Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Extended to May 15, 2018 **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)

OMB No. 1545-1150

▶ 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.

Open to Public Inspection

Form **990-EZ** (2016)

		e 2016 calendar year, or tax year beginning JUL 1, 2016		and end	ing JU	N 3	0,	2017
В	Check i applicat	c Name of organization				D Em	ployer	identification number
	Addr	ess change Construction Specifications Insti	tut	e				
	□Nam	e change Foundation Inc.						090752
	Initia	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number					
	Final term							706-4781
	Ame	City or town, state or province, country, and ZIP or foreign postal code				F Gro	up Exe	emption
	\square_{Applic}	ation pending Alexandria, VA 22314				Nur	mber 🕨	>
G	Accou	nting Method: Cash X Accrual Other (specify)				H Che	eck 🕨	X if the organization is
1	Websi	te: ▶www.csinet.org & www.csiresources.c	rg			not	require	ed to attach Schedule B
J	Tax-ex	tempt status (check only one) $ \times$ 501(c)(3) $-$ 501(c) () \blacktriangleleft (insert no.)	49	947(a)(1)	or 527	(Fo	rm 990), 990-EZ, or 990-PF).
K	Form o	f organization: Corporation Trust Association X	Other					
L	Add Iir	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o	r more,	or if total	assets (Part	I,		
	columi	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ					> \$	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	d Bala	ances	(see the instru	ıctions	for Pai	rt I)
		Check if the organization used Schedule O to respond to any question in this Part I						X
	1	Contributions, gifts, grants, and similar amounts received					1	40,498.
	2	Program service revenue including government fees and contracts					2	
	3	Membership dues and assessments					3	
	4	Investment income Se	e S	ched	ule O		4	4,264.
	5a	Gross amount from sale of assets other than inventory	5a		4,7	35.		
	b	Less; cost or other basis and sales expenses	5b		3,8	10.		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c	925.
	6	Gaming and fundraising events						
Ф	a	Gross income from gaming (attach Schedule G if greater than						
'n		\$15,000)	6a					
Revenue	b	Gross income from fundraising events (not including \$	of cor	ntribution	3			
ш		from fundraising events reported on line 1) (attach Schedule G if the sum of such	_	_				
		gross income and contributions exceeds \$15,000)	6b					
	C	Less: direct expenses from gaming and fundraising events	6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	btract li	ne 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a					
	b	Less: cost of goods sold	7b					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
	8	Other revenue (describe in Schedule 0)					8	
	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	45,687.
	10	Grants and similar amounts paid (list in Schedule 0)					10	2,500.
	11	Benefits paid to or for members					11	
es	12	Salaries, other compensation, and employee benefits					12	
Expenses	13	Professional fees and other payments to independent contractors					13	3,000.
фx	14	Occupancy, rent, utilities, and maintenance					14	
Ш	15	Printing, publications, postage, and shipping					15	6.
	16	Other expenses (describe in Schedule 0)	e S	ched	ule O		16	4,968.
_	17	Total expenses. Add lines 10 through 16					17	10,474.
γ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	35,213.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))						
As	1	(must agree with end-of-year figure reported on prior year's return)					19	233,771.
Net	20	Other changes in net assets or fund balances (explain in Schedule 0)	e S	ched	ule O		20	1,967.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	270,951.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 237,486. 271,791. Cash, savings, and investments 22 Land and buildings 23 Other assets (describe in Schedule 0) See Schedule O 5,990. 0. 24 24 243,476. 271,791. 25 25 9,705. Total liabilities (describe in Schedule 0) See Schedule O 26 840. 26 270,951. Net assets or fund balances (line 27 of column (B) must agree with line 21) 233,771. 27 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III X 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? See Schedule O organizations; optional for others.) 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. See Schedule O 2,500.) If this amount includes foreign grants, check here (Grants \$ 28a 5,500. 29 (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here ... ightharpoonup130a Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) 500. 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 (d) Health benefits. (b) Average hours (e) Estimated (C) Reportable contributions to employee benefit compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position (if not paid, enter -0-) plans and deferred compensation compensation Lane Beougher Chair 1.00 0 0 0. Joseph Anetrella Vice Chair 1.00 0 0 0. Jonnie Cox Treasurer 1.00 0 0. 0. Katherine Proctor Director 1.00 0 0. 0. Bob Saumur Director 1.00 0. 0. 0. Mark Dorsey 3.00 0 0. Chief Executive Officer, Secretary 0.

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Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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Page 3

instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 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)? X N/A **b** If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b 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 Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions **b** Did the organization file **Form 1120-POL** for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities N/A **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ► 0 • ; section 4955 ► 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 Х 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 **d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed _____**>** 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 Х List the states with which a copy of this return is filed **None** Telephone no. $\triangleright 703 - 706 - 4781$ 42a The organization's books are in care of ► CSI Foundation Located at ▶ 110 South Union Street, No. 100, Alexandria, VA ZP+4 ▶ 22314 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2016)

Form 990-EZ (2016)

Part V

Construction Specifications Institute Foundation Inc.

Form 990-EZ (2016)

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	rganization engage, directly or indirectly, in po	litical campaign activities	s on behalf of or in	n oppositio	n to candidates for pr	ublic office?			
If "Yes," c	complete Schedule C, Part I				The second of th		46	1 HERVICK	Х
100	Section 501(c)(3) organizations			90 St. 10		September 19			
	All section 501(c)(3) organizations must a Check if the organization used Schedule								
	Check if the organization used Schedule	O to respond to any	question in this	s Part VI .				Yes	No
7 Did the o	rganization engage in lobbying activities or hav	ve a section 501(h) elect	ion in effect durin	g the tax y	ear? If "Yes," complet	e Sch. C. Part II	47	1.03	X
8 Is the org	ganization a school as described in section 170	0(b)(1)(A)(ii)? If "Yes," co	mplete Schedule	Ε			48		X
19a Did the o	rganization make any transfers to an exempt n	on-charitable related org	janization?				49a		Х
b If "Yes," v	vas the related organization a section 527 orga	nization?					49b		
	e this table for the organization's five highest co		.76	rs, director	s, trustees, and key e	mployees) who	each re	eceived	more
ulan \$10	0,000 of compensation from the organization. (a) Name and title of each employee	in there is none, enter N	(b) Average	houre	(C) Reportable	(d) Health benefit	s //	e) Estim	atad
	(a) Name and the or each employee		per week dev		compensation (Forms W-2/1099-MISC)	contributions to employee benefi	l am	nount of	
	ИОИ	IE	positio	n	W-2/1099-WISC)	plans, and deferre		ompens	ation
						1.000-0.0	1		
					-		-		
							+		
							+		
	e this table for the organization's five highest c tion. If there is none, enter "None." NON Name and business address of each independe	1E	t contractors who		ived more than \$100) Type of service			from the ensatio	
	tion. If there is none, enter "None." NON	1E	t contractors who						
	tion. If there is none, enter "None." NON	1E	at contractors who						
	tion. If there is none, enter "None." NON	1E	at contractors who						
(a) N	tion. If there is none, enter "None." NON	NE ent contractor	at contractors who						
d Total nur	tion. If there is none, enter "None." NON Name and business address of each independent and business address of each independent contractors each re	DE ent contractor		(b					
d Total nur 2 Did the o complete	nber of other independent contractors each reganization complete Schedule A? Note: All seed Schedule A	ceiving over \$100,000 ction 501(c)(3) organiza	utions must attack	(b) Type of service	(c)	Comp	pensatio	n N
d Total nur 52 Did the o complete Jnder penaltie	mber of other independent contractors each reganization complete Schedule A? Note: All sets of perjury, I declare that I have examined this	ceiving over \$100,000 ction 501(c)(3) organiza	ations must attach	t a les and stat) Type of service	(c)	Comp	pensatio	n N
d Total nur 52 Did the o complete Jnder penaltie	nber of other independent contractors each reganization complete Schedule A? Note: All seed Schedule A	ceiving over \$100,000 ction 501(c)(3) organiza	ations must attach	t a les and stat) Type of service	(c)	Comp	pensatio	n N
d Total nur 52 Did the o complete Juder penaltie rue, correct, a	mber of other independent contractors each reganization complete Schedule A? Note: All sets of perjury, I declare that I have examined this	ceiving over \$100,000 ction 501(c)(3) organiza	ations must attach	t a les and stat) Type of service	(c)	Comp	pensatio	n N
d Total nur 52 Did the o complete Juder penaltie rue, correct, a	mber of other independent contractors each regranization complete Schedule A? Note: All seed Schedule A. s of perjury, I declare that I have examined this and complete. Declaration of preparer (other the Signature of officer	ceiving over \$100,000 ction 501(c)(3) organiza	ations must attach	t a les and stat) Type of service	(c)	Comp	pensatio	n N
d Total nur 52 Did the o complete Juder penaltie rue, correct, a	mber of other independent contractors each re reganization complete Schedule A? Note: All se and Schedule A s of perjury, I declare that I have examined this and complete. Declaration of preparer (other the signature of officer Mark Dorsey, Chief Type or print name and title Print/Type preparer's name	ceiving over \$100,000 oction 501(c)(3) organization return, including accontant officer) is based on a	ations must attach	t a les and stat	Type of service tements, and to the barer has any knowledge	est of my knowle ge.	Comp	pensatio	n N
d Total nur 52 Did the o complete Juder penaltie rue, correct, a Sign Here	mber of other independent contractors each regranization complete Schedule A? Note: All seed Schedule A. s of perjury, I declare that I have examined this and complete. Declaration of preparer (other the Signature of officer Ca. Chief Type or print name and title Print/Type preparer's name Nicole M. Prince,	ceiving over \$100,000 ction 501(c)(3) organiza s return, including accon an officer) is based on al	ations must attach	es and stat	Type of service Tements, and to the bearer has any knowledged. Check self- emple	est of my knowle ge. Jif PTIN Dyed	X Y dge ar	resnd belief	n Nf, it is
d Total nur 52 Did the o complete Juder penaltie rue, correct, a Sign Here	mber of other independent contractors each representation complete Schedule A? Note: All seed Schedule A. s of perjury, I declare that I have examined this and complete. Declaration of preparer (other the Signature of officer Ca. Mark Dorsey, Chief Type or print name and title Print/Type preparer's name Nicole M. Prince, CPA	ceiving over \$100,000 ction 501(c)(3) organiza e return, including accon an officer) is based on a	ations must attach	(b	itements, and to the barer has any knowledged self- employed.	est of my knowle ge. Jif PTIN Dyed P01	X Y dge ar	/esnd belief	n Nf, it is
d Total nur 52 Did the o complete Juder penaltie rue, correct, a Sign Here	mber of other independent contractors each regranization complete Schedule A? Note: All seed Schedule A. s of perjury, I declare that I have examined this and complete. Declaration of preparer (other the Signature of officer Mark Dorsey, Chief Type or print name and title Print/Type preparer's name Nicole M. Prince, CPA Firm's name Rogers & Com	ceiving over \$100,000 ction 501(c)(3) organiza e return, including accon an officer) is based on a	ations must attack apanying schedul Il information of v Officer	les and statyhich prepa	Type of service cements, and to the bearer has any knowledged self- employed.	est of my knowle ge. Jate 12 Jate 12 P01 N ▶ 58 – 26	X Y dge ar 315762	res Ind belief	n N f, it is
d Total nur 52 Did the o complete Juder penaltie rue, correct, a Sign Here	mber of other independent contractors each representation complete Schedule A? Note: All sends Schedule A. sof perjury, I declare that I have examined this and complete. Declaration of preparer (other the signature of officer. Mark Dorsey, Chief Type or print name and title. Print/Type preparer's name Nicole M. Prince, CPA Firm's name Rogers & Confirm's address 8300 Boone	ceiving over \$100,000 ction 501(c)(3) organiza e return, including accon an officer) is based on a Executive Preparer's signature pany PLLC Boulevard,	ations must attack apanying schedul Il information of v Officer	les and statyhich prepa	itements, and to the barer has any knowledged self- employed.	est of my knowle ge. Jate 12 Jate 12 P01 N ▶ 58 – 26	X Y dge ar 315762	/esnd belief	n N f, it is
d Total nur 52 Did the o complete Under penaltie true, correct, a Sign Here Paid Preparer Use Only	mber of other independent contractors each regranization complete Schedule A? Note: All seed Schedule A. s of perjury, I declare that I have examined this and complete. Declaration of preparer (other the Signature of officer Mark Dorsey, Chief Type or print name and title Print/Type preparer's name Nicole M. Prince, CPA Firm's name Rogers & Com	ceiving over \$100,000 ction 501(c)(3) organization an officer) is based on all Executive Preparer's signature Prapary PLLC Boulevard, 22182	npanying schedul I information of v Officer Suite 6	Date 4/17	Type of service Type of service Check self- employed self- emplo	est of my knowled ge. Jate PTIN Dyed P01 N > 58-26 D. (703)	X Y dge ar 315762	res Ind belief	n N f, it is

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Name of the organization

Construction Specifications Institute Foundation Inc.

Employer identification number

Pa	ırt I	Reason for Public	Charity Status	All organizations must co	omplete th	is part) Se	ee instructions	3 3030732	
		ization is not a private found					oo mondonono.		
1116	Organ	A church, convention of ch	•		•	•	IV A V:\		
	H	•	•				I)(A)(I)•		
2	H	A school described in sect					•••		
3	H	A hospital or a cooperative							
4	ш	A medical research organiz	ation operated in co	njunction with a hospita	described	ın sectio	n 1/0(b)(1)(A)(III). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for		llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6	\square	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or	
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	nd gross receipts from	
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)						
11	Щ	An organization organized	and operated exclus	ively to test for public sa	ıfety.See	section 50)9(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in	
	_	lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.		
а	L		anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b			anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving	
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	:		egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,	
	_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
C			y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instruct	•	- ·					
е		☐ Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, o	• •	nally integrated support	ing organiz	zation.			
f		er the number of supported o							
0		vide the following information (i) Name of supported	n about the supporte		(iv) Is the orga	nization listed	(v) Amount of monotony	(vi) Amount of other	
	,	organization	(II) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	support (see instructions)	
				above (see instructions))	Yes	No			
						_			
Tota	al l							i e	

Schedule A (Form 990 or 990-EZ) 2016 Foundation Inc.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 24,910. 16,479. 10,460. 9,186 40,498 101,533. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... 16,479. 10,460. 9,186. 24,910. 40,498. 101,533. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 7,257. column (f) 94,276. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(c)** 2014 **(d)** 2015 **(e)** 2016 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (f) Total 9,186. 24,910. 40,498 101,533. 16,479. 10,460. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 4,651. 4,866. 6,995. 6,940. 4,264 27,716. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 72,071. 72,071 assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 46.83 14 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 37.76 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization _______ 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
	1 1 20010	41.0040		(n aa : =	() 00/0	10
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		(b) 2013	(6) 2014	(u) 2015	(e) 2010	(I) 10tai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	;					
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	ization,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pub						
15 Public support percentage for 2016	(line 8, column (f) o	divided by line 13,	column (f))		15	40 50
16 Public support percentage from 201					16	42.53
Section D. Computation of Inve						
17 Investment income percentage for 2						45 50
18 Investment income percentage from						15.53
19a 33 1/3% support tests - 2016. If the	e organization did	not check the box	on line 14, and lin	e 15 is more than	$33\ 1/3\%,$ and line	17 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2015. If the						
line 18 is not more than 33 1/3%, ch	•			•	•	
20 Private foundation If the organizati						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	1		
	2		
	3a		
	- Gu		
	01		
	3b		
	3с		
	4a		
	4b		
	15		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
m 9	90 or 99	90-EZ	2016

Pa	t IV Supporting Organizations (continued)			.go o
	, , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations		· ·	<u>. </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2h		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2b		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Construction Specifications Institute

Schedule A (Form 990 or 990-EZ) 2016 Foundation Inc.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	llv integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions			
9	Distrib	outable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
O 4:	-	Distribution Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distrib	outable amount for 2016 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2016 (reason-			
	able c	ause required- explain in Part VI). See instructions			
3	Exces	s distributions carryover, if any, to 2016:			
а					
b					
С	From	2013			
d	From	2014			
е	From	2015			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2016 distributable amount			
i	Carry	over from 2011 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2016 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2016 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4			
5	Rema	ining underdistributions for years prior to 2016, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions			
6	Rema	ining underdistributions for 2016. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		1. See instructions			
7	Exces	ss distributions carryover to 2017. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
b	Exces	s from 2013			
С	Exces	s from 2014			
d	Exces	s from 2015			
е	Exces	s from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Construction Specifications Institute

Schedule A (Form 990 or 990-EZ) 2016 Foundation Inc.

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
Schedule A, Part III,	Line 12					
Explanation for other	Income:	Forgiveness	of	debt	income,	2013,
\$72,071.						

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Construction Specifications Institute Emplo Foundation Inc.

Employer identification number 75-3090752

Form 990-EZ, Part I, Line 4, Other Investment In	come:	
Description of Property:		Amount:
Interest and dividends		4,264.
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
Telecommunications		541.
Lodging		1,193.
Food/beverage		357.
Travel		1,029.
Registration		375.
Miscellaneous		229.
Tax		439.
Bank charges		805.
Total to Form 990-EZ, line 16		4,968.
Form 990-EZ, Part I, Line 20, Changes in Net Ass	ets:	
Changes in Net Assets or Fund Balances:		Amount:
Unrealized gain		1,967.
Form 990-EZ, Part II, Line 24, Other Assets:		
Description	Beg. of Year	End of Year
Accounts receivable	5,990.	0.
Form 990-EZ, Part II, Line 26, Other Liabilities	:	
Description	Beg. of Year	End of Year

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Construction Specifications Institute Emplo

Employer identification number 75-3090752

Name of the organization	Foundation Inc.		75-30907	
Due to Institute			068. 84	
Accounts payable			3,637. 0	
Total to Form 9	990-EZ, line 26	9,	9,705. 840	
Form 990-EZ, Pa	art III, Primary Exempt Purpose - T	he purpo	se of the	
Foundation is t	to conduct research and to provide	educatio	on in the a	ırea
of process impr	rovement of the lifecycle of the bu	ilding e	environment	· .
Form 990-EZ, Pa	art III, Line 28, Program Service A	ccomplis	shments:	
The Foundation	carries out its mission through ac	tivities	3	
including live	and online continuing education, r	esearch		
and development	t, and special recognition and scho	larship		
programs.				
Form 990-EZ, Pa	art V, Information Regarding Person	al Benef	it Contrac	ts:
The organization	on did not, during the year, receiv	re any fu	ınds, direc	tly,
or indirectly,	to pay premiums on a personal bene	fit cont	ract.	
The organization	on, did not, during the year, pay a	ny premi	ums, direc	tly,
or indirectly,	on a personal benefit contract.			

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Nattomatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	·			Enter file	er's identifying n	umber
Type or print	Construction Specifications Institute				Employer identification number (EIN) or	
File by the	Foundation Inc.				75-3090752	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 110 South Union Street, No. 100			Social se	ocial security number (SSN)	
instructions	City, town or post office, state, and ZIP code. For a for Alexandria, VA 22314	oreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1
Application		Return	Application		Re	
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)	07		
Form 990-BL		02	Form 1041-A	08		
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227	10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069	11		
Form 990-T (trust other than above) CSI Foundation		06	Form 8870	12		
Teleph If the	books are in the care of \blacktriangleright 110 South Union none No. \blacktriangleright 703-706-4781 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group	, check this
for	the organization named above. The extension is for the calendar year or tax year beginning JUL 1, 2016	organizatio		the exem	npt organization r	eturn
2 If tl	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reas	on: Initial return I	Final retur	n	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
nonrefundable credits. See instructions.				3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						_
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
Caution:	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO aı	nd Form 8879-EC	for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)