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Form

990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PUGET SOUND CHAPTER OF THE CONSTRUCTION SPECIFICATION INSTITUTE

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

2150 NORTH 107TH STREET

City or town, state or province, country, and ZIP or foreign postal code

SEATTLE, WA 981339009

D Employer identification number

91-6179658

E Telephone number

(206) 367-8704

F Group Exemption Number

G Accounting Method

☒ Cash

☐ Accrual

Other (specify) \_\_\_\_\_

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

I Website: [WWW.PSCCSI.ORG](http://WWW.PSCCSI.ORG)

J Tax-exempt status (check only one)

☐ 501(c)(3)

☒ 501(c)( 6)

☐ (insert no )

☐ 4947(a)(1)

☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 89,996**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	295					
	2	Program service revenue including government fees and contracts	2	75,240					
	3	Membership dues and assessments	3	14,461					
	4	Investment income	4	0					
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less cost or other basis and sales expenses	5b	0					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0					
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0					
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0					
Expenses	c	Less direct expenses from gaming and fundraising events	6c	0					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0					
	7a	Gross sales of inventory, less returns and allowances	7a						
	b	Less cost of goods sold	7b	0					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0					
	8	Other revenue (describe in Schedule O)	8						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	89,996					
	10	Grants and similar amounts paid (list in Schedule O)	10						
	11	Benefits paid to or for members	11						
	12	Salaries, other compensation, and employee benefits	12						
Net Assets	13	Professional fees and other payments to independent contractors	13	29,762					
	14	Occupancy, rent, utilities, and maintenance	14						
	15	Printing, publications, postage, and shipping	15	855					
	16	Other expenses (describe in Schedule O)	16	58,624					
	17	Total expenses. Add lines 10 through 16	17	89,241					
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	755					
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	45,149					
	20	Other changes in net assets or fund balances (explain in Schedule O)	20						
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	45,904					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form990-EZ(2015)

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	39,053	22	39,808
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	6,096	24	6,096
25 Total assets	45,149	25	45,904
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,149	27	45,904

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO EDUCATE MEMBERS AND OTHERS IN CONSTRUCTION SPECIFICATION STANDARDS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 CONDUCTED A CONSTRUCTION INDUSTRY TRADE SHOW TO PROMOTE RESOURCES

(Grants \$ ) If this amount includes foreign grants, check here

28a

29

(Grants \$ ) If this amount includes foreign grants, check here

29a

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID LANDREY PRESIDENT	2 00	0		
WILLIAM E LITTLER PRESIDENT ELECT	2 00	0		
DAVE SOMMER VICE PRESIDENT	2 00	0		
VICKI LONG SECRETARY	2 00	0		
CHAD BRICKNER TREASURER	2 00	0		
PATRICK KELLY DIRECTOR	2 00	0		
BOB MANDY DIRECTOR	2 00	0		
JENIFER LEWIS DIRECTOR	2 00	0		
CHARLES CALVANO DIRECTOR	2 00	0		
BETH STROSHANE PAST PRESIDENT	2 00	0		

Form990-EZ(2015)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		No
b	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> <b>38b</b>		
39	Section 501(c)(7) organizations Enter <input type="checkbox"/> <b>39a</b>		
a	Initiation fees and capital contributions included on line 9 . . . . .		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
39b	<input type="checkbox"/> <b>39b</b>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
40b	<input type="checkbox"/> <b>40b</b>		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		No
40e	<input type="checkbox"/> <b>40e</b>		
41	List the states with which a copy of this return is filed <input type="checkbox"/> <u>WA</u>		
42a	The organization's books are in care of <input type="checkbox"/> <u>SBI MANAGEMENT SERVICES</u> Telephone no <input type="checkbox"/> <u>(206) 367-8704</u> Located at <input type="checkbox"/> <u>2150 NORTH 107TH ST 205 SEATTLE, WA</u> ZIP + 4 <input type="checkbox"/> <u>98133</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____  See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>	Yes	No
42b	<input type="checkbox"/> <b>42b</b>		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____		No
42c	<input type="checkbox"/> <b>42c</b>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		No
44a	<input type="checkbox"/> <b>44a</b>		
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i> . . . . .		No
44b	<input type="checkbox"/> <b>44b</b>		
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		No
44c	<input type="checkbox"/> <b>44c</b>		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .		
44d	<input type="checkbox"/> <b>44d</b>		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		No
45a	<input type="checkbox"/> <b>45a</b>		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		No
45b	<input type="checkbox"/> <b>45b</b>		

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		
		46	

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

		Yes	No
47	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 . . . . .	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . .

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☐ No

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

Sign Here	<div>*****</div> <div>Signature of officer</div>			<div>2016-10-14</div> <div>Date</div>	
	<div>CHAD BRICKNER TREASURER</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name PATRICIA VAN PATTEN		Preparer's signature		Date
	Firm's name <div>Resource Accounting Services</div>				Firm's EIN <div></div>
	Firm's address <div>4667 SE BAKKEN CT</div> <div>PORT ORCHARD, WA 98366</div>				Phone no <div>(360) 271-0167</div>
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 990-EZ 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization PUGET SOUND CHAPTER OF THE CONSTRUCTION SPECIFICATION INSTITUTE	Employer identification number 91-6179658
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	AUDIO VISUAL 505
Form 990EZ, Part I, Line 16	BANK/CREDIT CARD PROCESSING FEE 2646
Form 990EZ, Part I, Line 16	DATABASE MANAGEMENT 3312
Form 990EZ, Part I, Line 16	DUES/SUBSCRIPTIONS 890
Form 990EZ, Part I, Line 16	GIFTS AND AWARDS 167
Form 990EZ, Part I, Line 16	GRAPHIC DESIGN 247
Form 990EZ, Part I, Line 16	INSURANCE 1350
Form 990EZ, Part I, Line 16	MEALS 37199
Form 990EZ, Part I, Line 16	PARKING 52
Form 990EZ, Part I, Line 16	SPEAKER HONORARIUM 6000
Form 990EZ, Part I, Line 16	STORAGE 115
Form 990EZ, Part I, Line 16	SUPPLIES/SIGNAGE 322
Form 990EZ, Part I, Line 16	TELECOMMUNICATIONS 1200
Form 990EZ, Part I, Line 16	TRAVEL 597
Form 990EZ, Part I, Line 16	VENUE/MEETING ROOM RENTAL 3684
Form 990EZ, Part I, Line 16	WEBSITE 338
Form 990EZ, Part II, Line 24	INVENTORY 6096
Form 990EZ, Part II, Line 26	SALES TAX PAYABLE 0