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Department of the Treasury

DLN: 93493122015308

## OMB No 1545-0047

**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 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

Interna	l Reve	enue Service	F Information about	FOITH 990 and its mistractions is at we	VVV ING GOV/	101111990		Inspection		
A F	or th	e <b>2016</b> ca		ning 07-01-2016 , and ending 06-	30-2017					
□ Ad	dress	ipplicable change	<b>C</b> Name of organization Construction Specifications Institute Inc			<b>D Employ</b> 53-024		ication number		
☐ Ini _ Fir		turn	Doing business as							
□ An	nende	minated d return on pending	110 South Union Street No 100	il is not delivered to street address) Room/s	suite	· ·	E Telephone number (800) 689-2900			
	piicaci	on penang	City or town, state or province, count Alexandria, VA 22314	ry, and ZIP or foreign postal code		<b>G</b> Gross re	<b>G</b> Gross receipts \$ 4,469,946			
			F Name and address of principal Mark Dorsey	officer	H(a) Is	this a group re	turn for			
			110 South Union Street No 100 Alexandria, VA 22314		<b>Н(b)</b> А	ubordinates? re all subordinat icluded?	tes	□Yes ☑No □Yes □No		
I Ta	x-exer	mpt status	☐ 501(c)(3) <b>☑</b> 501(c)(6) <b>◄</b> (	insert no )	If	"No," attach a	**	•		
J W	ebsit	te:► ww\	w csinet org & www csiresources or	<sup>r</sup> g	H(c) G	roup exemption	number	<b>&gt;</b>		
		rganızatıon	✓ Corporation ☐ Trust ☐ Assoc	lation ☐ Other ▶	<b>L</b> Year of f	Formation 1948	M State MD	of legal domicile		
Pa	_	Sumi Briefly des	<b>mary</b> cribe the organization's mission or	most significant activities						
e Ce		See Sched								
Activities & Governance	-									
ven		Claration bloo	- h <b>.</b>	continued its operations or disposed of		250/ -6-4				
G G				p body (Part VI, line 1a)			3	17		
<b>≫</b> ^	4	Number o	of independent voting members of t	the governing body (Part VI, line 1b)			4	17		
Ţē.	5	Total num	nber of individuals employed in cale	endar year 2016 (Part V, line 2a) 🛭 .			5	21		
£.	6	Total num	nber of volunteers (estimate if nece	essary)			6	180		
Ă	1			VIII, column (C), line 12			7a	395,963		
	Ь	Net unrel	ated business taxable income from	Form 990-T, line 34	<u> </u>		7b	342,356		
						Prior Year		Current Year		
ġ	1		ions and grants (Part VIII, line 1h)				0	0		
Rəvenue	1	9 Program service revenue (Part VIII, line 2g)						3,384,521		
ç	1							139,376		
	1		, , , , , , , , , , , , , , , , , , , ,			376,3 3,928,3		56,793 3,580,690		
	_		nd similar amounts paid (Part IX, co	t equal Part VIII, column (A), line 12)		3,320,	0	0		
	1		paid to or for members (Part IX, co	0	0					
S	1		· · ·	nefits (Part IX, column (A), lines 5–10)		1,722,		1,786,569		
Expenses	1	-	, , , ,	nn (A), line 11e)		-//	0	0		
D G			aising expenses (Part IX, column (D), lin	, ,,						
ă	1		penses (Part IX, column (A), lines 1			2,480,	585	2,709,756		
	18	Total exp	enses Add lines 13–17 (must equa	al Part IX, column (A), line 25)		4,203,	280	4,496,325		
	19	Revenue	less expenses Subtract line 18 fro	m line 12		-274,	390	-915,635		
Net Assets or Fund Balances					Begini	ning of Current Y	'ear	End of Year		
alar	20	Total asse	ets (Part X, line 16)			7,471,	370	6,523,714		
A As	1		ilities (Part X, line 26)			2,263,		2,416,185		
ξŢ	22	Net asset	s or fund balances Subtract line 2	1 from line 20		5,207,	672	4,107,529		
Pai	t II	Signa	ature Block							
	ledge	and belief		ned this return, including accompanyin Declaration of preparer (other than of						
		*****				2018-04-28				
Sign		Signatu	ure of officer			Date				
Here			orsey CEO r print name and title							
		17	rint/Type preparer's name	Preparer's signature	Date		PTIN			
Paid	d		icole M Prince CPA	Nicole M Prince CPA	2018-04-17		P01315245	5		
Pre		er 🛅	rm's name			Firm's EIN ► 58-	-2676261			
Use		1 5	rm's address ▶ 8300 Boone Boulevard S	Guite 600		Phone no (703)	893-0300			
			Vienna, VA 22182							
May t	he IR	RS discuss	this return with the preparer show	n above? (see instructions)			<b>✓</b> Y	′es 🗌 No		
For P	aper	work Red	duction Act Notice, see the sepa	rate instructions.	Cat N	lo 11282Y		Form <b>990</b> (2016)		

Form	990 (2016)				Page <b>2</b>				
Par	t IIII Statement	of Program Service Ac	complishments						
	Check if Sche	edule O contains a response o	note to any line in this Part III .		🗹				
1	Briefly describe the	organization's mission							
The I	mission of CSI is to ad	lvance building information m	anagement and education of project to	eams to improve facility perfor	mance				
2	Did the organization	undertake any significant pro	gram services during the year which v	were not listed on					
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No				
	If "Yes," describe the	ese new services on Schedule	0						
3	Did the organization	cease conducting, or make si	gnificant changes in how it conducts,	any program					
	services <sup>7</sup>								
	If "Yes," describe the	ese changes on Schedule O							
4	Section 501(c)(3) ar		nplishments for each of its three large required to report the amount of gra service reported						
4a	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)				
	See Additional Data								
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)				
	See Additional Data								
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)				
	See Additional Data								
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)				
	Convention Provides a	ccredited education, unparalleled r	etworking, and a full exhibit hall floor with t	he latest products, services, and so	lutions				
4d	Other program serv	ices (Describe in Schedule O )							
	(Expenses \$	ıncludıng	grants of \$	(Revenue \$	)				
4e	Total program ser	vice expenses ►							

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Νo

Νo

Nο

No

Nο

Nο

Nο

No

Nο

Nο

No

Nο

Nο

Nο

Νo

Nο

No

Nο

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Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**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 . . . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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?

4 Yes 5

3

Yes Yes

Yes

Yes

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

29

Part IV Checklist of Required Schedules (continued) Yes 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 Nο

Page 4

Nο

Νo

Νo

Nο

Yes

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

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Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes," 

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 

orm	990 (2016)			Page <b>5</b>
Par	t V 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 36			
	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 gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	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	
4a	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)?	<b>4</b> a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	If res, to line 3a of 3b, did the organization meronii 0000-1.	5c		
6a	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	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b	Yes	
7				
а	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		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	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		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
Λ-		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	טפ		
	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  10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
122	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 year	124		
J	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>

	990 (2010)			Page <b>0</b>						
Par	<b>TVI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes						
				<b>✓</b>						
Sa	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	• •							
30	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 17		103							
	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  1b 17									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was 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							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
b	<b>b</b> Each committee with authority to act on behalf of the governing body?									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No						
Se	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue C									
			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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b		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 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?									
-		16b								
<u>5e</u> 17	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶									
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available.									
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records  Mark Dorsey CEO 110 South Union Street 100 Alexandria, VA 22314 (703) 706-4781									

(15) Jack Morgan RA CSI CCS CCCA

Director from Great Lakes Region

(17) Linda Stansen RA CSI CCS

Director from West Region

(16) Jori Smith CSI CDT Director from Southwest Region

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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 <b>former director</b> organization, more than \$10,000 of reportable collist persons in the following order individual trus compensated employees, and former such person	ompensation fro stees or directoi	m the o	organ	ıızatı	ion a	and ar	ny re	elated organization	s		
Check this box if neither the organization no  (A)  Name and Title	(B) Average hours per week (list any hours	Positio tha persi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) Ronald L Geren FCSI CCCA Board Chair	1 00	×		x				0	0	0	
(2) Ellen Kay Crews FCSI CCS CCCA Chair-elect	1 00	x		x				0	0	0	
(3) Jerry Putnam RA FCSI CDT Vice President	1 00	х		x				0	0	0	
(4) Anne Roeper CSI CCPR Secretary	1 00	х		x				0	0	0	
(5) Jonnie Cox RA FCSI Treasurer	1 00	x		x				0	0	0	
(6) Edmund Brown CSI CCCA Director-at-large	1 00	х						0	0	0	
(7) Ken Buschle FCSI CCS CCCA Director from Southeast Region	1 00	х						0	0	0	
(8) Kırby Davıs CSI CDT Dırector from South Central Region	1 00	х						0	0	0	
(9) Arthur Featherstonhaugh IV CSI CDT Director from Northeast Region	1 00	x						0	0	0	
(10) Brad Glauser CSI Director from Northwest Region	1 00	х						0	0	0	
(11) Alan Itzkowitz FCSI CCS CCCA Director from North Central Region	1 00	х						0	0	0	
(12) Maryin Komp CSI CDT	1 00										

1 00 (12) Marvin Kemp CSI CDT 0 0 0 Director from Middle Atlantic Region 1 00 (13) Cherise Lakeside CSI CDT 0 Director-at-Large 1 00 (14) Billy Mathis CSI CDT 0 0 0 Х Director from Gulf States Region

1 00

1 00

1 00

Х

Х

0

0

0

Page 8

(C)

Compensation

Form 990 (2016)

197,290

161,326

(B)

Description of services

Database mgt/professional services

IT Services

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) (A) (B) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation organization (Wdirector/trustee) any hours organizations from the for related 2/1099-MISC) (W-2/1099organization and Individual trustee or director Office Former employ organizations MISC) related Institutional ighest compensated below dotted organizations employee line) ě Trustee (18) Mark Dorsey CAE FASAE 40.00 Х O 12,096 206,001 ·.......... Executive Director/ CEO (19) Russell Capps 40 00 Х 145,044 0 8,078 · ----Chief Financial Officer (20) Susan K Konohia 40.00 Х 110.423 0 657 ...... Director, Corporate Partner Program • c Total from continuation sheets to Part VII, Section A . 461,468 20,831 d Total (add lines 1b and 1c) . 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Nο Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)

Name and business address

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

CIMATRI LLC

COBALT

406 Oronoco Street Alexandria, VA 22314

Alexandria, VA 22314

2800 Eisenhower Avenue Suite 100

compensation from the organization ▶ 2

		(2010)									rage <b>3</b>
Part	VI							_			
		Check if Schedul	e O contains	a respo	nse or note to an	y line in th			В)	(C)	<u>Ш</u>
						Total re		Rela	ited or	Unrelated	Revenue
									empt iction	business revenue	excluded from tax under sections
									enue		512-514
× 5	1	a Federated campaig	ns	1a							
ant		<b>b</b> Membership dues		<b>1</b> b							
5 6		<b>c</b> Fundraising events		1c							
fs. r A		d Related organizatio	ns	1d							
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (co	ontributions)	1e							
tributions, Gifts, Grants Other Similar Amounts		f All other contributions									
er,		and similar amounts n above	ot included	<b>1</b> f							
혈		g Noncash contribution	ons included								
달		ın lınes 1a-1f \$									
Cont and	ı	h Total.Add lines 1a-1	lf		•						
<u> 1</u>	Γ				Busines	s Code					
E E	2	Membership dues				900099	1,80	01,068	1,801	,068	
<u>₹</u>	Ŀ	Technical publications				541800	65	56,983	285	,440 371,5	543
3	٠	Certification program				900099	44	40,017	440	,017	
ξ	(	Convention				900099	42	28,326	403	,648	24,678
S	•	Educational programs				900099	į.	58,127	58	,127	
Program Service Revenue	f	All other program se	rvice revenue	<u> </u>							
Æ	q	Total.Add lines 2a-2i	f	_	▶ 3,	384,521					
	_	Investment income (i			nterest, and other	. 1					
					Tree cos, and ourse	<u> </u>	64,327	7			64,327
		Income from investme	ent of tax-ex	empt bo	ond proceeds	▶					
	5	Royalties				<u> </u>	14,119	7			14,119
	_	C	(ı) Rea	ıl	(II) Personal						
	6	Gross rents									
	1	<b>b</b> Less rental expenses									
		D									
	١ '	c Rental income or (loss)									
	، ا	d Net rental income o	r (loss)			┥					
			(ı) Securi	ties	(II) Other						
	7 8	Gross amount from sales of	,	264 205							
		assets other	,	964,305							
		than inventory									
		b Less cost or other basis and		889,256							
		sales expenses		75,049							
	l	<b>c</b> Gain or (loss) <b>d Net gain or</b> (loss) <b>.</b>	L			_	75,049	2			75,049
		Gross income from f			<u> </u>		73,01				73,043
<u>a</u>				of							
Other Revenue		contributions reporte See Part IV, line 18									
ě	١,	<b>b</b> Less direct expense		. а Ь							
π.	l	c Net income or (loss)			ents 🏲						
£		Gross income from g									
Ö		See Part IV, line 19									
				а							
	l	b Less direct expense		ь							
		c Net income or (loss)		activiti	es <b>&gt;</b>	_					
	10	aGross sales of invent returns and allowand	cory, less								
				a	ı						
		<b>b</b> Less cost of goods s	sold	ь							
	L	Net income or (loss)	from sales of	fınvent	ory <b>&gt;</b>						
		Miscellaneous			Business Code						
	1:	<b>1a</b> Electronic advertisir	ng		9000	04	24,420	ס		24,420	
						Ш					
		<b>b</b> Miscellaneous			90009	99	15,254	1	15,254		
	،	Foundation managei	ment		5610	00	3,000	D	3,000		
		J									
	,	d All other revenue .									
	(	<b>e Total.</b> Add lines 11a	-11d		>						
	1:	<b>2 Total revenue.</b> See	Instructions				42,674				
	Ĺ				•		3,580,690	ס	3,006,554	395,963	Form <b>990</b> (2016)
											FULIN <b>390</b> (2016)

Part IX	Statement of Functional Expenses	

Forr	m 990 (2016)				Page <b>10</b>
	Int IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all control of the statement	olumns All other orga	anizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX		<u></u>	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	421,354			
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	1,050,980			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	54,656			
9	Other employee benefits	156,063			
10	Payroll taxes	103,516			
11	Fees for services (non-employees)				
ā	Management				
ı	o Legal	67,753			
•	Accounting	86,291			
	i Lobbying				
	e Professional fundraising services See Part IV, line 17				
	Investment management fees	22,510			
	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	419,712			
	Advertising and promotion	145,837			
	Office expenses	495,173			
	Information technology	330,436			
	Royalties	225.074			
	Occupancy	235,874			
	Travel	152,271			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	320,416			
	Interest	26,356			
	Payments to affiliates	140 446			
	Depreciation, depletion, and amortization	148,446 83,881			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )	03,001			
	a UBI Taxes	102,921			
	b Publication production	64,410			
	c Taxes and licenses	4,475			
	d Dues and subscriptions	2,994			
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,496,325			
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)				<u> </u>

Page **11** 

433,984

2.192.251

3.745.868

6.523.714

646,735

2,416,185

4.107.529

4,107,529

6.523.714

Form **990** (2016)

840

15

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17

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34

7,471,370

2,263,698

5.207.672

5,207,672

7,471,370

551,779

Form 990 (2016)

15

16

17

18

26

27

28

29

31

32

33

34

Fund Balances

Assets or 30

Net

Other assets See Part IV, line 11 . . . .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Grants payable . . .

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

	Beginning of year		End of year
1 Cash-non-interest-bearing	0	1	12,722
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	122,490	4	64,190

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 5 II of Schedule L 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 employers and sponsoring organizations of section 501(c)(9) 6

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . . . . Inventories for sale or use . 3.220 8

92.748 9 73.859 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

1,750,965 basis Complete Part VI of Schedule D 10a 1,316,981 397,147 10c b Less accumulated depreciation 10b 2.908.493 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . 3.947.272 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets . . . . . 14

19 869.754 19 981,145 Deferred revenue . . . Tax-exempt bond liabilities . . . . . . 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 738.838 730.810 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 103.327 25 57.495

Form	n 990 (2016)				Page <b>12</b>	
Par	rt XI Reconcilliation of Net Assets					
	Check if Schedule O contains a response or	note to any line in this Part XI	<u> </u>	<u> </u>	. 🔲	
1	Total revenue (must equal Part VIII, column (A), li	ine 12)		3	,580,690	
2	Total expenses (must equal Part IX, column (A), li	ne 25)		4	,496,325	
3	Revenue less expenses Subtract line 2 from line 1		-915,635			
4	Net assets or fund balances at beginning of year (i	must equal Part X, line 33, column (A)) 4		5,207,672		
5	Net unrealized gains (losses) on investments .			-184,508		
6	Donated services and use of facilities	6				
7	Investment expenses					
8	Prior period adjustments			-		
9	Other changes in net assets or fund balances (exp	<del></del>			0	
10	Net assets or fund balances at end of year Combin		4	,107,529		
Par	rt XIII Financial Statements and Reporti	ng				
	<del></del>	r note to any line in this Part XII				
				Yes	No	
4	Accounting method used to prepare the Form 990	☐ Cash ☑ Accrual ☐ Other				
•	• •	ing from a prior year or checked "Other," explain in				
2a	a Were the organization's financial statements comp	iled or reviewed by an independent accountant?	2a	<b>i</b> '	No	
	If 'Yes,' check a box below to indicate whether the separate basis, consolidated basis, or both	financial statements for the year were compiled or reviewed on a				
	☐ Separate basis ☐ Consolidated basis	s				
b	Were the organization's financial statements audit	ed by an independent accountant?	2b	Yes		
	If 'Yes,' check a box below to indicate whether the consolidated basis, or both	financial statements for the year were audited on a separate basis,				
	☐ Separate basis ☑ Consolidated basis	s $\square$ Both consolidated and separate basis				
С		ve a committee that assumes responsibility for oversight statements and selection of an independent accountant?	2c	Yes		
	If the organization changed either its oversight pro	ocess or selection process during the tax year, explain in Schedule O				

3a

3b

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

#### Additional Data

#### Software Version:

**EIN:** 53-0242938 Name: Construction Specifications

Software ID:

Technical programs Standards and formats provided to persons engaged in any phase of writing, preparing, compiling, or utilizing specifications in the industry

Institute Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

#### Form 990, Part III, Line 4b: Educational and Certification Programs Professional development seminars and webinars in technical, sales, and management skills CSI also conducts four rigorous certification programs (CDT, CCS, CCCA, and CCPR)

#### Form 990, Part III, Line 4c: Construction Specifier Publication that provides technical information and topical issues to the membership, persons in the industry, and the general public as a whole

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

Department of the Treasury

EZ)

# **Political Campaign and Lobbying Activities**

www.irs.gov/form990.

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

DLN: 93493122015308

Open to Public

ntern	al Revenue Service					
• S	ection 501(c)(3) organizations Cor Section 501(c) (other than section 5	n Form 990, Part IV, Line 3, or Form mplete Parts I-A and B Do not complete Policy(3)) organizations. Complete Policy(3)	ete Part I-C	•		•
f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Forr t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy is), then	er section 501(h)) Co under section 501(h	omplete Part II-A( ))Complete Part	Do not II-B D	complete Part II-B o not complete Part II-A
Nar Con	me of the organization struction Specifications itute Inc			<b>Emplo</b> 53-024	-	lentification number
Par	t I-A Complete if the orga	nization is exempt under sec	tion 501(c) or is			nization.
1 2	Provide a description of the organ Political expenditures	nization's direct and indirect political	campaign activities ir	n Part IV	•	\$
3	Volunteer hours <b>t I-B</b> Complete if the orga	nization is exempt under sec	tion 501(c)(2)			
1	<u> </u>	ax incurred by the organization under			•	<u> </u>
2	·	ax incurred by the organization manager:			•	\$ \$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 fo	or this year?			☐ Yes ☐ No
4a	Was a correction made?		☐ Yes ☐ No			
b	If "Yes," describe in Part IV					
	<u> </u>	nization is exempt under sec			1(c)(3	
1 2	, ,	led by the filing organization for secti ganization's funds contributed to othe	•			\$
_	function activities	gamzacion s funds contributed to othe	organizations for se	ection 327 exempt	<b>•</b>	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and	d on Form 1120-POL,	line 17b	<b>&gt;</b>	\$
4	Did the filing organization file <b>For</b>	m 1120-POL for this year?				☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) r each organization listed, enter the a that were promptly and directly deliv ee (PAC) If additional space is neede	amount paid from the vered to a separate p	filing organization olitical organization	n's fund	ds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiza funds If none -0-	ation's	contributions received
2						
3						
1						
5						

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

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

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. OMB No 1545-0047

DLN: 93493122015308

**Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public

Cons	struction Specifications tute Inc				53-0	242938		· · · · · · · · · · · · · · · · · · ·	
Pa	Organizations Maintaining Donor Complete if the organization answere								
		(a) Donor advised fi			(b)	Funds and	other acco	unts	
L	Total number at end of year								_
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
1	Aggregate value at end of year								
5	Did the organization inform all donors and donor funds are the organization's property, subject to				or advised			Yes	
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					ırpose		Yes	□ No
Par	t III Conservation Easements. Complet	te if the organization ans	were	d "Yes" on I	Form 990	, Part IV,	lıne 7.		
L	Purpose(s) of conservation easements held by the	e organization (check all tha	at appl	y)					
	$\square$ Preservation of land for public use (e g , rec	creation or education)	□ Р	reservation o	of an histor	ically impo	rtant land a	area	
	Protection of natural habitat		□ Р	reservation o	of a certifie	d historic s	structure		
	Preservation of open space								
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservatio	n cont	ribution in the	e form of a		tion t the End o	of the	Year
а	Total number of conservation easements				2a				
b	Total acreage restricted by conservation easemen	ts			2b				
c	Number of conservation easements on a certified	historic structure included i	n (a)		2c				
d	Number of conservation easements included in (c structure listed in the National Register	) acquired after 8/17/06, ar	nd not	on a historic	2d				
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extingui	shed,	or terminated	d by the or	ganızatıon	during the		
1	Number of states where property subject to cons	ervation easement is locate	d <b>►</b>						
5	Does the organization have a written policy regar and enforcement of the conservation easements		g, insp	ection, handl	— ling of viola	ations,	☐ Yes		No
5	Staff and volunteer hours devoted to monitoring,  •	inspecting, handling of viol	ations	, and enforcir	ng conserv	ation easei	ments durır	ng the	year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violation	s, and	enforcing coi	nservation	easement	s during the	e year	
3	Does each conservation easement reported on lin	ne 2(d) above satisfy the re	quirem	ents of section	on 170(h)(	4)(B)(ı)			
	and section 170(h)(4)(B)(II)?						☐ Yes		No
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the orga							
ar	Organizations Maintaining Collect Complete if the organization answers				Other Si	milar As	sets.		
La	If the organization elected, as permitted under SI art, historical treasures, or other similar assets hiprovide, in Part XIII, the text of the footnote to it	eld for public exhibition, edi	ucatior	n, or research	ı ın further				of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items								
(	i) Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$			
	i)Assets included in Form 990, Part X					<b>▶</b> \$			
2	If the organization received or held works of art, following amounts required to be reported under	· ·			financial g	aın, provic	le the		
а	Revenue included on Form 990, Part VIII, line 1		. 5 . 5 .			<b>▶</b> \$			
b	Assets included in Form 990, Part X					<b>▶</b> \$			
٠	ASSECT INCIDITED IN FORT A								

Par	31111	Organizations Ma	aintaining Col	ections of Art	, Histor	ical T	reas	ures, or	Other 9	Similar A	ssets (co	ntınued)	
3		the organization's acqu (check all that apply)	uisition, accessior	n, and other record	ds, check	any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of its o	collection	
а		Public exhibition			d		Loar	n or excha	ange prog	rams			
b		Scholarly research			е		Othe	er					
С		Preservation for future	generations										
4	Provide Part	de a description of the c	organization's coll	ections and expla	ın how th	ey furtl	her th	ne organız	ation's ex	empt purpo	ose in		
5		g the year, dıd the orga s to be sold to raıse fun								ılar	☐ Yes		lo
Pai	rt IV	Escrow and Custo Complete if the org X, line 21.			orm 990	), Part	IV, I	ine 9, or	reporte	d an amoi	unt on Fo	rm 990,	Part
1a		e organization an agent, ded on Form 990, Part X		an or other interm	ediary for	- contri	bution	ns or othe	er assets r	not	☐ Yes		lo
b	If "Y∈	es," explain the arrange	ment in Part XIII	and complete the	following	table		[		Δ	mount		_
С	Begin	ning balance							1c				
d	Addıt	ions during the year							1d				_
е	Dıstrı	butions during the year							1e				_
f	Endın	ig balance							1f				_
2a		ne organization include								,	☐ Yes		lo
b	_	es," explain the arrange										. ⊔	
Pa	rt V	Endowment Fund	is. Complete if	(a)Current year		reu r Prior yea			ears back	(d)Three ye		<b>e)</b> Four yea	re back
1a	Beainn	ing of year balance .		29,02			3,769	(C) I WO YE	26,269	(п) ппее уе	22,258	<b>e</b> jroui yea	20,206
	-	outions		36,41	.2		100		2,500		2,500		2,500
		estment earnings, gain	s. and losses	1,34	10		156				1,511		-448
		or scholarships	•										
	Other (	expenditures for facilitie	es										
f	Admını	strative expenses .											
g	End of	year balance		66,77	77	29	9,025		28,769		26,269		22,258
2 a		de the estimated percer d designated or quasi-er	-	nt year end balan 0 %	ce (line 1	g, colu	mn (a	a)) held a	s				
b	Perm	anent endowment 🕨	95 390 %										
c	Temp	orarily restricted endow	vment ▶ 4 6	10 %									
·		ercentages on lines 2a,											
3a	Are tl	here endowment funds	not in the posses	sion of the organiz	zation tha	t are h	eld ar	nd admını	stered for	the			
	_	nization by									-	Yes	No
		nrelated organizations				•					3a( 3a(		No
b		elated organizations . es" on 3a(ii), are the rela		s listed as require	d on Sche	· · · edule R	,	• •			31		
4		ribe in Part XIII the inte	-	•								1	<u> </u>
Pai	rt VI	Land, Buildings,	and Equipmer	nt.									
		Complete of the org					_						
	Descri	ption of property	(a) Cost or oth (investme		ost or other	basis (d	other)	(c)Accı	umulated de	epreciation	(d	)Book valu	e
1a	Land												
b	Buildin	gs											
С	Leaseh	old improvements					9,100			9,100			0
d	Equipn	nent				29	98,833	3		269,256			29,577
е	Other	<u> </u>				1,4	43,032	2		1,038,625			404,407
Tota	ıl. Add	lines 1a through 1e (Co	olumn (d) must ed	qual Form 990, Pa	rt X, colu	mn (B)	, line	10(c)).	1	<b>•</b>			433,984

Part VII	Investments—Other Securities. Complete if	the organiz	zation answer	ed 'Yes' on Form	990, Part IV	, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		( <b>b)</b> Book value		ethod of valua	
(1)Financial (2)Closely-h (3)Other		: : :		2032 01 61	Jeur mai	
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12 )		<b>•</b>			
Part VIII	<b>Investments—Program Related.</b> Complete See Form 990, Part X, line 13.	ıf the organ	iization answe	red 'Yes' on For	m 990, Part 1	V, line 11c.
	(a) Description of investment	<b>(b)</b> Boo	k value		lethod of valua nd-of-year mar	
(1)Investme	ent ın Building Systems Design, Inc		3,745,868		F	Not rund
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13 )		3,745,868			
Part IX	Other Assets. Complete if the organization answer  (a) Descript	red 'Yes' on F		V, line 11d See Fo	orm 990, Part )	(, line 15 (b) Book value
(1)	(a) Descript					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )				▶	
Part X	<b>Other Liabilities.</b> Complete if the organization See Form 990, Part X, line 25.	n answered			ne 11e or 11f	
1. (1) Federal	(a) Description of liability ncome taxes		(b) Book	value		
	ed for local chapters			57,495		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 ) or uncertain tax positions In Part XIII, provide the text	t of the footn	ote to the organ	57,495	statements the	t reports the
•	's liability for uncertain tax positions under FIN 48 (ASC		_			

1

2

b

c

d

е

3

4

5

1

2

b

d

3

4

а

b

C 5

Part XIII

Part XII

Other losses .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Schedule D (Form 990) 2016

Page 4

### Investmen Other (Des Add lines 4

Add lines 2a through 2d . . .

Subtract line 2e from line 1 .

Donated services and use of facilities .

Recoveries of prior year grants . . . Other (Describe in Part XIII ) . .

	Co	mplete	if the o	raanızat	ion answ	e
XIII Rec	onciliatio	n of E	xpense	s per A	udited F	i
Total revenue Add lines	<b>3</b> and <b>4c.</b>	(This mi	ust equal	Form 99	0, Part I, l	11
Add lines <b>4a</b> and <b>4b</b> .						
Other (Describe in Part >	(III)					
Investment expenses no	t ıncluded	on Form	990, Par	t VIII, lın	e 7b .	
Amounts included on For	m 990, Pa	rt VIII, I	ıne 12, b	ut not on	lıne <b>1</b>	

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII ) . . . . .

**Supplemental Information** 

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

			•	•				
	4a							
	4b							
ine 12 )								
inanci	al St	ate	me	nts	Wi	th	Expe	2

2a

2b

2c

2d

4b

Explanation

2a

2b

2c

2d

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c	
5	
i <b>ses p</b> e 12a	) <b>(</b>
1	

4c

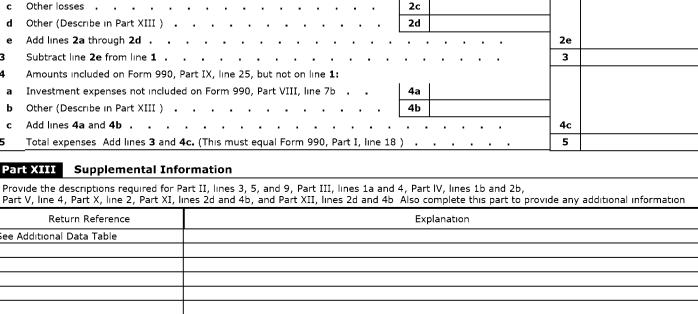
2e

3

<b>es p</b> 12a	er Return.
1	
2e	
3	

				_
_	_	_	_	_
				_

Schedule D (Form 990) 2015



Complete if the organization answered 'Yes' on Form 990, Part IV, li Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . Prior year adjustments . . . . Other (Describe in Part XIII ) . Subtract line 2e from line 1 .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total revenue, gains, and other support per audited financial statements . . . . . .

Schedule D (Form 990) 2015	Page <b>5</b>
Part XIII Supplemental Information (contin	ued)
Return Reference	Explanation

Schedule D (Form 990) 2016

### **Additional Data**

Software ID: Software Version:

**EIN:** 53-0242938

Name: Construction Specifications Institute Inc

**Supplemental Information** 

ion's consolidated financial statements do not include any uncertain tax positions

Return Reference Explanation Part X, Line 2 Management has evaluated the Organization's tax positions and concluded that the Organizat 

## **Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

DLN: 93493122015308

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

**Employer identification number** Name of the organization Construction Specifications Institute Inc 53-0242938 Part I Questions Regarding Compensation 1

					Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	□ First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	☐ Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses desc		1 , 3 31 ,	1b		
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation Compensation committee	appl on of	y Do not check any boxes for methods			
	☐ 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 on Form 990, Pa or a related organization	rt V I	I, Section A, line $1  ext{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	ymen	it?	4a	Yes	
b	Participate in, or receive payment from, a supplementa	Inon	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns mı	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, III compensation contingent on the revenues of	ne 1a	a, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	a, did the organization pay or accrue any			
а	The organization?			<b>6</b> a		
b	Any related organization?			6b		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7		
8	Were any amounts reported on Form 990, Part VII, par subject to the initial contract exception described in Re in Part III			8		
9	If "Yes" on line 8, did the organization also follow the resection $53.4958-6(c)$ ?	ebutt	able presumption procedure described in Regulations	9		

		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
Mark Dorsey CAE FASAE     Executive Director/ CEO	(i)	194,698	8,000	3,303	2,786	9,310	218,097	0	
	l	0			1	1	1		

2,325

1,145

5,753

153,122

Schedule J (Form 990) 2015

|(ii)|

2 Russell Capps

Chief Financial Officer

143,899

(ii)

Page 3										
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									

Schedule J (Form 990) 2015

Susan Konohia received \$16,793 in severance during the year

Cahadula 1 (Form 000) 201 F

Part I, Line 4a

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN	l: 93493122015308			
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to s Form 990 or 990-EZ or to provide any addition Attach to Form 990 or 990-EZ Information about Schedule O (Form 990 or 990-EZ)  www.irs.gov/form990.	pplemental Information to Form 990 or 990-EZ  omplete 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.  ormation about Schedule O (Form 990 or 990-EZ) and its instructions is at  www.irs.gov/form990.				
Name of the org. Construction Specif Institute Inc  990 Schedule		<b>Employer iden</b> 53-0242938	tification number			
Reference Form 990, Part I, Line 1, Description of Organization Mission	The mission of CSI is to advance building information management and ed	lucation of project teams to impro	ove facility performance			

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 (A) Professional membership is available to technically experienced individuals whose primary function is (i) to author, man age, 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 (B) Emerging professional members are eligible to individuals who are prospective professional members, but who do not currently meet the technical requirements for full professional members, but who do not currently meet the technical requirements for full professional members. Per erging professional status will be upgraded to professional attention at the end of the time dyear after election as an emerging professional members are not eligible to vote in institute elections or to hold elective office in the Institute or graduate program in a construction industry curriculum in an educational institution. Sudent members are not eligible to vote or to hold elective office in the institute (D) R etired member status can be granted by the Institute to individuals who are no longer engalged in income-producing activities, have reached the age of sixty-five years, who have been professional members in good standing in the Institute for the past consecutive five years, and who have been recommended for such change in status by their chapters, or if unaffiliated with a chapter, by documented application to the secretary of the Institute (E) Emeritus status can be granted by the Institute to Individuals who have been professional members in good standing in the Institute to Individuals who have been professional members in good standing in the Institute to Individuals who have been professional members in good standing i

Return Explanation
Reference

Form 990,
Part VI,
Section A,
line 7a

The Institute's Board of Directors shall consist of its officers, one member from each geo
graphical region, and two directors-at-large, all of whom shall be elected to the board vi
a the nomination process. The Institute has established a nominating committee which consi
sts of seven members, one from each of five regions on a rotating basis among all the regions, and two appointed board members.

Return Reference	Explanation
Form 990, Part VI, Section A, Iine 7b	The Institute 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 call ed whenever the board of directors deems it necessary, or upon the written request of the presidents of any of the forty chapters. Proposals for amendments to the Institute's bylaw is 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 chapter is 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 of the board. Proposed amendments initiated by the petition shall include the proponents' rationale and the board's recommendation. A two-thirds affirmative vote of the valid ballots returned is shall be required, and received in the Institute office four weeks after the ballot has been sent to amend these by-laws.

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Inne 11b

990 Schedule O, Supplemental Information

Return Reference	Explanation
	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 follows

Part VI,
Section B,
Iline 12c

Mistleblower, Ethics, Sexual and Other Harassment, and Discrimination, to name a few Emp
loyees agree to these policies upon their date of hire and signify their agreement by sign
ing 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 a
ind as the handbook is updated

Return Explanation
Reference

Part VI,
Section B,
line 15a
Section B,
line Section B,
line 15a
S

The board utilizes an evaluation and compensation committee to determine the appropriate c

ny individual staff compensation except for the Executive Director/CEO

990 Schedule O, Supplemental Information

Form 990.

Return Explanation
Reference

Form 990,
Part VI,
Section C,
line 18

The Organization provides the Form 990 upon request and governing documents, conflict of interest policy, and financial statements are available on the website

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Inne 19

The Institute posts its bylaws and various policies, including its conflict of interest po
Ilicy, on its website (www csiresources org) The Institute makes its Form 990 and audited
financial statements available upon request

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493122015308 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Construction Specifications Institute Inc 53-0242938 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the org	anızatıon answered	"Yes" on Form 99	0, Part IV, line 34 l	pecause it had one or i	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
(1)Construction Specifications Institute Foundation Inc 110 South Union Street Suite 100 Alexandria, VA 22314 75-3090752	To conduct research and education within the construction industry	MD	501(c)(3)	Line 7	Construction Specifications Institute Inc	Yes Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 501:	35Y		Schedule R (Form	990) 20	116

because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organization  Name address, and EIN of related organization  Name address, and EIN of related organization  Name address, and EIN of related organization  Share of end-of-year assets  (a) Direct controlling entity (C corp, S corp, or trust)  Or trust)  Share of end-of-year assets  Name address, and EIN of related organization  Share of end-of-year assets  Name assets  Share of end-of-year ass		· · · · · · · · · · · · · · · · · · ·	during the ta	, , , , , , , , , , , , , , , , , , , ,												
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organizations (state or foreign country)  (b) Legal domicie (state or foreign country)  (a) Name, address, and EIN of related organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more relateded organization (state or foreign country)  (a) Share of total more of end-of- year assets of total organization assets of total organization or trust during the tax year.  (b) Legal domicie (state or foreign country)  (corp, S. orp, C. orp, S. orp, Orp, Or trust)  (1) Building System Designs Inc  (Software Publisher GA Construction Specifications Institute  (C) S,943,795 1,340,971 74 950 % Ves Ves Institute	Name, address, and EIN of		Primary	Legal domicile (state or foreign	Direct controlling	Predom Income(r unrela excluded tax ur sections	ninant related, to ated, d from nder s 512-	Share of	Share of end-of-year	Dispropr	rtionate	Code V-l amount in 20 of Schedule	box m p K-1	eneral o anaging	r Perce	entage
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organization  (b) Primary activity  (c) Legal domicile (state or foreign country)  (1) Building System Designs Inc Two Piedmont Center NE Suite 300  Atlanta, GA 30305  (b) Primary activity  (c) Legal domicile (state or foreign country)  (d) Direct controlling entity (C corp, S corp, or trust)  Type of entity (C						317	,			Yes	No		Y	es No	7	
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organization  (b) Primary activity  (c) Legal domicile (state or foreign country) (state or foreign country)  (1) Building System Designs Inc Two Piedmont Center NE Suite 300 Atlanta, GA 30305  (b) Primary activity  (c) Legal domicile (state or foreign country)  (c) Share of total income permitty (C corp, S corp, or trust)  (d) Type of entity (C corp, S corp, or trust)  (c) Share of total income ownership owne																
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organization  (b) Primary activity  (c) Legal domicile (state or foreign country)  (1) Building System Designs Inc Two Piedmont Center NE Suite 300  Atlanta, GA 30305  (b) Primary activity  (c) Legal domicile (state or foreign country)  (d) Direct controlling entity (C corp, S corp, or trust)  Type of entity (C																
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organization  (b) Primary activity  (c) Legal domicile (state or foreign country) (state or foreign country)  (1) Building System Designs Inc Two Piedmont Center NE Suite 300 Atlanta, GA 30305  (b) Primary activity  (c) Legal domicile (state or foreign country)  (c) Share of total income permitty (C corp, S corp, or trust)  (d) Type of entity (C corp, S corp, or trust)  (c) Share of total income ownership owne																
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because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organization  (b) Primary activity  (c) Legal domicile (state or foreign country)  (1)Building System Designs Inc  Two Piedmont Center NE Suite 300 Atlanta, GA 30305  (b) Primary activity  (c) Legal domicile (state or foreign country)  (c) Corp, S corp, or trust)  (d) Type of entity (C corp, S corp, or trust)  Share of total income vear assets  (1) Share of end-of-year assets  (1) Section 512((13) controll entity)  Type of entity (C corp, S corp, or trust)  Time Piedmont Center NE Suite 300 Atlanta, GA 30305																
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organization  (b) Primary activity  (c) Legal domicile (state or foreign country)  (1)Building System Designs Inc  Two Piedmont Center NE Suite 300 Atlanta, GA 30305  (b) Primary activity  (c) Legal domicile (state or foreign country)  (c) Corp, S corp, or trust)  (d) Type of entity (C corp, S corp, or trust)  Share of total income vear assets  (1) Share of end-of-year assets  (1) Section 512((13) controll entity)  Type of entity (C corp, S corp, or trust)  Time Piedmont Center NE Suite 300 Atlanta, GA 30305																
because it had one or more related organizations treated as a corporation or trust during the tax year.  (a) Name, address, and EIN of related organization  (b) Primary activity  (c) Legal domicile (state or foreign country)  (1)Building System Designs Inc  Two Piedmont Center NE Suite 300 Atlanta, GA 30305  (b) Primary activity  (c) Legal domicile (state or foreign country)  (c) Direct controlling entity (C corp, S corp, or trust)  (c) Type of entity (C corp, S corp, or trust)  Share of total income assets  (1) Share of end-of-year assets  (1) Section 512((13) controll entity)  Type of entity (C corp, S corp, or trust)  Time Piedmont Center NE Suite 300  Atlanta, GA 30305																
(1)Building System Designs Inc Software Publisher GA Construction Specifications Institute Construction Construction Specifications Institute Construction Construction Specifications Institute Construction Cons	because it had one or more rel  (a)  Name, address, and EIN of	ated organizations treated a	as a corporation (control description (control description) (contr	on or trus ;) gal icile foreign	t during th	d) ontrolling	(e) Type of 6	entity S corp,	<b>(f)</b> Share of total	Share	(g) of end-o	of- P	(h) ercenta	ge	(13) coi	ntrolle
Two Piedmont Center NE Suite 300 Atlanta, GA 30305	(1)Building System Designs Inc	Software Publisher					С		5,943,795		1,340,9	71 74	1 950 %	ı		No
	Two Piedmont Center NE Suite 300 Atlanta, GA 30305 58-1501885					tions										

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</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)	<b>1</b> e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	$\vdash$	No
l 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 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	

10		
	Yes	
1p	Yes	-
1q	Yes	
1r		No
1s		No
ount ı	nvolve	d
	1q 1r 1s	1q Yes

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section		Are all partners section		Are all partners section		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No	<b>!</b> ,		Yes	No		Yes	No					
										Schedul	e R (Form	1 990	0) 2016				

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016