE PRESIDENT							_			
(5) KEVIN D CORKERN SECRETARY	1 00	×		х				0	0	0
(6) CHARLES H BEAUDUY	1 00									
TREASURER		x		Х				0	0	0
(7) TERI L HAND	1 00	×						0	0	0
DIRECTOR-AT-LARGE								Ŭ	9	
(8) GRADY W WHITAKER JR	1 00	×						0	0	0
DIRECTOR-AT-LARGE (9) THAD GOODMAN	1 00									
	1 00	х						0	0	0
DIRECTOR (10) FLOYD B STERLING	1.00									
(10) FLOTO B STERLING	1 00	x						0	0	0
DIRECTOR	1.00				_					
(11) RAYMOND E GAINES	1 00	x						0	0	0
DIRECTOR										
(12) LYNN A JAVOROSKI	1 00	x						0	0	0
DIRECTOR										
(13) DENIS L LEMIEUX	1 00	l x						0	0	0
DIRECTOR										
(14) SANDRA M VELLECA	1 00	l x						0	0	0
DIRECTOR		<u> </u>								
(15) KIRBY M DAVIS	1 00	l x						0	0	0
DIRECTOR								Ĭ		
(16) JOSEPH J ANETRELLA	1 00	×						0	0	0
DIRECTOR									0	
(17) JAMES F WHITFIELD II	1 00	×						0	0	0
DIRECTOR		_ ^								
										Form 990 (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more than one box, unless coperson is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount of compen from	ated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
(18) BRIAN COURNOYER	1 00	×						О	(0
DIRECTOR (19) WALTER T MARLOWE	40 00										
EXECUTIVE DIRECTOR & CEO	40 00			х				212,861	(14,575
(20) SHANNON G MACGREGOR	40 00										
FORMER CFO							X	102,447	()	7,075
1b Sub-Total						P				l	
c Total from continuation sheets to Part	VII, Section A					►					
d Total (add lines 1b and 1c)		•		-		▶ _		315,308	0		21,650
Total number of individuals (including b \$100,000 of reportable compensation i				ed al	bove	e) who	rec	eived more than			
										Yes	No
3 Did the organization list any former offi					ploy	yee, o	r hıç	jhest compensate	d employee		1
on line 1a? If "Yes," complete Schedule J					•	•	•		3	Yes	
4 For any individual listed on line 1a, is the organization and related organizations of individual									om the	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?									ndividual for		No
Section B. Independent Contracto											
1 Complete this table for your five highes compensation from the organization Re										s tax year	
	(A)								(B)	(C)
Name and b PROMETRIC PO BOX 223608 PITTSBURGH PA 15251	usiness address							CERTIFICATION	on of services EXAM SERVICES	Comper	106,468
2 Total number of independent contractors \$100,000 of compensation from the orga		not lim	ited t	o th	ose	listed	ab	ove) who received	more than		

Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f
Program Service Revenue	2a b c d e f g
Revenue	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other	b c 9a b (10a b
	11a b c d e

Form 99		•						Page 9
Part V	/++·	Statement o Check if Schedu	f Revenue ule O contains a respons	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a					
Grants	ь	Membership du	es 1b					
وَ وَ	c	Fundraising eve	ents 1c					
Giffs, iilar A	d	Related organiz	ations 1d					
B.°	e	Government grants	s (contributions) 1e					
ons Si	f f	All other contribution	ons, gifts, grants, and 1f					
Contributions, Giffs, Grants and Other Similar Amounts		sımılar amounts no	t included above					
n di	g	1a-1f \$	ons included in lines					
ē Č	h	Total. Add lines	s 1a-1f	· · · •				
<u></u>				Business Code				
жеп	2a	MEMBERSHIP DUES	5	900099	2,096,557	2,096,557		
<u> </u>	b	CERTIFICATION PR	ROGRAMS	541900	588,431	588,431		
MCA	C .	PUBLICATIONS		541800	485,792	170,275	315,517	
Program Serwce Revenue	d e	EDUCATIONAL PRO	ACD AMC	900099	315,557	315,557		
Tan L	f		m service revenue	611430	188,481 44,139	188,481 44,139		
ွိ	•					44,139		
	g 3		s 2a-2f		3,718,957			
			ome (including dividend ar amounts)		198,135			198,135
	4		tment of tax-exempt bond p	roceeds 🕨	454 272			454 272
	5	Royalties	(1) Pool	(II) Personal	154,273			154,273
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	115,921	46,154				
	ь	Less cost or other basis and	0	0				
		sales expenses		46.454				
	c d	Gain or (loss)	115,921 s)	46,154	162,075	46,154		115,921
	8a	Gross income fi	_	· · · · · · · · · · · · · · · · · · ·	,	,		
Other Revenue		events (not incl \$ of contributions	uding reported on line 1c)					
œ.		See Part IV, lin	e 18 a					
i E	ь	Less direct ex	penses b					
δ	С	Net income or (loss) from fundraising e	vents 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities					
			a					
	b		penses b					
			loss) from gaming activ	ities				
	10a	Gross sales of returns and allo						
			а	240,062				
	b		oods sold b	63,831	176,231	176,231		
	-	Miscellaneous	loss) from sales of inve	Business Code	170,231	170,231		
	11a	AFFINITY PRO		900004	16,414			16,414
	ь	MISCELLANEC		900099	8,839	8,839		
	С	MAILING LIST		900004	4,089			4,089
	d	All other revenu	re		2,743	2,743		
	e	Total. Add lines	311a-11d	🕨	32,085			
	12	Total revenue.	See Instructions	· · · •	4,441,756	3,637,407	315,517	488,832

Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
--	-----------------------------------	--	---	----

Jecen	31 301(c)(3) and 301(c)(4) organizations must complete an columns An				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	227,436			
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	1,382,607			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,260			
9	Other employee benefits	210,213			
10	Payroll taxes	130,242			
11	Fees for services (non-employees)	,			
а	Management				
b	Legal				_
c	Accounting				
	Lobbying				
d					
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	30,679			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	271,448			
12	Advertising and promotion	124,598			
13	Office expenses	277,125			
14	Information technology	244,665			
15	Royalties	,			_
16	Occupancy	199,651			
17	Travel	249,826			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2.137020			
19	Conferences, conventions, and meetings	282,351			_
20	Interest	32,742			
21	Payments to affiliates	132,540			
22	Depreciation, depletion, and amortization	81,234			
23	Insurance	52,886			
24	Other expenses Itemize expenses not covered above (List	32,000			
	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	UBIT	79,519			
b	PRODUCTION COSTS	172,416			
c	BAD DEBT	72,071			
d	FEES AND COMMISSIONS	66,341			
e	All other expenses	102,563			
25	Total functional expenses. Add lines 1 through 24e	4,488,413			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	•	(B) End of year
	1	Cash-non-interest-bearing	25,382	_	19,813
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	162,025	4	94,897
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	5	
ets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	rs	6	
4ssets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	26,272	8	9,644
	9	Prepaid expenses and deferred charges	130,959	9	220,324
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,626,0	000		
	ь	Less accumulated depreciation 10b 1,323,	590 67,811	10c	302,410
	11	Investments—publicly traded securities	4,334,188	11	4,274,894
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	4,156,965	13	3,431,902
	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)	8,903,602	16	8,353,884
	17	Accounts payable and accrued expenses	372,325	17	376,076
	18	Grants payable		18	
	19	Deferred revenue	1,315,004	19	1,433,728
	20	Tax-exempt bond liabilities		20	
2 B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabili		persons Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	759,379	23	650,269
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	135,473	25	132,933
	26	Total liabilities. Add lines 17 through 25	2,582,181	26	2,593,006
S Q Q		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	6,321,421	27	5,760,878
e D	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
₹	33	Total net assets or fund balances	6,321,421	33	5,760,878
_	34	Total liabilities and net assets/fund balances	8,903,602	34	8,353,884

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,4	441,756
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,4	488,413
3	Revenue less expenses Subtract line 2 from line 1	3			-46,657
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,3	321,421
5	Net unrealized gains (losses) on investments	5		2	211,177
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 7	725,063
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5,7	760,878
Par	t XII Financial Statements and Reporting	· · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n		i	
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?	e	За		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		

DLN: 93493082004125

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

	me of the organization ISTRUCTION SPECIFICATIONS INSTITU	TE INC		Employer ide	ntification number
				53-0242938	
ar	t I-A Complete if the or	ganization is exempt under :	section 501(c) or is a section 52:	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
ar	t I-B Complete if the or	ganization is exempt under :	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	•	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under sectioi	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under :	section 501(c), except section 50	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to otl	her organızatıons	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
				+	

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	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	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

Grassroots lobbying expenditures

	pach "Vee" recognize to lines to through to below r	arounds in Part IV a detailed description of the lebbying	(a	1)	(1	b)
	each "Yes" response to lines la through li below, p /ity.	rovide in Part IV a detailed description of the lobbying	Yes	No	Amo	ount
-	legislation, including any attempt to influence through the use of	empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
a	Volunteers?					
)		ion in expenses reported on lines 1c through 1i)?				
:	Media advertisements?					
ı	Mailings to members, legislators, or the public Publications, or published or broadcast states	-				
e F	Grants to other organizations for lobbying pur	<u> </u>				
		·				
) 1	Direct contact with legislators, their staffs, go Rallies, demonstrations, seminars, conventio					
•	Other activities?	is, speeches, lectures, or any similar means?				
	Total Add lines 1c through 1i	-				
	_	tion to be not described in section 501(c)(3)?	ı			
,	If "Yes," enter the amount of any tax incurred					
2		by organization managers under section 4912				
	If the filing organization incurred a section 49		I			
		n is exempt under section 501(c)(4), section 5	501(c)(5), c	r sect	ion
	501(c)(6).					
	W 1 1 1 1 1 1 1 (000)			_	Y •	-
	Were substantially all (90% or more) dues re-	•		L	1	1
	Did the organization make only in-house lobb			L	2 Y e	_
		ing and political expenditures from the prior year?	-01(-)	\(\bullet\) =	3	1
EL		n is exempt under section 501(c)(4), section 5 BOTH Part III-A, lines 1 and 2, are answered "				
	Dues, assessments and similar amounts from	members	1			
	Section 162(e) nondeductible lobbying and poexpenses for which the section 527(f) tax was	olitical expenditures (do not include amounts of political as paid).				
1	Current year		2a			
)	Carryover from last year		2b			
3	Total	N4.V4.V	2c			
		e)(1)(A) notices of nondeductible section 162(e) dues	3			
		c exceeds the amount on line 3, what portion of the excess e reasonable estimate of nondeductible lobbying and				
	political expenditure next year?	e reasonable estimate of hondeductible lobbying and	4			
	Taxable amount of lobbying and political expe	nditures (see instructions)	5			
2	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line irt II-B, line 1 Also, complete this part for any a	1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst),	Part II	-A, line	2, an
_	Return Reference	Explanation				
	l					

201104410 0 (101111 330 01 330 12) 2013	i age -i	
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493082004125

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

CITICI	Trevenide octation				Inspect	
	me of the organization NSTRUCTION SPECIFICATIONS INSTITUTE INC			oloyer identifica 0242938	tion numbe	r
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,				. Complet	e if the
		(a) Donor advised funds		(b) Funds and c	theraccou	nts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
ŀ	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		onor adv	ısed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?				┌ Yes	┌ No
Pai	rt II Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part IV	, line 7.	
<u>.</u>	Purpose(s) of conservation easements held by the organ Preservation of land for public use (e.g., recreation of Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)	a certifie	d historic struct	cure	
	easement on the last day of the tax year					
_	Total number of conservation easements		<u> </u>	Held at the	End of the	Year
a			2a			
b	Total acreage restricted by conservation easements Number of conservation easements on a certified history	ric structure included in (a)	2b			
C		, ,	2c			
d	Number of conservation easements included in (c) acquired historic structure listed in the National Register		2d			
•	Number of conservation easements modified, transferre the tax year •	ed, released, extinguished, or termina	ted by ti	ne organization (auring	
Ļ	Number of states where property subject to conservation	on easement is located 🕨				
;	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?		ndling of	f violations, and	┌ Yes	┌ No
,	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ements (during the year		
	Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easemen	nte durin	a the vear		
	►\$, and emoreing conservation casemen	ics duiiii	g the year		
1	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?) above satisfy the requirements of se	ection 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
)	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the organization's financi				
ar	Complete if the organization answered "Ye		, or Ot	her Similar <i>i</i>	Assets.	
a	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education	n, or rese	earch in furthera		
b	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenuo ts held for public exhibition, education	e staten	nent and balance		ıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
!	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					
а	Revenues included in Form 990, Part VIII, line 1			► \$		
b						
_	Assets included in Form 990, Part X			- →		

Part	III Organizations Maintaining Co	llections of Art,	Histor	ical Tre	asures, or O	ther	Similar Ass	ets (co	ntınued)
	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other records	s, check	any of the	e following that a	are a s	ignificant use o	fits	
а	Public exhibition		d [Loan or	exchange progr	ams			
b	Scholarly research		е Г	Other					
c	Preservation for future generations								
	Provide a description of the organization's co Part XIII	llections and explain	how the	ey further	the organization	's exe	mpt purpose ın		
	During the year, did the organization solicit o							• • •	
Part	assets to be sold to raise funds rather than t							Yes	No_
	Part IV, line 9, or reported an am					u 10.		<u> </u>	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	lary for	contribution	ons or other ass	ets no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing	table	Г				
_					_	_	Amo	unt	
C	Beginning balance				-	1c			
d e	Additions during the year				-	1d 1e			
f	Distributions during the year				-	1f			
	Ending balance	rm 000 Dart V Ivr -	212		L	- 11		Yes	
	Did the organization include an amount on Fo							165	, 140
Par	If "Yes," explain the arrangement in Part XII								
Раг	t V Endowment Funds. Complete	(a)Current year	(b)Prioi		(c)Two years back			e) Four ye	ears back
1a	Beginning of year balance	22,258		20,206	18,138		15,397		12,740
b	Contributions	2,500		2,500	2,000		2,000		2,500
c	Net investment earnings, gains, and losses	1,511		-448	68	3	741		157
d	Grants or scholarships					<u> </u>			
e	Other expenditures for facilities and programs								
f	Administrative expenses	26.260		22.250	20.200		10.120		15 207
g	End of year balance	26,269		22,258	20,206	<u>' </u>	18,138		15,397
	Provide the estimated percentage of the curr	·	(line 1	g, column	(a)) held as				
	Board designated or quasi-endowment	0 %							
b	Permanent endowment ► 92 850 %								
	Temporarily restricted endowment \blacktriangleright 7 1 The percentages in lines 2a, 2b, and 2c shown	50 %							
	Are there endowment funds not in the posses		ion that	are held a	ind administere	d for th	10		
	organization by	ision of the organizat	ion that	are nera a	ma administered	1 101 (1	ie	Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations						3a(ii)	+	
	If "Yes" to 3a(II), are the related organization	•				•	<u>3b</u>	Yes	
4 Pari	Describe in Part XIII the intended uses of the VI Land, Buildings, and Equipme				answord 'Vos	' to E	orm 990 Pari	t TV/ lur	
ren	11a. See Form 990, Part X, line 1		e orga	ilization e	answered res		offit 990, Par	. 1 v , 111	10
	Description of property			a) Cost or of asis (investm			(c) Accumulated depreciation	(d) Bo	ook value
1 a L	and								
h D	suldings								
ם ט	3								
	easehold improvements		. [9,100	8,796	5	304
c L			. <u> </u>			9,100 6,132	8,796 171,816	+	304 34,316
c L d E e C	easehold improvements				20 1,41	- +	<u> </u>	5	

(L)Financial derivatives (2)Closely-held equity interests (2)Closely-held equity interests (2)Closely-held equity interests (3)Closely-held equity interests (2)Closely-held equity interests (3)Closely-held equity interests (4)Closely-held equity interests (5)Closely-held equity interests (6)Closely-held equity interests (7)Closely-held equity interests (8)Closely-held equity interests (9)Closely-held equity interests (1)Closely-held equity interests (2)Closely-held equity interests (3)Closely-held equity interests (4)Closely-held equity interests (1)Closely-held equity interests (2)Closely-held equity interests (3)Closely-held equity interests (4)Closely-held equity interests (6)Description answered interests (1)Description of interests (2)Closely-held equity interests (1)Description of interests (1)Description of interests (1)Description of interests (1)Description of interests (2)Closely-held equity interests (1)Description of interests (1)Descr	TREE Value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) Part XI Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form (a) Description (b) Book value (c) Method of valuat Cost or end-of-year medital (c) Investment (b) Book value (c) Method of valuat Cost or end-of-year medital (c) Method of valuat (c) Metho	
Total. (Column (b) must equal form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form '990, Part X, Inel 13. (a) Description of Investment (b) Book value (c) Method of valuat Cost of end-of-year mark 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description (a) Description Footal. (Column (b) must equal form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part IV, line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form '990, Part IV, line 25. (a) Description of liability (b) Book value	
Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mari 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F Ordal. (Column (b) must equal Form 990, Part X, col (B) line 13) 3,431,902 Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mari 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F outal. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description (a) Description outal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mari 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F outal. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description (a) Description outal. (Column (b) must equal Form 990, Part X, col (B) line 15.) Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mari 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F Ordal. (Column (b) must equal Form 990, Part X, col (B) line 13) 3,431,902 Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Investments - Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mark (b) Book value (c) Method of valuat (c) Method of valua	
Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mari 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F Ordal. (Column (b) must equal Form 990, Part X, col (B) line 13) 3,431,902 Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Investments - Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mark (b) Book value (c) Method of valuat (c) Method of valua	
Investments - Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mark (b) Book value (c) Method of valuat (c) Method of valua	
Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, Jine 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year marily INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 Fortily Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, Jine 11d See Form (a) Description (b) Must equal Form 990, Part X, col (B) Ine 13) (c) Method of valuat Cost or end-of-year marily Ine 11d See Form (a) Description	
Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mari 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F Ordal. (Column (b) must equal Form 990, Part X, col (B) line 13) 3,431,902 Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, Jine 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year marily INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 Fortily Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, Jine 11d See Form (a) Description (b) Must equal Form 990, Part X, col (B) Ine 13) (c) Method of valuat Cost or end-of-year marily Ine 11d See Form (a) Description	
Investments - Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mark (b) Book value (c) Method of valuat (c) Method of valua	
Investments—Program Related. Complete if the organization answered 'Yes' to Form See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuat Cost or end-of-year mari 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F Ordal. (Column (b) must equal Form 990, Part X, col (B) line 13) 3,431,902 Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description Form 990, Part X, line 25. (a) Description of liability (b) Book value	
See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cost or end-of-year mark 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F Otal. (Column (b) must equal form 990, Part X, col (b) line 13) (a) Description (b) Description (c) Method of valuat Cost or end-of-year mark 3,431,902 Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description (b) Book value F Otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	1 990 Part IV line 11
Cost or end-of-year mari 1) INVESTMENT IN BUILDING SYSTEMS DESIGN, INC 3,431,902 F Otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	1 990, Fart IV, line 110
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line Form 990, Part X, col.(B) line 15.)	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	rket value
Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description (b) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description Description Descripti	
Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description (b) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description (b) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 25. (a) Description	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 25. (a) Description	
Cotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 25. (a) Description	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 25. (a) Description	
Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description (b) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description (b) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form (a) Description Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value	m 000 Dort V line 1 F
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	(b) Book value
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line Form 990, Part X, line 25. (a) Description of liability (b) Book value	
(a) Description of liability (b) Book value	11e or 11f. See
Endows Linearma toward	
Federal Income taxes -3,520 DUES COLLECTED FOR LOCAL CHAPTERS 60,247	
EMPLOYEE HEALTH BENEFIT RESERVE 76,206	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
otal. (Column (b) must equal Form 990, Part X, col (B) line 25) 🕨 132,933	

PART XII, LINE 2D - OTHER

ADJUSTMENTS

Par	the organization answers					ts Wit	h Rev	enue p	er R	eturn Complete if
1	Total revenue, gains, and other								1	4,686,085
2	Amounts included on line 1 bi	ıt not on Form 990, P	art VIII, line 12							
а	Net unrealized gains on inves	tments		. :	2a		2	11,177		
b	Donated services and use of f	acılıtıes			2b					
c	Recoveries of prior year grant	s		. [2c					
d	Other (Describe in Part XIII)			🗀	2d			63,831		
e	Add lines 2a through 2d .								2e	275,008
3	Subtract line ${f 2e}$ from line ${f 1}$.								3	4,411,077
4	Amounts included on Form 99	0, Part VIII, line 12,	, but not on line 1							
а	Investment expenses not inc	uded on Form 990, P	art VIII, line 7b	- L	4a			30,679		
b	Other (Describe in Part XIII)			. <u>L</u>	4b					
c	Add lines 4a and 4b								4 c	30,679
5	Total revenue Add lines 3 and								5	4,441,756
Part	Reconciliation of E if the organization ar					nts Wi	ith Ex	penses	per	Return. Complete
1	Total expenses and losses pe	r audited financial sta	atements						1	4,521,565
2	A mounts included on line 1 bu	t not on Form 990, P	art IX, line 25							
а	Donated services and use of f	acılıtıes		L	2a					
b	Prior year adjustments			L	2b					
C	Otherlosses			- ⊢	2c					
d	Other (Describe in Part XIII)			L	2d			63,831		
e	Add lines 2a through 2d								2e	63,831
3	Subtract line ${f 2e}$ from line ${f 1}$.				•				3	4,457,734
4	Amounts included on Form 99	0, Part IX, line 25, b	ut not on line 1:							
а	Investment expenses not incl			-	4a			30,679		
b	Other (Describe in Part XIII)			[4b				ļ	
C	Add lines 4a and 4b								4 c	30,679
5	Total expenses Add lines 3 a		ıal Form 990, Part	I, line 1	18)				5	4,488,413
P rov Part	EXIII Supplemental Introduce the descriptions required for V, line 4, Part X, line 2, Part XI mation	Part II, lines 3, 5, a								de any additional
	Return Reference		Explanat	ion						
PART	X, LINE 2		N, AND THEREFO IAL TO THE FINA NERALLY SUBJEC	RE, DO	ES N STA	OT HA	VE AN'	Y UNCEF E ORGA	RTAIN NIZA	
	XI, LINE 2D - OTHER STMENTS	COST OF GOODS	SOLD 63,831				<u> </u>			

COST OF GOODS SOLD 63,831

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493082004125

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Compensation Information

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CONSTRUCTION SPECIFICATIONS INSTITUTE INC **Employer identification number**

53-0242938

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	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 or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee ▼ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
	Any related organization?	5b		
•	If "Yes," to line 5a or 5b, describe in Part III	- JU		
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and		(E) Total of columns	1	
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)WALTER T MARLOWE EXECUTIVE DIRECTOR & CEO	(i) (ii)	207,922 0	4,249 0	690 0	8,195 0	6,380 0	227,436 0	0
(2)SHANNON G MACGREGOR FORMER CFO	(i) (ii)	72,699 0	0	29,748 0	5,627 0	1,448 0	109,522	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4A	SHANNON MACGREGOR, SEVERANCE \$27,143

Schedule J (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493082004125

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
CONSTRUCTION SPECIFICATIONS INSTITUTE INC

Employer identification number
53-0242938

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE INSTITUTE HAS SEVERAL CLASSES OF MEMBERSHIP FOR INDIVIDUALS, COMPRISED OF PROFESSIONAL, EMERGING PROFESSIONAL, STUDENT, RETIRED, EMERITUS, DISTINGUISHED/HONORARY, AND LIFETIME FIRMS OR CORPORATIONS ARE NOT ELIGIBLE FOR MEMBERSHIP PROFESSIONAL MEMBERS PROFESSIONAL MEMBERSHIP SAVALABLE TO TECHNICALLY EXPERIENCED INDIVIDUALS WHOSE PRIMARY FUNCTION IS (I) TO AUTHOR, MANAGE, OR COMMUNICATE BUILDING INFORMATION, (II) TO CREATE, INTERPRET, OR USE CONSTRUCTION DOCUMENTS, OR (III) TO EDUCATE, SUPPORT, OR ASSIST THE CONSTRUCTION INDUSTRY PROFESSIONAL MEMBERS ARE ELIGIBLE TO VOTE AND TO HOLD ANY OFFICE IN THE INSTITUTE EMERGING PROFESSIONAL MEMBERS BUT WHO DO NOT CURRENTLY MEET THE TECHNICAL REQUIREMENTS INSTITUTE EMERGING PROFESSIONAL MEMBERS BUT WHO DO NOT CURRENTLY MEET THE TECHNICAL REQUIREMENTS FOR FULL PROFESSIONAL MEMBERSHIP BAY ANY TIME, HOWEVER, EMERGING PROFESSIONAL MEMBERS MAY PETITION FOR PROFESSIONAL STATUS WILL BE UPGRADED TO PROFESSIONAL STATUS STATUS STATUS CAN BE GRANTED BY ANALASE TO PULL TIME STUDENTS BNFOLLED IN AN UNDERGRADUATE OR GRADUATE PROFESSIONAL MEMBERS RETIRED MEMBERS RETIRED MEMBERS TATUS CAN BE GRANTED BY THE INSTITUTE TO INDIVIDUALS WHO HAVE BEEN RETIRED MEMBERS RETIRED MEMBERS HIS BRODUCH FROM THE INSTITUTE TO INDIVIDUALS WHO HAVE BEEN PROFESSIONAL MEMBERS BETO THE INSTITUTE TO I

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE INSTITUTE'S BOARD OF DIRECTORS SHALL CONSIST OF ITS OFFICERS, ONE MEMBER FROM EACH GEOGRAPHICAL REGION, AND TWO DIRECTORS-AT-LARGE, ALL OF WHOM SHALL BE ELECTED TO THE BOARD AS FOLLOWS NOMINATION PROCESS. THE INSTITUTE HAS ESTABLISHED A NOMINATING COMMITTEE WHICH CONSISTS OF SEVEN MEMBERS - ONE FROM EACH OF FIVE REGIONS ON A ROTATING BASIS AMONG ALL THE REGIONS, AND TWO APPOINTED BOARD MEMBERS REGARDING NOMINATION OF DIRECTORS, NOT LATER THAN NOVEMBER 1 OF THE ADMINISTRATIVE YEAR IN WHICH THE TERM OF THE DIRECTOR EXPRESS THE FOLLOWING JUNE 30, THE RESPECTIVE REGIONS NOMINATING COMMITTEE SHALL SUBMIT NOT MORE THAN FOUR QUALIFIED MEMBERS OF THAT REGION AS NOMINESS FOR DIRECTOR THE SECRETARY SHALL VALIDATE THE NAMES SUBMITTED BY THE REGION NOMINATING COMMITTEES AS THE NOMINESS TO APPEAR ON THE ELECTION BALLOT FOR THE OFFICE OF DIRECTOR OF THAT PARTICULAR REGION 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 IN ORDER TO BE CONSIDERED VALID, EACH NOMINATING SETTION MUST BE SUBMITTED TO THE SECRETARY, ON THE PRESCRED 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 OF THE VOTING MEMBERS FROM EACH OF FOUR REGIONS BASED UPON THE REVIOUS JUNE 30 MEMBERSHIP EACH POTTION MUST BE ACCOMPANIED BY FULL INFORMATION REQUIRED BY THE BOARD AND BY A SIGNED STATEMENT FROM THE PROPOSED NOMINEE INDICATING A WILLINGNESS TO SERVE THE NOMINATING COMMITTEE SHALL MAKE ONE OR MORE NOMINATIONS EACH FOR THE OFFICES OF PRESIDENT-ELECT, VICE PRESIDENTS, SECRETARY OR TREASURER, AND DIRECTORATION AND LICE THE OFFICES OF PRESIDENT-ELECT, VICE PRESIDENTS, SECRETARY OR THEASURED STATEMENT FROM THE PROPOSED NOMINEE INDICATING A WILLINGNESS TO SERVE THE NOMINATIONS TO THE SECRETARY SHALL SEND AN ELECTION BALLOT DURING FEBRUARY TO ALL VOTING MEMBERS (ON THE INSTITUTES RECORD AS OF JANUARY 1)

FORM 990, PART VI, SECTION A, LINE TITUTE WILL HOLD AN ANNUAL MEMBERSHIP MEETING FOR THE TRANSACTION OF ITS BUSINESS ONE HUNDRED VOTING MEMBERS IN GOOD STANDING WHO REPRESENT AT LEAST FORTY CHAPTERS OF THE INSTITUTE SHALL CONSTITUTE A QUORUM IN ADDITION, SPECIAL MEMBERSHIP MEETINGS MAY BE CALLED WHENEVER THE BOARD OF DIRECTORS DEEMS IT NECESSARY, OR UPON THE WRITTEN REQUEST OF THE PRESIDENTS OF ANY FORTY CHAPTERS TO THE PRESIDENT OF THE INSTITUTE BY LAWS MAY BE MADE BY THE BOARD OR SUBMITTED TO THE BOARD IN A PETITION, ACCOMPANIED WITH DETAILED JUSTIFICATION FOR THE PROPOSED CHANGES, AND SIGNED BY NOT LESS THAN ONE PERCENT OF THE MEMBERS OF THE INSTITUTE WHO ARE MEMBERS FROM NOT LESS THAN TWENTY PERCENT OF THE CHAPTERS OF THE INSTITUTE SUCH PERCENTAGES SHALL BE BASED ON THE TOTAL NUMBER OF MEMBERS AND CHAPTERS AS OF THE DATE THE PETITION IS RECEIVED BY THE SECRETARY OF THE INSTITUTE. THE BOARD, THROUGH THE SECRETARY, SHALL SEND THE PROPOSED A MENDMENTS TO THE VOTING MEMBERS OF THE INSTITUTE. PROPOSED A MENDMENTS INITIATED BY PETITION SHALL INCLUDE THE PROPONENTS' RATIONALE AND THE BOARD'S RECOMMENDATION A TWO-THIRDS AFFIRMATIVE VOTE OF THE VALID BALLOTS RETURNED SHALL BE DECIDED. AND DECENTED IN THE INSTITUTE OFFICE FOLID MEMBERS.	Return Reference	Explanation
BYLAWS	PART VI, SECTION A,	VOTING MEMBERS IN GOOD STANDING WHO REPRESENT AT LEAST FORTY CHAPTERS OF THE INSTITUTE SHALL CONSTITUTE A QUORUM IN ADDITION, SPECIAL MEMBERSHIP MEETINGS MAY BE CALLED WHENEVER THE BOARD OF DIRECTORS DEEMS IT NECESSARY, OR UPON THE WRITTEN REQUEST OF THE PRESIDENTS OF ANY FORTY CHAPTERS TO THE PRESIDENT OF THE INSTITUTE PROPOSALS FOR AMENDMENTS TO THE INSTITUTE'S BY LAWS MAY BE MADE BY THE BOARD OR SUBMITTED TO THE BOARD IN A PETITION, ACCOMPANIED WITH DETAILED JUSTIFICATION FOR THE PROPOSED CHANGES, AND SIGNED BY NOT LESS THAN ONE PERCENT OF THE MEMBERS OF THE INSTITUTE WHO ARE MEMBERS FROM NOT LESS THAN TWENTY PERCENT OF THE CHAPTERS OF THE INSTITUTE. SUCH PERCENTAGES SHALL BE BASED ON THE TOTAL NUMBER OF MEMBERS AND CHAPTERS AS OF THE DATE THE PETITION IS RECEIVED BY THE SECRETARY OF THE INSTITUTE. THE BOARD, THROUGH THE SECRETARY, SHALL SEND THE PROPOSED AMENDMENTS TO THE VOTING MEMBERS OF THE INSTITUTE. PROPOSED AMENDMENTS INITIATED BY PETITION SHALL INCLUDE THE PROPONENTS' RATIONALE AND THE BOARD'S RECOMMENDATION. A TWO-THIRDS AFFIRMATIVE VOTE OF THE VALID BALLOTS RETURNED SHALL BE REQUIRED, AND RECEIVED IN THE INSTITUTE OFFICE FOUR WEEKS AFTER THE BALLOT HAS BEEN SENT TO AMEND THESE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE INSTITUTE'S FORM 990 IS REVIEWED BY THE CFO, AND IS AVAILABLE TO THE ENTIRE BOARD PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EACH FISCAL YEAR, ALL BOARD MEMBERS MUST SIGN THE CSI CODE OF CONDUCT AGREEMENT, WHICH SETS FORTH THE POSITION OF THE INSTITUTE ON THE MANAGEMENT OF THE FOLLOWING CONFLICT OF INTEREST, CONFIDENTIALITY, MISCONDUCT, DISHONESTY, ANTI-FRAUD, ANTITRUST, WHISTLEBLOWER, 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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD UTILIZES AN EVALUATION AND COMPENSATION COMMITTEE TO DETERMINE THE APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR & CEO THE COMMITTEE LOOKS AT COMPENSATION SURVEYS AND STUDIES, AND COMPARABLE INFORMATION FOR SIMILAR ASSOCIATIONS THE EXECUTIVE DIRECTOR & CEO HAS A WRITTEN EMPLOY MENT CONTRACT THE EXECUTIVE DIRECTOR & CEO'S COMPENSATION ALSO 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 EXECUTIVE DIRECTOR & CEO

Return Reference	Explanation
, , ,	THE INSTITUTE POSTS ITS BY LAWS AND VARIOUS POLICIES, INCLUDING ITS CONFLICT OF INTEREST POLICY, ON ITS WEBSITE (WWW CSINET ORG) THE INSTITUTE MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY IN EARNINGS BSD -725,063

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493082004125

2013

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

CONSTRUCTION SPECIFICATIONS INSTITUTE INC

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

53-0242938

Part I Identification of Disregarded Entities Comp	lete if the organization	answered "Yes" o	n Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ	nizations Complete ıf t	the organization a	nswered "Yes"	on Form 990, Pa	art IV, line 34 because it l	nad on	ie
or more related tax-exempt organizations during	the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	(e) Public charity stat (if section 501(c)(tus Direct controlling (3)) entity	Section (b) (conti	(13)
(1) CONSTRUCTION SPECIFICATIONS INSTITUTE FOUNDATION INC 110 SOUTH UNION ST SUITE 100	TO CONDUCT RESEARCH AND EDUCATION WITHIN THE CONSTRUCTION INDUSTRY	MD	501(C)(3)	LINE 9	CONSTRUCTION SPECIFICATIONS INSTITUTE INC	Yes	N
ALEXANDRIA, VA 22314 75-3090752						<u> </u>	

(a) Name, address, and EIN of related organization		(b) Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentag ownersh
					J14)			Yes	No	1	Yes	No	
V Identification of Related Org								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of to	total Share	(g) e of end -year ssets		(h) ercentage ownership	Section (b) cont	i) on 512 (13) rolled tity?	!
						<u> </u>			_		Yes		No
									_				+

Schedule R (Form 990) 2013

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed	d in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to related organization(s)			1b		No
c	Gift, grant, or capital contribution from related organization(s)			1c		No
d	Loans or loan guarantees to or for related organization(s)			1d		No
e	Loans or loan guarantees by related organization(s)			1e		No
f	Dividends from related organization(s)			1f		No
g	Sale of assets to related organization(s)			1g		No
h	Purchase of assets from related organization(s)			1h		No
i	Exchange of assets with related organization(s)			1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)			11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m		No
n s	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Yes	
0	Sharing of paid employees with related organization(s)			10	Yes	
р	Reimbursement paid to related organization(s) for expenses			1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses			1q	Yes	
r	Other transfer of cash or property to related organization(s)			1r		No
s	Other transfer of cash or property from related organization(s)			1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cover (a) (b)		(d)			
		(c) Amount involved	Method of determining amo	ount ir	ivolved	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?						(f) Share of total income ations?		total end-of-year	(g) Share of nd-of-year assets (h) Disproprtiona allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No						
]						
												\Box						
												\Box						
	•																	

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013