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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning

and ending

B Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ation
- ☒ Amend-
ment
- ☐ Application
pending

Please
use IRS
label or
print or
type See
Specific
Instruc-
tions**C** Name of organization**YUMA-SOUTHWEST CONTRACTORS ASSOCIATION**

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

2741 S 8TH AVE, SUITE B

Room/suite

City or town, state or country, and ZIP + 4

YUMA, AZ 85364**D** Employer identification number**01-0574137****E** Telephone number**928-539-9035****F** Accounting method☐ Cash☒ Accrual☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ)**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No

(If "No," attach a list.)

H(d) Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☒ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website ▶ **WWW.YSWCA.COM****J** Organization type (check only one) ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally **not** more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶**393262.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

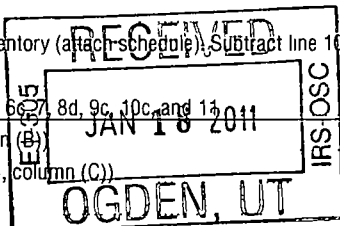
Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e			0.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			264232.
	3	Membership dues and assessments	3			123825.
	4	Interest on savings and temporary cash investments	4			1319.
	5	Dividends and interest from securities	5			2309.
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c				
7	Other investment income (describe ▶ _____)	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
			921.			
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1	8d			921.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
Net Assets	11	Other revenue (from Part VII, line 103)	11			656.
	12	Total revenue . Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			393262.
	13	Program services (from line 44, column (B))	13			
	14	Management and general (from line 44, column (C))	14			
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses . Add lines 16 and 44, column (A)	17			247841.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18			145421.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			95410.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20			12791.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			253622.

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2007)

SCANNED FEB 10 2010



Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>9181</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	9181.			
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	64013.			
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	4922.			
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping	2941.			
36 Occupancy	23775.			
37 Equipment rental and maintenance				
38 Printing and publications	35147.			
39 Travel	489.			
40 Conferences, conventions, and meetings				
41 Interest	464.			
42 Depreciation, depletion, etc. (attach schedule)	13674.			
43 Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 3	93235.			
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	247841.			

STATEMENT 4

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a PLAN ROOM SERVICES PROVIDE MEMBERS WITH TOOLS TO OPERATE THEIR BUSINESSES.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

b SAFETY EDUCATION PROVIDES MEMBERS TOOLS TO MAINTAIN A SAFE WORK ENVIRONMENT AND LIASON WITH STATE COMPENSATION INSURANCE OFFICIALS.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c ADVOCATING FOR MEMBERS WITH LOCAL AND STATE GOVERNMENT OFFICIALS AIDS IN A COMMON SENSE REGULATORY ENVIRONMENT THAT WORKS BETTER FOR ITS MEMBERS AND THE PUBLIC.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d PROVIDE SCHOLARSHIPS TO LOCAL STUDENTS WITH AN INTEREST IN CONSTRUCTION.

(Grants and allocations \$ 9181.) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

Form **990** (2007)

Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	24280.	45	27260.
	46 Savings and temporary cash investments	65858.	46	183128.
	47 a Accounts receivable	47a 35945.		
	b Less allowance for doubtful accounts	47b	47c	35945.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	50.	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	Cost FMV	54a	
	b Investments - other securities	Cost FMV	54b	
55 a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation	55b	30686.	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 53381.			
b Less accumulated depreciation STMT 6	57b 21983.	57c	31398.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 7.)	3000.	58	3538.	
59 Total assets (must equal line 74) Add lines 45 through 58	123874.	59	281269.	
Liabilities	60 Accounts payable and accrued expenses		60	2481.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 8	26866.	64b	19365.
	65 Other liabilities (describe ► SEE STATEMENT 9.)	1598.	65	5801.
66 Total liabilities. Add lines 60 through 65	28464.	66	27647.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	95410.	72	253622.
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	95410.	73	253622.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	123874.	74	281269.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DON WILSON 1030 S 8TH AVE YUMA, AZ 85364	DIRECTOR 1.00	0.	0.	0.
JOHN LOCKARD 2324 E 15TH PLACE YUMA, AZ 85364	DIRECTOR 1.00	0.	0.	0.
LARRY SULLINS 4233 E 30TH PLACE YUMA, AZ 85365	CHAIRMAN 1.00	0.	0.	0.
PAT WALKER 3333 E 33RD PLACE YUMA, AZ 85365	DIRECTOR 1.00	0.	0.	0.
KAY CAPPS 7201 E 32ND ST YUMA, AZ 85364	PAST CHAIRMAN 5.00	0.	0.	0.
MATT REYELTS 1102 E 21ST ST, #A YUMA, AZ 85365	DIRECTOR 1.00	0.	0.	0.
MOISES GARCIA ----- -----	DIRECTOR 1.00	0.	0.	0.
----- -----				

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
83b	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: N/A; section 4912: N/A; section 4955: N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b	N/A		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89e			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed: AZ		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	2
91 a	The books are in care of: THE ORGANIZATION Telephone no.: 928-539-9035 Located at: 2741 S 8TH AVE, SUITE B, YUMA, AZ ZIP + 4: 85364		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <u>PLAN ROOM</u>					200078.
b <u>STATE COMP DIVIDENDS</u>					64154.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					123825.
95 Interest on savings and temporary cash investments					1319.
96 Dividends and interest from securities					2309.
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					921.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <u>AZ SALES TAX CREDITS</u>					98.
b <u>MEDICAL INSURANCE</u>					
c <u>ADVERTISING</u>					378.
d <u>RETURNED CHECK CHARGE</u>					25.
e <u>MISCELLANEOUS</u>					155.
104 Subtotal (add columns (B), (D), and (E))		0.		0.	393262.
105 Total (add line 104, columns (B), (D), and (E))					393262.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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

Please Sign Here

Signature of officer: Don Wilson Date: 1-11-11

Type or print name and title: DON WILSON, DIRECTOR

Paid Preparer's Use Only

Preparer's signature: PAUL MCLEOD Date: 12/17/10 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: BROWN, BENCH & WRIGHT. P.C.
798 WEST 28TH STREET
YUMA, AZ 85364

Preparer's SSN or PTIN (See Gen. Inst. X): EIN

Phone no.: 928-344-3003

Form 990 (2007)

Depreciation and Amortization 990
 (Including Information on Listed Property)
 ▶ See separate instructions. ▶ Attach to your tax return.

YUMA-SOUTHWEST CONTRACTORS ASSOCIATION FORM 990 PAGE 2 01-0574137

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	125000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1659.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	12015.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	13674.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%			S/L -		
		%			S/L -		
		%			S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28****29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2007 tax year

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43 Amortization of costs that began before your 2007 tax year **43****44** **Total.** Add amounts in column (f). See the instructions for where to report **44**

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
GAIN ON SALES	921.	0.	0.	921.
TO FORM 990, PART I, LINE 8	921.	0.	0.	921.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	12791.
TOTAL TO FORM 990, PART I, LINE 20	12791.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	5310.			
BANK CHARGES	1263.			
CLEANING	1729.			
DUES & SUBSCRIPTIONS	2374.			
MEMBER EVENTS	12717.			
INSURANCE	5084.			
INTERNET	1451.			
LEASING EQUIPMENT	9427.			
MEETINGS	1422.			
MISCELLANEOUS	2847.			
OFFICE SUPPLIES	4988.			
PROFESSIONAL FEES	1625.			
REPAIRS & MAINTENANCE	33526.			
SCF SAFETY COMMITTEE	1079.			
TAXES	384.			
TELEPHONE	2699.			
UTILITIES	3067.			
WEBSITE	2243.			
TOTAL TO FM 990, LN 43	93235.			

FORM 990	CASH GRANTS AND ALLOCATIONS TO INDIVIDUALS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS & DONATIONS VARIOUS	NONE	9181.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	9181.
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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

TO PROVIDE TOOLS FOR MEMBERS TO RUNS THIER BUSINESSES EFFICIENTLY AND EFFECTIVELY, WORK SAFELY, AND BE AN ADVOCATE FOR THE MEMBERS.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	631.	537.	94.
DESK	254.	189.	65.
FRONT OFFICE DESK	328.	144.	184.
TABLE & CHAIR	129.	56.	73.
COMPUTER	1506.	883.	623.
PRINTER	32261.	16776.	15485.
COMPUTER SCANNER	1751.	910.	841.
NEW DESK & FURNISHINGS	312.	121.	191.
OFFICE COUNTER	1824.	708.	1116.
CONFERENCE TABLE	4958.	248.	4710.
CHAIR	105.	8.	97.
LAPTOP COMPUTER	1898.	348.	1550.
DELL COMPUTER	1103.	184.	919.
SMALL COPIER	5806.	871.	4935.
TRIMMER	515.	0.	515.
TOTAL TO FORM 990, PART IV, LN 57	53381.	21983.	31398.

FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
REFUNDABLE DEPOSITS	3000.	3000.
UNDEPOSITED FUNDS		538.
TOTAL TO FORM 990, PART IV, LINE 58	3000.	3538.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	8
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LENDER'S NAME	TERMS OF REPAYMENT
FOOTHILLS BANK	PRINCIPAL + INTEREST

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
12/15/05	12/15/10	28000.	5.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	PLAN ROOM PRINTER

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
PLAN ROOM PRINTER	28000.	19365.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	19365.
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FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
PAYROLL TAXES	1083.	2651.
SALES TAX	515.	3150.
TOTAL TO FORM 990, PART IV, LINE 65	1598.	5801.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	10
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PLAN ROOM SERVICES PROVIDE MEMBERS WITH TOOLS TO OPERATE THIER BUSINES
93B	SAFETY EDUCATION PROVIDES MEMBERS TOOLS TO MAINTAIN A SAFE WORK ENVIRO
94	ADVOCATING FOR MEMBERS WITH LOCAL AND STATE GOVERNMENT OFFICIALS AID
95	ADVOCATING FOR MEMBERS WITH LOCAL AND STATE GOVERNMENT OFFICIALS AID
96	ADVOCATING FOR MEMBERS WITH LOCAL AND STATE GOVERNMENT OFFICIALS AID
100	ADVOCATING FOR MEMBERS WITH LOCAL AND STATE GOVERNMENT OFFICIALS AID

103A	PLAN ROOM SERVICES PROVIDE MEMBERS WITH TOOLS TO OPERATE THIER BUSINES
103C	PLAN ROOM SERVICES PROVIDE MEMBERS WITH TOOLS TO OPERATE THIER BUSINES
103D	PLAN ROOM SERVICES PROVIDE MEMBERS WITH TOOLS TO OPERATE THIER BUSINES
103E	PLAN ROOM SERVICES PROVIDE MEMBERS WITH TOOLS TO OPERATE THIER BUSINES

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
1	COMPUTER	121504	200DB	5.00	17	631.			631.	474.		63.
2	DESK	121504	200DB	7.00	17	254.			254.	163.		26.
3	FRONT OFFICE DESK	050405	200DB	7.00	17	328.			328.	70.		74.
4	TABLE & CHAIR	051705	200DB	7.00	17	129.			129.	27.		29.
5	COMPUTER	092705	200DB	5.00	17	1506.			1506.	467.		416.
6	PRINTER	120606	200DB	5.00	17	32261.			32261.	6452.		10324.
7	COMPUTER SCANNER	011906	200DB	5.00	17	1751.			1751.	350.		560.
8	NEW DESK & FURNISHINGS	020906	200DB	7.00	17	312.			312.	45.		76.
9	OFFICE COUNTER	061506	200DB	7.00	17	1824.			1824.	261.		447.
10	CONFERENCE TABLE	062607	SL	10.00	16	4958.			4958.			248.
11	CHAIR	062107	SL	7.00	16	105.			105.			8.
12	LAPTOP COMPUTER	011907	SL	5.00	16	1898.			1898.			348.
13	DELL COMPUTER	031407	SL	5.00	16	1103.			1103.			184.
14	SMALL COPIER	040607	SL	5.00	16	5806.			5806.			871.
15	TRIMMER	122707	SL	7.00	16	515.			515.			0.
	* 990 PAGE 2 TOTAL					53381.		0.	53381.	8309.	0.	13674.
	PROGRAM SERVICES											
	* GRAND TOTAL 990 PAGE					53381.		0.	53381.	8309.	0.	13674.
	2 DEPR											

728102
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone