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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)

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
2009
Open to Public

_	F41 - 200	10 l d			J		1 mapection
<u>A</u>		T	ear, or tax year beginning , and ending				
В	Check if applical	I I I BE I I RS	C Name of organization RI HEAVY & HIGHWAY CONSTRUCTI	.ON	i	D Empl	oyer identification number
<u> </u>	Address change	label or	INDUSTRY ADVANCEMENT FUND				
	Name change	print or	Doing Business As			05-	6052134
	Initial return	type	Number and street (or P O box if mail is not delivered to street address)	Room/su	ite	-	none number
一	•	See Specific	615 JEFFERSON BLVD			401	<u>-738-8530</u>
	Termination	Instruc-	City or town, state or country, and ZIP + 4		L	G Gross rece	erpts 337, 416
	Amended return	tions.	WARWICK RI 02886				
I^{-1}	Application pend	ing F Name	and address of principal officer			H(a) Is this	a group return for
' '	, ipplication police	9				affiliate	es? Yes X No
		ļ] ;	H(b) Are all include	affiliates
					1		' attach a list (see instructions)
1	Tax-exempt s	status X	501(c) (6) ◀ (insert no) 4947(a)(1) or 527				and the food managements)
<u> </u>	Website >		3016			H(c) Group	exemption number
_	Type of organiza		oraţion X Trust Associaţion Other ▶	L Year of form			M State of legal domicile RI
	art l	Summar			allun 1	7,3	m State of regar gornicite 111
							
	1	•	e organization's mission or most significant activities	DOMONT TIM	DT 011-		
e	i		E CONSTRUCTION INDUSTRY PROGRAMS AND TO PE				TY,
Jan			E BARGAINING TECHNIQUES, PUBLIC RELATIONS				
Governance			NT PROGRAMS AND SIMILAR INDUSTRY WIDE VENT				THE
Š	2 Chec	k this box 🕨	If the organization discontinued its operations or disposed of more t	than 25% of its	net asse	ets	
~	3 Numb	ber of voting	members of the governing body (Part VI, line 1a)			3	4
es	4 Numb	ber of indepe	ndent voting members of the governing body (Part VI, line 1b)			4	4
Activities	5 Total	number of e	mployees (Part V, line 2a)			5	
ŧ	6 Total	number of v	plunteers (estimate if necessary)			6	
•	7a Total	gross unrela	ted business revenue from Part VIII_column (C), line 12			7a	
		-	iness taxable income from Form 990-T, line 34-05-1			7b	
			T NECEIVED		Prior Year		Current Year
a	8 Contr	ibutions and	grants (Part VIII, line 1h)				
gR2PHue	9 Progra	am service i	evenue (Part VIII, line 2g) (Part VIII, column (A), lines 3, 4, and 7d) (A) lines 5, 6d, 8d, 9c, 100, and 11e)		334	,084	332,556
٨	10 Invest	tment incom	10	,515	4,860		
E.	'		art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
<u></u>			dd lines 8 through 11 (must equal Part VIII) Golumn (N), line 72)		344	,599	337,416
	13 Grant		amounts paid (Part IX, column (A), lines 1-3)		,356	54,262	
	14 Renet		for members (Part IX, column (A), line 4)			1	
	1	•	mpensation, employee benefits (Part IX, column (A), lines 5–10)		30	,719	32,500
8	46 Drofo		aising fees (Part IX, column (A), line 11e)			/	
PAREES	1 to a Prote		expenses (Part IX, column (D), line 25)	-			
X	b Total				126	,844	298,105
SCARK	17 Other	•	Part IX, column (A), lines 11a–11d, 11f–24f)	}		,919	384,867
	18 Total	•	dd lines 13-17 (must equal Part IX, column (A), line 25)		$\frac{341}{-197}$		-47,451
	19 Rever	nue less exp	enses Subtract line 18 from line 12	Beginni	g of Curre		End of Year
Net Assets or Fund Balances	20 Tatal	to (Dad	V line 16)	Degittiii		, 455	342,247
Sse	20 Total	assets (Part				,036	51,279
a e	21 Total	•	rt X, line 26)	 		,419	290,968
			balances Subtract line 21 from line 20		330	, = 1 3	230,300
_ P		Signatur					
		Under penalti	es of perjury, I declare that I have examined this return, including accompanying sch true, correct, and complete. Declaration of preparer (other than officer) is based on	nequies and states in all information o	ments, and I which pre	o the bes	t of my knowledge any knowledge
			1 2 106 2		•	ما	.//.
Sig	ın	—	The will tres				173/10
He	re	Signatur	olofficer / / / / / / / / / / / / / / / / / / /			Date	
			Stephen A. Cardi & fresident				
		Type or p	rint name and title				T 6
		Preparer's	Dat		Check if self-		Preparer's identifying number (see instructions)
Pai	id (signature	Valerie, E. Campana Os	5/13/10	employed		
	eparer's		Administration Services Inc.			EIN 🕨	
Us		Firm's name	200 Midray Bood			Phone	401 942 8690
	1	if self-employ address, and	•				401 242 0070
<u></u>		<u></u>	urn with the preparer shown above? (see instructions)			no	Yes No
iviay	いいさいへつ ひば	ししょう はける 「ピ	And the preparer another above. (occurational)				1 [100] 1140

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

49,588) (Revenue \$

Form 990 (2009)

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

80,887 including grants of \$

80,887

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	n 990 (2009) RI HEAVY & HIGHWAY CONSTRUCTION 05-6052134		F	age
_P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	l	x
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	 ^
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	 	t	
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	}
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			l
	complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		3 7	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
Ĭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				•
4-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ا ء ا		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
. 0	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

- Form 990 (2009) RI HEAVY & HIGHWAY CONSTRUCTION 05-6052134 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X 21 in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b 990-EZ? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 X If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X 28c Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

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

19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2009)

37

X

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Otatomone Regulating extremely minge and tax compliance				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				100	110
	U.S. Information Returns Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable	9			
	gaming (gambling) winnings to prize winners?			1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retui		<u> </u>	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d bv				
	this return?	•		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	y			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		•			
	account)?			4a		x
b	If "Yes," enter the name of the foreign country					\Box
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega				_	-
	Prohibited Tax Shelter Transaction?	Ū		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
	organization solicit any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for c	oods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal				
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			_7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as				<u> </u>
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	_			7	
а	Initiation fees and capital contributions included on Part VIII line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b]	
					000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			,	
				Yes	No
1a	Enter the number of voting members of the governing body	1a 4			
b	Enter the number of voting members that are independent	1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2	<u></u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 wa	s filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a	l	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
•	the year by the following				
а	The governing body?		8a	x	Ì
b	Each committee with authority to act on behalf of the governing body?		8b	X	
	· · · · · · · · · · · · · · · · · · ·		- OD_	-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				х
<u></u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Internal	9	L	
	tion B. Policies (This Section B requests information about policies not required by the	mternai			
Rev	enue Code.)				
			<u>г</u>	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	_	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b	<u> </u>	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		i		
	form?		11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	ļ <u>.</u>	X
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a					
104	with a taxable entity during the year?		16a	1	х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		102	_	
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
			16b		
500	the organization's exempt status with respect to such arrangements?	_	1 100		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None	E A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in	terest			
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of				
	organization ► HENRY SHERLOCK 615 JEFFERSON BLVI		404 = -		
W2	ARWICK RI 028	86	<u>401-73</u>	<u>੪−8</u>	<u> 530</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) (C) Average Position (check all that apply)					that ann	JV)	(D) Reportable	(F) Estimated	
Name and Title	hours per week	Individual trustee		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
HENRY SHERLOCK	05.00							00 640		
EXEC DIRECTO	25.00	X		<u> </u>	-	╁	\dashv	80,640	0	0
STEPHEN CARDI JR TRUSTEE	10.00	x						0	0	o
JOHN EVERSON							一			
TRUSTEE	10.00	X						0	0	0
STEPHEN LYNCH JR										
TRUSTEE	10.00	X					\Box	0	0	0
MICHAEL D'AMBRA	10.00	l ,						0	0	o
TRUSTEE CHIP MANELLI	10.00	X				╁	\dashv	0	0	
TRUSTEE	10.00	x						0	0	o
			-							

Pa	t VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	npic	yees	s, an	na Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average hours per	-		chec		hat a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth compet from organi and re organiz	er isation the zation elated	
			_										
		1											
		1	<u> </u>		_	_							
		1	-										
			-										
]					<u> </u>						
		-											
							-						
		-											
											·-··		
1b 2	Total number of individuals (ii				thos	e lıs	ted a	bov	e) who received more than				
	reportable compensation from	the organization	<u>1 🏲</u>	0								Tv	
3	Did the organization list any for employee on line 1a? If "Yes,								oyee, or highest compensa	ted	3	Yes	No X
4	For any individual listed on line the organization and related of	e 1a, is the sum	of re	port	able	com	pens	satio	on and other compensation s," complete Schedule J fo	from r such	4		x
5	Individual Did any person listed on line services rendered to the organized to the organiz									ır 	5		х
Sec	tion B. Independent Contract	tors											
1	Complete this table for your fi compensation from the organ	ization	ensa	ted	ınde	pend	lent o	conti				(C)	
	Name and	(A) d business address		-			 -	_	Descrip	(B) tuon of services		(C) ompensa	tion
-				<u> </u>									
								-					
	 												
2	Total number of independent more than \$100,000 in compe		_				ed to	tho	se listed above) who receiv	/ed			
											For	m 990	(2000

Pa	rt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S			4-			ieveriue		312, 313, 01 314
ᆵ	1a	Federated campaigns	1a					
g	b	Membership dues	1b					
fts, rar	С	Fundraising events	1c					
gi	d	Related organizations	1d					
ons Sir	е	Government grants (contributions)	1e					
utic	f	All other contributions, gifts, grants,						
ott		and similar amounts not included above	1f					
on	g	Noncash contributions included in lines 1a-	1f \$					
C	h	Total. Add lines 1a-1f						
Program Service Revenue Contributions, gifts, grants and other similar amounts				Busn. Code				
ver	2a	EMPLOYER CONTRIBUTI	ONS		332,556	332,556		
8	b							
vice	С							
Ser	d							
аш	е							
g	f	All other program service reve	nue			,,	,,,	
4	g	Total. Add lines 2a-2f		•	332,556			
	3	Investment income (including	dıvıdends,	interest, and				
		other similar amounts)		•	4,860	4,860		
	4	Income from investment of tax	exempt b	ond proceeds 🕨 📙				
	5	Royalties		_				
		(ı) Real		(II) Personal				
	6a	Gross Rents			İ			
	b	Less rental exps						
	С	Rental inc or (loss)						
	d	Net rental income or (loss)		•				
	7a	Gross amount from (i) Securities	3	(ii) Other				
		sales of assets other than inventory						
	b	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraising eve	nts					
nue		(not including \$						
Š		of contributions reported on line 1c)	1				
Other Reven		See Part IV, line 18	a					
Ę	ь	Less direct expenses	ь					
ŏ		Net income or (loss) from fund	Iraising ev	ents >				
	ŧ .	Gross income from gaming activities						
		See Part IV, line 19	a					
	h	Less direct expenses	ь					
		Net income or (loss) from gam	ııng actıvıt	ies 🕨				
		Gross sales of inventory, less	Ĭ					
	''	returns and allowances	a					
	ь	Less cost of goods sold	<u> </u>	·				
		Net income or (loss) from sale	s of inven	tory	İ			
	Ť	Miscellaneous Revenue		Busn. Code	Tulika Arrian III.			
	11a		-			l		
	b							
	ັ							
	d	All other revenue					W	
	e	Total, Add lines 11a-11d		•				
	12	Total Revenue. See instruction	ns	>	337,416	337,416	0	0

. Form 990 (2009) **Statement of Functional Expenses** Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	, otal oxperiods	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	54,262			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Compensation of current officers, directors,	- "			
5	•				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		•		
	persons described in section 4958(c)(3)(B)	00 000	 _		· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages	29,820			
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	0.000			
10	Payroll taxes	2,680			<u> </u>
11	Fees for services (non-employees)	00 640			
	Management	80,640			<u> </u>
þ	Legal	52,503			
	Accounting	4,500	_ -		
	Lobbying	26,625	v.		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	<u>-</u>			
12	Advertising and promotion				
13	Office expenses	14,067			
14	Information technology				
15	Royalties	1.0.005			
16	Occupancy	16,995			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,258			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,494			
23	Insurance	2,111			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	PROXY TAX	72,451			
þ	FEES FOR TTEES OF RELATED	2,800			
С	COLLECTION FEES	1,035			
d	MISCELLANEOUS	626			
е					
f	All other expenses	304 065	 	<u> </u>	
25_	Total functional expenses. Add lines 1 through 24f	384,867			
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation			L	

Page 11

	90 (2009) RI HEAVY & HIGHWAY CONSTRUCTION	05-6052134_		Page 11
Part	X Balance Sheet	(A)		(B)
		Beginning of year		End of year
	Cook and interest horses	11,195	1	8,752
1	· ·	305,910	2	300,901
2		303,310	3	300,301
3		15,604	4	15,343
4		13,004	4	13,343
5	·			
	employees, and highest compensated employees. Complete Part II of		5	
۱,	Schedule L			
۰ ا	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		6	
۔ ا د	Part II of Schedule L		7	
5 7	,		8	
ASSEIS 8 8		2,200	9	2,200
9	· · · ·	2,200	-	2,200
110	Da Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 57,	496		
	40	445 16,546	10c	15,051
		10,340	11	10,001
11	·		12	
12			13	
13			14	
14			15	
15		351,455	16	342,247
16		13,036	17	11,279
18		20,000	18	
19	• •		19	- -
20			20	
			21	
22				
5 **	employees, highest compensated employees, and disqualified			
	persons Complete Part II of Schedule L		22	
23			23	
24			24	40,000
25			25	
	5 Total liabilities. Add lines 17 through 25	13,036	26	51,279
	Organizations that follow SFAS 117, check here ▶ and			
	complete lines 27 through 29, and lines 33 and 34.			
E 27	•		27	
B 28			28	
29			29	
5	Organizations that do not follow SFAS 117, check here ▶ 🕱			
<u>-</u>	and complete lines 30 through 34.			
ر ا ن			30	
i 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
31 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32		338,419	32	290,968
ਨੂੰ 33		338,419	33	290,968
33 34	Total liabilities and net assets/fund balances	351,455	34	342,247

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Nar	ne of organization RI HEAVY & HIGHWAY			Employer identif						
	INDUSTRY ADVANCEMENT			05-6052134						
Pai	t I-A Complete if the organization is exe			on 527 organization	on.					
1	Provide a description of the organization's direct and indi	rect political campaign activities	ın Part IV							
2	Political expenditures			▶ \$ _						
3	Volunteer hours									
Pai	t I-B Complete if the organization is exe	mpt under section 501(c)(3).							
_ <u></u> 1	Enter the amount of any excise tax incurred by the organ			▶ \$						
2	Enter the amount of any excise tax incurred by organizat		5	▶ \$						
3	If the organization incurred a section 4955 tax, did it file I				Yes No					
4a	Was a correction made?				Yes No					
b	If "Yes," describe in Part IV									
Pai	t I-C Complete if the organization is exe	mpt under section 501(c	, except sect	ion 501(c)(3).						
1	Enter the amount directly expended by the filing organization	ation for section 527 exempt func	tion							
	activities			▶ \$ _						
2	Enter the amount of the filing organization's funds contrib	outed to other organizations for s	ection							
	527 exempt function activities									
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,									
	line 17b			▶ \$ _						
4	Did the filing organization file Form 1120-POL for this ye				Yes No					
5	Enter the names, addresses and employer identification									
	were made For each organization listed, enter the amount									
	contributions received that were promptly and directly de			a separate segregate	d					
	fund or a political action committee (PAC) If additional s			1						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and					
				funds If none, enter -0-	promptly and directly					
					delivered to a separate					
					political organization If none, enter -0-					
					Hono, onto					
	**									
										
				[
		-								
			•							
				<u> </u>						
F	Notice of Department Reduction Act Notice conti	ha Instructions for Form 990 or	990.EZ	Cabadula C /Fam	- 000 -= 000 E7) 2000					

che	edule C (Form 990 or 990-EZ) 2009 RI	HEAVY & HI	GHWAY CONS	TRUCTION	05-6052	134 Page 2
	rt II-A Complete if the organi				filed Form 5768 (el	ection
	under section 501(h)).	· · · · · · · · · · · · · · · · · · ·				
1	Check ▶ ☐ if the filing organiza	tion belongs to a	n affiliated group).		
3 (Check 🕨 🗍 if the filing organiza				ions apply.	
	Limits on Lo	bying Expendit	tures		(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
	Total lobbying expenditures to influence p			ļ. <u>.</u>		_
	Total lobbying expenditures to influence a	<u> </u>				
С	Total lobbying expenditures (add lines 1a	and 1b)		<u> </u>		
	Other exempt purpose expenditures			Ļ		
	Total exempt purpose expenditures (add I			_		
f	Lobbying nontaxable amount Enter the a	mount from the follow	ring table in both			
_	columns					
- 1	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	axable amount is:			
Ļ	Not over \$500,000	20% of the amount o	n line 1e			
Ļ	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,0	00		
L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000	,000		
L	Over \$1,500,000 but not over \$17,000,000	000				
	Over \$17,000,000	\$1,000,000			,	
g	Grassroots nontaxable amount (enter 25%	6 of line 1f)		L		
h	Subtract line 1g from line 1a If zero or les	L				
i	Subtract line 1f from line 1c If zero or less	s, enter -0-		L		
j	If there is an amount other than zero on e	ither line 1h or line 1i	, did the organization	file Form 4720 re	porting	
	section 4911 tax for this year?					Yes No
		A-Vear Averagin	ng Period Under	Section 501/	h)	
	(Some organizations tha					the five
		low. See the ins				ine nve
	Columns be				21 On page 4.,	
	Lobi	oying Expenditu	res During 4-Ye	<u>ar Averaging</u>	<u>Period</u>	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount					
	(150% of line 2d, column (e))					
			1	1	ı	1

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Page	3
------	---

	(election under section 501(h)).	(;	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i		<u> </u> _	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			·····
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	.		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2_		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information - Schedule C (Form 990 or 990-EZ) 2009 RI HEAVY & HIGHWAY CONSTRUCTION

05-6052134

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 **2009**

Open to Public Inspection

Employer identification number Name of the organization RI HEAVY & HIGHWAY CONSTRUCTION INDUSTRY ADVANCEMENT FUND 05-6052134 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

<u>Sche</u>		HIGHWAY CON:			05-60					age Z
Pa	rt III Organizations Maintaining	Collections of Art, H	istorical Treas	sures,	or Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, check	any of the following	ng that ar	e a significa	int use o	f its			
а	Public exhibition	d Loan or	exchange progran	ns						
ь	Scholarly research	e Other	-							
C	Preservation for future generations	ب								
4	Provide a description of the organization's colle	ections and explain how th	ey further the orga	nızatıon's	exempt pu	rpose in				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, hi	storical treasures,	or other s	sımılar			Ye	. [No
Da	at IV Escrow and Custodial Arra					"Yes" t	o Form 9			110
ı, d	IV, line 9, or reported an am			allon a	10110100	100 1	01011110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
٦а	Is the organization an agent, trustee, custodiar	or other intermediary for	contributions or otr	ner asset	s not			П v.		1
	included on Form 990, Part X?							Y€	·s	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table			_	$\overline{}$	A		
							_	Amoun		
Ç	Beginning balance					\vdash	1c			
d	Additions during the year					<u> </u>	1d			
е	Distributions during the year					<u> </u>	1e			
f	Ending balance					Ľ	1f			,
2a	Did the organization include an amount on For	m 990, Part X, line 21?						Y€	s L	No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Comple	ete if organization an	swered "Yes" t	o Form	<u> 1990, Pa</u>	<u>rt IV, li</u>	ne 10.	,		
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three	e years back	(e) Fou	years	back
1a	Beginning of year balance									
	Contributions			<u> </u>						
С	Net investment earnings, gains,		•							
	and losses					·				
d	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses						***************************************			
2	Provide the estimated percentage of the year	end halance held as		·						
	Board designated or quasi-endowment ▶	%								
	Permanent endowment ▶ %	'								
	Term endowment ▶ %									
	Are there endowment funds not in the possess	ion of the organization tha	t are held and adm	ninistered	for the					
Ja	organization by	ion of the organization tha	t are neid and dan	miliotorou	101 1110			[Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations	isted as required on School	tule P2					3b		
		•						[00]		
<u>4</u>				0 Part	Y line 10	<u> </u>				
<u> Fa</u>	····	(a) Cost or other basis	(b) Cost or oth			umulated		(d) Book	value	
	Description of investment	(investment)	basis (other)	- 1		eciation		(a) Dook	V 0100	
	N	\	22010 (011101)	<u> </u>						
	Land				•					
	Buildings	<u> </u>								
	Leasehold improvements		 							
	Equipment		E 7	400					: 7	106
	Other			<u>,496</u>			_		57 , ·	
ota	1. Add lines 1a through 1e (Column (d) must eq	uai Form 990, Part X, colu	mn (B), line 10(c)	<u> </u>			<u> </u>		57,	- 30

Part VII Investments—Other Securities. See Form		7=1 AA=1)	
(a) Description of security or category	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(including name of security)		Cost of end-or-year market	value
inancial derivatives			_
closely-held equity interests		<u> </u>	
Other	_		
	-		
	-		
			
	-		
			
	_		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of valuation	n
(a) Description of investment type	(b) book value	Cost or end-of-year market	
			
	- - - - - - - - -		
		·	_
-			
Total (Column (h) must equal Form 990 Part X col. (B) line 13.)	•		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets, See Form 990, Part X, line 1	> 5		
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Part IX Other Assets. See Form 990, Part X, line 1	5	(1)	o) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5	(1)	o) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5	(1)	o) Book value
Part IX Other Assets. See Form 990, Part X, line 1	5	(1)	a) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description	5		a) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)	5	(1)	o) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line	e 25.	(t)	o) Book value
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Part IX Other Assets. See Form 990, Part X, line 1 (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.		a) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.	(I) 	a) Book value
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Part IX Other Assets. See Form 990, Part X, line 1 (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.		a) Book value
Part IX Other Assets. See Form 990, Part X, line 1 (a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	e 25.		a) Book value

Sche	edule D (Form 990) 2009 RI HEAVY & HIGHWAY CONSTRUCTION	05-6052134	Page 4
	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Fin	ancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Re	venue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b			
С	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	art XIV Supplemental Information		
Com	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b	
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	Also complete	
his p	part to provide any additional information.		
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Schedule D (F	orm 990) 2009	RI HEAVY	& HIGHWAY	CONSTRUCTION	05-6052134	Page 5
Part XIV	Suppleme	RI HEAVY ental Information	n (continued)			
						
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SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047 Onen to Public

Inspection			☐ Yes 💢 No	ed "Yes" to than \$5,000. Use ▶	(h) Purpose of grant or assistance	INDUSTRY PROMOTION			SPONSORSHIP		PROMOTE INDUSTRY					
	Employer identification number 05-6052134		ס	lanization answer nt received more	(g) Description of non-cash assistance	 		ì	<u> </u>		PR					
	Employer 05-60		or assistance, an	plete if the org no one recipie	(f) Method of valuation (book, FMV, appraisal, other)											
0.			rants or assistance, the grantees' eligibility for the grants or assistance, and grant funds in the United States	ited States. Com Check this box if	(e) Amount of non-cash assistance											
► Attach to Form 990.			istance, the grantees' in the United States	zations in the Un ore than \$5,000. needed	(d) Amount of cash grant		23,088		13,000			13,500				
	NOI		ants or ass rant funds	1 Organi eived m ace is n	(c) IRC section if applicable		က					9				
	CONSTRUCTION	Assistance	ne amount of the grance?	vernments and ecipient that recipient if additional sp	(b) EIN		52-6283894				·	01-0649850				organizations
	RI HEAVY & HIGHWAY CONSTRINDUSTRY ADVANCEMENT FUND	⊏	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government	S.W.	DC	OF RI TRANS PROGRAM	RI 02881	RS ASSN OF RI		RI 02896				Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations
Department of the Treasury Internal Revenue Service		Part I General In	1 Does the organization in the selection criteria use 2 Describe in Part IV the control of the c	=	1 (a) Name and ad or go	ARTBA 501 SCHOOL ST., S	WASHINGTON	×	BLISS HALL KINGSTON	UTILITY CONTRACTORS	3 WILLIAMS STREET	N SMITHFIELD				2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009

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Schedule I (F	Schedule I (Form 990) 2009 RI HEAVY & HIGHWAY CONSTRU	IIGHWAY CONSTF	CTION	05-6052134		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Con Use Part IV and Schedule I-1 (Form 990) if additional space is needed	to Individuals in the (Form 990) if addition	e United States. Con nal space is needed	nplete if the organiza	Jnited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. al space is needed	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to r	provide the informati	ion required in Part I,	line 2, and any other additi	onal information.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization

RI HEAVY & HIGHWAY CONSTRUCTION INDUSTRY ADVANCEMENT FUND

Employer identification number 05-6052134

Form 990 - Organization's Mission or Most Significant Activities

TO ADVANCE CONSTRUCTION INDUSTRY PROGRAMS AND TO PROMOTE EMPLOYEE SAFETY,

COLLECTIVE BARGAINING TECHNIQUES, PUBLIC RELATIONS PROGRAMS, MARKET

DEVELOPMENT PROGRAMS AND SIMILAR INDUSTRY WIDE VENTURES PERTAINING TO THE

CONTRUCTION INDUSTRY.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 FORM 990 IS PRESENTED TO THE BOARD OF TRUSTEES FOR THEIR REVIEW AND uz SIGNATURE

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation DOCUMENTS ARE PROVIDED TO INTERESTED PARTIES UPON REQUEST, So8NAR~ET

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Schedule R (Form 990) 2009 Open to Public Inspection (f)
Direct controlling
entity OMB No 1545-0047 Employer identification number 2009 (f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A 05-6052134 (e) Public chanty status (if section 501(c)(3)) (e) End-of-year assets **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (d) Total income 501 (C) Related Organizations and Unrelated Partnerships ▶ See separate instructions. (c)
Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) 몺 PROMOTION (b) Primary activity Primary activity ▶ Attach to Form 990. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 51-0187738 RI HEAVY & HIGHWAY CONSTRUCTION INDUSTRY ADVANCEMENT FUND (a) Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity 02886 CONSTRUCTION INDUSTRIES OF RI RI 615 JEFFERSON BLVD. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R WARWICK (Form 990) Part # Part !

HHIAF 05/13/2010 10 45 AM

Page 2 (J) General or Schedule R (Form 990) 2009 managing partner? Yes Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V—UBI amount in box 20 of Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule K-1 (Form 1065) end-of-year assets Share of <u>6</u> (h)
Disproportionate 욷 Yes (g) Share of end-of-year Share of total income assets (f) Share of total income Type of entity (C corp, S corp, or trust) (e)
Predominant
income (related,
unrelated,
excluded from
sections
512-514) Direct controlling ਉ 05-6052134 (d) Direct controlling Legal domicile foreign country) (state or (c) Legal domicite (state or foreign country) RI HEAVY & HIGHWAY CONSTRUCTION Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2009 Part III Part IV ĕ

Schedule R (Form 990) 2009

RI HEAVY & HIGHWAY CONSTRUCTION

05-6052134

Page 3

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n Parts II, III, or IV of this schedule	on engage in any of the following transactions with one or more related organizations listed in Parts II–IV?
Note. Complete line 1 if any entity is listed in	1 During the tax year, did the organization e

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
 - c Gift, grant, or capital contribution from other organization(s) b Gift, grant, or capital contribution to other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)

Purchase of assets from other organization(s)

- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- i Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
 - Performance of services or membership or fundraising solicitations by other organization(s)

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- m Sharing of facilities, equipment, mailing lists, or other assets
- Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b) (c) Transaction Amount involved type (a-r)		
(a) Name of other organization	(1)	

- 2 3
- (4) 3
- Schedule R (Form 990) 2009

9

Part VI

Page 4

05-6052134

Schedule R (Form 990) 2009 RI HEAVY & HIGHWAY CONSTRUCTION

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.)

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

5.77	1.	2									60
(h) General or managing partner?			 								990) 20
		S				<u> </u>					Form 9
(g) Code V—UBI amount in box 20 of Schedule K-1	(590										Schedule R (Form 990) 2009
(g) Code V– nount in Schedu	(Form 1								1		Sched
<u></u>	1						 	,		 ·	
(f) Disproportionate allocations?	1	2	 								
Disproport allocatic	\$	Sel						 			
		Ì									
(e) Share of end-of-year assets											
S La											
artners nn (3)	rions?	2		_							
(d) Are all partners section 501(c)(3)	organiza	Si									
cile		\dagger		<u>. </u>							
(c) Legal domicile (state or foreign country)								·			
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(b) Primary activity											
P											
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(a) Name, address, and EIN of entity											
nd EIN											
(a) dress, ar											
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Z											
(a) (b) (c) (c) (b) Address, and EIN of entity (state or foreign country)											

Form **4562**

Name(s) shown on return

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

operty) 20(

structions. Attach to your tax return

PSee separate instructions. ► RI HEAVY & HIGHWAY CONSTRUCTION

Identifying number 05-6052134

OMB No 1545-0172

INDUSTRY ADVANCEMENT FUND Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 5 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2010 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 1,494 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (g) Depreciation deduction placed in (business/investment use (e) Convention (a) Classification of property only-see instructions) service 19a 3-year property b 5-year property 7-year property С d 10-year property 15-year property 20-year property S/L 25 yrs 25-year property S/L 27 5 yrs MM h Residential rental property MM S/L 27 5 yrs MM S/L 39 yrs Nonresidential real property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 y<u>rs</u> S/L b 12-year S/L 40-year MM 40 yrs Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 21 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 1,494 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

05/13/2010 10:44 AM

HHIAF RI HEAVY & HIGHWAY CONSTRUCTION

05-6052134

Federal Asset Report Form 990, Page 1

FYE: 12/31/2009

<u>Asset</u>	Description	Date I <u>n Service</u>	Cost	Bus %	Sec 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
Other	Depreciation:									
1	FURNITURE & FIXTURES	1/01/80	9,386			9,386	10	MO S/L	9,386	0
2	IMPROVEMENTS	1/01/88	24,425			24,425	40	MO S/L	12,311	610
3	FURNITURE & FIXTURES	1/01/89	1,477			1,477	10	MO S/L	1,477	0
4	EOUIPMENT	1/01/86	8,866			8,866	5	MO S/L	8,866	0
5	FÙRNITURE & FIXTURES	1/01/91	316			316	10	MO S/L	316	0
6	EQUIPMENT	1/01/91	1,725			1,725	5	MO S/L	1,725	0
7	EQUIPMENT	1/01/96	589			589	5	MO S/L	589	0
8	COMPUTER & EQUIPMENT	1/01/99	2,721			2,721	5	MO S/L	2,721	0
9	IMPROVEMENTS	1/01/01	1,975			1,975	40	MO S/L	170	49
10	FURNITURE & FIXTURES	1/01/02	1,329			1,329	5	MO S/L	1,329	0
11	EQUIPMENT'	1/01/05	2,279			2,279	5	MO S/L	1,596	456
12	COMPUTER	12/15/07	1,375			1,375	.5	MO S/L	413	275
13	FURNITURE	7/31/08	587			587	10	MO S/L	29 22	59 45
14	FURNITURE	11/30/08	446		-	446	10	MO S/L		
	Total Other Depreciation	_	57,496		-	57,496			40,950	1,494
	Total ACRS and Other Depre	ciation =	57,496		:	57,496			40,950	1,494
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense	ers —	57,496 0 0		-	57,496 0 0			40,950	1,494 0 0 1,494
	Net Grand Totals	_	57,496		-	57,496		!	40,950	1,494

HHIAF RI HEAVY & HIGHWAY CONSTRUCTION

05-6052134

AMT Asset Report Form 990, Page 1 05/13/2010 10:44 AM

FYE: 12/31/2009

Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1 2 3 4 5 6 7 8 9 10 11 12 13 14	Depreciation: FURNITURE & FIXTURES IMPROVEMENTS FURNITURE & FIXTURES EQUIPMENT FURNITURE & FIXTURES EQUIPMENT EQUIPMENT COMPUTER & EQUIPMENT IMPROVEMENTS FURNITURE & FIXTURES EQUIPMENT COMPUTER FURNITURE FURNITURE	1/01/80 1/01/88 1/01/89 1/01/86 1/01/91 1/01/91 1/01/96 1/01/99 1/01/01 1/01/02 1/01/05 12/15/07 7/31/08	0 0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0 0 0	0 HY 0 HY 0 HY 0 HY 0 HY 0 HY 0 HY 0 HY	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0
	Total Other Depreciation	-	0		-	0		0	0
	Total ACRS and Other Depr Grand Totals Less: Dispositions and Trans Net Grand Totals	-	0 0		-	0 0 0		0 0 0	0 0 0

HHIAF RI HEAVY & HIGHWAY CONSTRUCTION

05-6052134

Depreciation Adjustment Report

05/13/2010 10:44 AM

FYE: 12/31/2009

All Business Activities

						AM I Adjustments/
Form	Unit	Asset	Description	Tax	AMT	Preferences
			There are no assets that meet the criteria o	of this report		