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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)

OMB No 1545-0047

Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2009 A For the 2009 and ending 12-31-2009 D Employer identification number B Check if applicable Please MICHIGAN INFRASTRUCTURE & TRANSPORTATION use IRS label or Address change ASSOCIATION 20-2098366 Doing Business As E Telephone number print or type. See Name change (517) 347-8336 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 3,542,449 2937 ATRIUM DRIVÈ Terminated tions. City or town, state or country, and ZIP + 4 OKEMOS, MI 48864 Amended return Application pending Name and address of principal officer Is this a group return for MICHAEL NYSTROM affiliates? 2937 ATRIUM DRIVE OKEMOS, MI 48864 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (6) **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 Website: ► WWW MI-ITA COM K Form of organization
✓ Corporation
✓ Trust
✓ Association
✓ Other ► **L** Year of formation 2005 **M** State of legal domicile MI Part I Summary Briefly describe the organization's mission or most significant activities TO REPRESENT THE COLLECTIVE CONCERNS OF ROAD & UNDERGROUND CONSTRUCTION WORKERS AND CONTRACTORS Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 32 Number of independent voting members of the governing body (Part VI, line 1b) . . . 31 14 Total number of employees (Part V, line 2a) . . 0 Total number of volunteers (estimate if necessary) . 345,447 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b -3,989 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 85,552 69,262 Program service revenue (Part VIII, line 2g) . 3,194,804 2,825,622 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 112,203 69,901 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 311,632 346,934 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 3,704,191 3,311,719 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 20,008 6,692 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 1,632,096 1,589,784 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 ь Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 2,213,139 1,874,153 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,822,931 3,512,941 Revenue less expenses Subtract line 18 from line 12 . -118,740 -201,222 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 9,071,583 8,428,898 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 3,621,767 3,079,001 Net assets or fund balances Subtract line 21 from line 20 5,449,816 5,349,897 Part II Signature Block 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 Sian ***** 2010-11-15 Here Signature of officer michael nystrom executive vice president Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours REHMANN ROBSON EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 5750 New King St Ste 200 Phone no (248) 952-5000 Troy, MI 480982696

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROMOTE THE INTERESTS OF THE HEAVY CONSTRUCTION INDUSTRY AND TO PROMOTE AND TO MAINTAIN GOOD RELATIONS AMONG ITS MEMBERS AND BETWEEN ITS MEMBERS AND OWNERS, GOVERNMENTAL BODIES, AND THE PUBLIC AT LARGE

2	Did the organizat the prior Form 99	ion undertake any significant pro 0 or 990-EZ?	gram services during the year		┌ Yes ┌ No						
	If "Yes," describe	these new services on Schedule	e O								
3		Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe	these changes on Schedule O									
4	Section 501(c)(3	mpt purpose achievements for early and 501(c)(4) organizations are sers, the total expenses, and revo	nd section 4947(a)(1) trusts a	are required to report the amo	•						
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
	MEMBER SERVICES	CONFERENCES, PUBLIC RELATIONS, S.	AFETY CAMPAIGNS								
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)						
	INDUSTRY WIDE CO	DMMUNICATION INCLUDING EDUCATION	, TRAINING, PROGRAMS, AND SPECI	IFICATIONS							
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)						
	INDUSTRIAL LABOR	CONTRACT NEGOTIATIONS									
4d		services (Describe in Schedule () See also Additional Data f	or Description							
	(Expenses \$	ıncluding ç	grants of \$) (Revenue \$)						
4e	Total program s	ervice expenses ⊧ -\$									

Part TV	Checklist	of Require	d Schedules
	CHECKHSL	ui keyuiie	u Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 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	Yes	
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," complete Schedule D, Part I.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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," complete Schedule D, Part IV	9		No
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		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 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 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 Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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 owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
L	1 Th			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	•		
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		V	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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)?	4a		l No
	·			
	If "Yes," enter the name of the foreign country \(\blacktriangle \)			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 120	1 '	l	I

2937 ATRIUM DRIVE OKEMOS, MI 48864 (517) 347-8336

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

Se	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 32					
b	Enter the number of voting members that are independent 1b 31					
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		Νο		
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		Νo		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo		
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				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
11A	L1A Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		103			
	to conflicts?	12b	Yes			
	describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14 15	Does the organization have a written document retention and destruction policy?	14	Yes			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.				
	The organization's CEO, Executive Director, or top management official	15a		No		
D	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	15b		No		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Se	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed MI					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the MICHAEL NYSTROM	ie orga	nızatıor	า ┣╾		

Part VIII 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's 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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				I		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

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1b	Total	0		49,248
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►4			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{E}\)0			
		F	orm 99 0	0 (2009)

Form 99	•	,						Page 9
Part	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$2	1a	Federated cam	paigns 1a	ı				
쥰	ь	Membership du	ies 1b					
ეწ	С	Fundraising eve	ents 1c					
Æ ä	d	Related organiz	zations 1d					
ر الا	e	Government grants	s (contributions) 1e	69,262				
r Sign	f	All other contribution	ons, gifts, grants, and 1f			i		
<u>하</u> 로 의	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f\$_						
္မ	h	Total. Add lines	s 1a-1f	•	69,262			
				Business Code				
Program Serwce Revenue	2a	MEMBERSHIP DUE	S	900,099	1,476,003	1,476,003		
æ	ь	INDUSTRY ADVANC	CEMENT	900,099	850,720	850,720		
<u> </u>	c	SEMINARS/CONFE	RENCES	900,099	425,399	425,399		
Ž.	d	GIVE EM A BRAKE		900,099	48,000	48,000		
Ξ	e	GAS TAX FUND		900,099	25,500	25,500		
Z 25	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		2,825,622			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	F	70,880		70,880	
	4		stment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
	6-	Gross Rents	(ı) Real 92,134	(11) Personal				
	6a b	Less rental	32,13					
	c	expenses Rental income	92,134					
	_	or (loss)			02.124		02.124	
	d	Net rental inco	me or (loss)		92,134		92,134	
	7a	Gross amount from sales of assets other than inventory Less cost or	(I) Securities	(II) O ther				
	b	other basis and sales expenses		3,3				
	c	Gain or (loss)		-979				
	d	Net gaın or (los	s)		-979	-979		
une	8a	Gross income f events (not inc \$	rom fundraising luding					
Other Revenue			s reported on line 1c) ne 18 a	206,996				
h ei	ь	Less direct ex	penses b	217,968				
ŏ	С	Net income or ((loss) from fundraising	events 🗠	-10,972			-10,972
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a	2,000				
	ь	Less direct ex	penses b					
	c	Net income or ((loss) from gamıng actı		0			
	10a	Gross sales of returns and allo	• •	10.049				
	ь	Less cost of a	oods sold b	19,048 9,783				
	С		(loss) from sales of inve		9,265		9,265	
		Miscellaneou	s Revenue	Business Code				
	11a	DIRECTORY		541,800	173,168		173,168	
	b	MISCELLANEC		561,499	61,431	61,431		
	C	MANAGEMENT		541,610	21,908	21,908		
	d	All other reven						
		Total. Add lines			256,507			
	12	iotai revenue.	See Instructions .	▶[3,311,719	2,907,982	345,447	-10,972

Part IX Statement of Functional Expenses

Do no	ll other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	<u> </u>	. Tall expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,692			
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				
5	Compensation of current officers, directors, trustees, and key employees	667,585			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	489,449			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	301,076			
9	Other employee benefits	98,126			
LO	Payroll taxes	75,860			
L 1	Fees for services (non-employees)				
а	Management				
b	Legal	55,328			
c	Accounting	23,065			
d	Lobbying	61,440			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	48,080			
2	Advertising and promotion	42,024			
3	Office expenses	119,463			
4	Information technology	34,770			
5	Royalties				
6	Occupancy	245,108			
7	Travel	43,481			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	393,621			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	180,040			
3	Insurance				
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	GAS TAX FUND	134,729			
b	BAD DEBTS	119,382			
c	DUES - ARTBA	100,000			
d	ENTERTAINMENT	60,340			
e	GIVE EM A BRAKE	59,550			
f	All other expenses	153,732			
25	Total functional expenses. Add lines 1 through 24f	3,512,941			
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				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1,993,268	1	1,739,127
	2	Savings and temporary cash investments	149,850	2	137,587	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		334,640	4	182,094
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key employees, a	and		
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o		and		
		Schedule L			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		54,331	9	51,370
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	1 1	64,803		
	ь	Less accumulated depreciation	10b 65	25,219 5,083,495	10c	4,939,584
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11	1,217,820	12	1,178,865	
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		238,179	15	200,271
	16	Total assets. Add lines 1 through 15 (must equal line 34)		9,071,583	16	8,428,898
	17	Accounts payable and accrued expenses .		144,911	17	49,216
	18	Grants payable			18	
	19	Deferred revenue		222,360	19	73,125
_	20	Tax-exempt bond liabilities			20	
- Š	21	Escrow or custodial account liability Complete Part IV of Schedule	e D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
- ==		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,061,290	23	2,783,184
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		193,206	25	173,476
	26	Total liabilities. Add lines 17 through 25		3,621,767	26	3,079,001
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lines 27			_
9		through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets		4,333,649	27	4,342,959
Fund Balance	28	Temporarily restricted net assets		1,116,167	28	1,006,938
Ē	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and	d complet e			
ō	20	lines 30 through 34.			_	
St.	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other fu	nas	5 440 040	32	F 040 007
Net	33	Total net assets or fund balances		5,449,816		5,349,897
	34	Total liabilities and net assets/fund balances		9,071,583	34	8,428,898

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Form **990** (2009)

DLN: 93493319050920

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Political Campaign and Lobbying Activities

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

Open to Public Inspection

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

- ◆ 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) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Did the filing organization file Form 1120-POL for this year?

	me of the organization CHIGAN INFRASTRUCTURE & TRANSPORTATION	Employer ide	ntıfıca	ation numbe	r	
ASS	OCIATION	20-2098366	5			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a	section 52	7 org	janizatio	n.	_
1	Provide a description of the organization's direct and indirect political campaign activities in P	art IV				
2	Political expenditures	>	\$			
3	Volunteer hours					_
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955	F	\$ <u>_</u>			_
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$ _			_
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No	
4a	Was a correction made?			☐ Yes	☐ No	
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) excep	t section 50	1(c)	(3).		

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	 -	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	.	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	Þ	\$

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

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

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	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))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

	edule C (Form 990 or 990-EZ) 2009					age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm	5768	3 ——
		(a)		(b)	
		Yes	No	/	A moun	it
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)?			1		
c	Media advertisements?			1		
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 similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
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		1	1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5), d	or se	ectio	n
	501(c)(6).					
	Wang substantially all (000) an array dura array and dustable by array 2				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	E046	\ <u>\</u>	3		Νo
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part				ectio	n
	answered "Yes".					
1	Dues, assessments and similar amounts from members	1			1,47	6,003
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).					
_		2a	İ		6	1,440
a b	· ·	2b	<u> </u>			
c		2c			6	1,440
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				7,600
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			-8	6,160
Pa	art IV Supplemental Information					
	omplete 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	e 1ı		
Αls	so, complete this part for any additional information					
	Ident if ier Ret urn Reference Expla	nat ion				

DLN: 93493319050920

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** MICHIGAN INFRASTRUCTURE & TRANSPORTATION 20-2098366 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for ar	ny other purpose Yes No
Pai	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an	historically importantly land area certified historic structure
,		field a angenination contribution in the form	of a concernation
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation contribution in the form	or a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) a	quired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🛌		
4	Number of states where property subject to conserva	ition easement is located 🖛	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year 🛌
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial nents	statements that describes
Par	Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	·
	(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, histofollowing amounts required to be reported under SFA:	•	<u> </u>
а	Revenues included in Form 990, Part VIII, line 1	······································	▶ \$

b Assets included in Form 990, Part X

3	Using the organization's accession and other										continuea)
_	items (check all that apply)			_			L				
а	Public exhibition		a	<u>'</u>			hange prog	rams			
Ь	Scholarly research		е	Г	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	er the c	organization	n's ex	cempt purpose	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									☐ Yes	□ No
Par	t IV Escrow and Custodial Arrang									•	, 110
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontribu	utions	or other ass	sets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng t	able		г		_		
							-		An	nount	
с	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							│ Yes	∏ No
ь	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete										
4_	Paramara of warmhalana	(a)Current Year	(Б) Prior	Year	(c)IW	o Years Back	(a)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance										
b	Contributions										
с	Investment earnings or losses										
d	Grants or scholarships							-			
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as			•			·		
a	Board designated or quasi-endowment	%									
ь	Permanent endowment %										
c 3a	Term endowment • %	acion of the organia		+6-+	ara bal	4 4 -	dministoro	d 6 0 =	*h.a		
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	triat (are nei	u anu a	iaministere	u ioi	trie	Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	chec	lule R?				31)	
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	990, Pa	art X, line	10.	Г		
	Description of investment				Cost of the contract of the co		(b)Cost or o basis (oth		(c) Accumulated depreciation	(d) E	Book value
	Land						49.	5,142			495,142
	Land							5,142 4,106	280,19	98	495,142 4,203,908
b			•					•	280,19	98	
b c	Buildings		· · ·				4,484	•	,		
b c d	Buildings		· · ·				4,484	4,106	,	55	4,203,908

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value	Cost or end-of	f-year market value
Financial derivatives Closely-held equity interests			
Other			
CORPORATE bONDS	703,761		F
CERTIFICATES OF DEPOSIT	475,104		F
Part VIII Investments—Program Related. See	· · ·		
			d of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X,	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)	.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)	.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	E 15. tion 5.)		(b) Book value

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,311,719
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,512,941
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-201,222
4	Net unrealized gains (losses) on investments	4	14,508
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	86,795
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	101,303
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-99,919
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	3,565,978
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 239,751		
e	Add lines 2a through 2d	2e	254,259
3	Subtract line 2e from line 1	3	3,311,719
4	A mounts 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 . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,311,719
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	3,752,692
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	239,751
3	Subtract line 2e from line 1	3	3,512,941
4	A mounts 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 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,512,941
Pa	rt XIV Supplemental Information		
_		15.7	1

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		DIRECT EXPENSES - SPECIAL EVENTS 219968 COST OF GOODS SOLD 9783 ADJUSTMENT FOR ALLOCATION OF GIVE EM A BRAKE FUNDS 10000
Part XIII, Line 2d - Other Adjustments		DIRECT EXPENSES - SPECIAL EVENTS 219968 COST OF GOODS SOLD 9783 ADJUSTMENT FOR ALLOCATION OF GIVE EM A BRAKE FUNDS 10000

DLN: 93493319050920

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

licensing

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Name of the o	raanization					Emple	over iden	tification number
		E & TRANSPORTAT:	ON			Lindi	oyer ideli	tii itation number
ASSOCIATIO	N					20-2	098366	
		t ivities. Complet			tion answered "Yes" s part.	to Form 990,	Part IV	, line 17.
1 Indicate	whether the orga	nization raised funds	through a	anv of the	following activities Ch	eck all that app	ılv	
	solicitations	meation raisea lanas	tin ough t		Solicitation of noi			
	net and e-mail s	olicitations			Solicitation of gov	-		
	net and e-man so ne solicitations	one itations			Special fundraising	_	3	
	erson solicitation	s		9	, Special fundraisin	ig events		
or key e	mployees listed ii list the ten highe	n Form 990, Part VII st paid individuals or	or entity entities	ın conne (fundraıs e	dividual (including office ection with professional ers) pursuant to agreem 0-EZ filers are not requ	fundraising acti ents under whic	ivities? th the fun	
			(iii)	Did				
			fundrais			(v) A mount p		(vi) A mount paid to
	of individual (fundraiser)	(ii) Activity	custo	,	(iv) Gross receipts from activity	(or retained fundraiser lis		(or retained by)
J. J,	()		contribi			col (i)		organization
			Yes	No				
Гotal				>				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List	on answered "Yes" to events with gross rece	Form 990, Part IV, lin eipts greater than \$5,0	e 18, or 000.	report	:ed
			(a) Event #1 PHEA SANT HUNT (event type)	(b) Event #2 GOLF OUTING (event type)	(c) O ther Events 1 (total number)	(d) Tot (Add col co		
Revenue	1 2	Gross receipts Less Charitable contributions	61,938	110,258	34,800		20	6,996
	3	Gross income (line 1 minus line 2)	61,938	110,258	34,800		20	6,996
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	71,986	93,442	52,540		21	7,968
	10	Direct expense summary Add line	es 4 through 9 in column	(d)	🛌		21	7,968
	11	Net income summary Combine lir						0,972
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue						
9	2	Cash prizes						
xpenses	3	Non-cash prizes						
ш	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	│ Yes% │ No			
		Direct expense summary Add lines						
	8	Net gaming income summary Com	bine lines 1, column d, ai	nd line 7	<u> </u>		Yes	No
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain			· · · · · · · · · · · · · · · · · · ·	· 9a		
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, susper	ided or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficiar ned to administer charitable gaming	y or trustee of a trust or	a member of a partnersh	ıp or other entity	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

DLN: 93493319050920

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

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

Internal Revenue Service			Attach to Form 9	90	Inspection			
Name of the organization						Employe	r identificat	tion number
MICHIGAN INFRASTRUCTUR ASSOCIATION	E & TRANSPORTATI	ON				20-209	8366	
Part I General Infor	mation on Grants	and Assistance						
 Does the organization mathematical the selection criteria use Describe in Part IV the organization 	d to award the grants	orassistance?						▽Yes ┌N
Form 990, Part i	IV, line 21 for any	recipient that receive	d more than \$5,000.	. Check this box if n	. Complete If the orga o one recipient receiv	ed more tha	an \$5,000	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)			(h) Purpose of grant or assistance

Schedule I	(Form 990) 2009
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Informa	ation. Complete this part	to provide the information	n required in Part I. line 2.	and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 MITA REQUESTS AND RECEIVES DOCUMENTATION FROM THE GRANTEE THAT SHOWS HOW THEIR FUNDS ARE BEING UTILIZED

DLN: 93493319050920

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization MICHIGAN INFRASTRUCTURE & TRANSPORTATION ASSOCIATION

Employer identification number

20-2098366

Рa	rt I Ques	stions Regarding Compensation	1				
						Yes	Νo
la	•			ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-cla	ss or charter travel	厂	Housing allowance or residence for personal use			
	Travel fo	or companions		Payments for business use of personal residence			
	Tax iden	nnıfıcatıon and gross-up payments	고	Health or social club dues or initiation fees			
	Discretion	onary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b				ion follow a written policy regarding payment or pove? If "No," complete Part III to explain	1b	Yes	
2		·		sing or allowing expenses incurred by all or, regarding the items checked in line 1a?	2	Yes	
3		th, if any, of the following the organizations of the following the organizations of the contract of the contr					
		sation committee		Written employment contract			
		dent compensation consultant	<u> </u>	Compensation survey or study			
	Form 99	0 of other organizations	굣	Approval by the board or compensation committee			
1	During the ye or a related o		Part VII	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a se	verance payment or change-of-control	paymen	nt?	4a		Νo
ь	Participate ir	n, or receive payment from, a supplemer	ntal non	qualified retirement plan?	4b		Νo
c	Participate ir	n, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
				ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st comp	plete lines 5-9.			
5		listed in form 990, Part VII, Section A, n contingent on the revenues of	lıne 1a,	, did the organization pay or accrue any			
а	The organiza	tion?			5a		
b	Any related o	organization?			5b		
	If "Yes," to li	ine 5a or 5b, describe in Part III					
5	•	listed in form 990, Part VII, Section A, n contingent on the net earnings of	lıne 1a,	, did the organization pay or accrue any			
а	The organiza	tion?			6a		
ь	Any related o	organization?			6b		
	If "Yes," to li	ine 6a or 6b, describe in Part III					
7	•	listed in Form 990, Part VII, Section A, t described in lines 5 and 6? If "Yes," d		, did the organization provide any non-fixed	7		
3	Were any am	ounts reported in Form 990, Part VII, p	aıd or a	accured pursuant to a contract that was			
	subject to the in Part III	e initial contract exception described in	Regs :	section 53 4958-4(a)(3)? If "Yes," describe	8		
•	If "Yes" to lii section 53 4		rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	(iii) Other	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
		compensation	incentive compensation	reportable compensation	compensation			Form 990-EZ
ROBERT PATZER	(±) (±)	250,519 0	0	1,259 0	0 0	15,108 0	266,886 0	0
	(I) (II)	149,011 0	0	727 0	0 0	16,008 0	165,746 0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

DLN: 93493319050920

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization MICHIGAN INFRASTRUCTURE & TRANSPORTATION ASSOCIATION

Employer identification number

20-2098366

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Vec No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under
	section 4958
_	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(b) Loan to (a) Name of interested person and or from the organization? purpose

(c)Original principal amount

(d)Balance due

(e) In default?

No

Approved by board or committee?

(f)

(g)Written agreement?

Тο From

Yes

Yes

No

Yes No

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes

DANIELLE COPPERSMITH

FAMILY MEMBER OF OFFICER LISTED ON FORM 990, PART VII, SCHEDULE A

39,700 COMPENSATION PAID AS EMPLOYEE, DURING NORMAL COURSE OF BUSINESS

Νo

No

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization
MICHIGAN INFRASTRUCTURE & TRANSPORTATION
ASSOCIATION

Employer identification number

20-2098366

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		MITA is organized on a non-stock membership basis
Form 990, Part VI, Section B, line 11		FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE THE RETURN IS THEN FORWARDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW BEFORE FILING WITH THE INTERNAL REVENUE SERVICE
Form 990, Part VI, Section B, line 12c		OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED AT THE BOARD MEETINGS
		FORM 990, PART VI, SEC B, LINE 15 OFFICER AND TOP MANAGEMENT COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE, TAKING INTO CONSIDERATION WAGES OF OFFICERS OF SIMILAR TYPE ORGANIZATIONS
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy and financial statements are made available to the public upon request
FORM 990, PART XI, LINE 2C	COMMITTEE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT	THE PROCESS FOR ASSUMING RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID: Software Version:

EIN: 20-2098366

Name: MICHIGAN INFRASTRUCTURE & TRANSPORTATION

ASSOCIATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services						
(Code) (Expenses \$	including grants of \$) (Revenue \$)		
LOBBYING						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
JIM KLOOTE	1 00	×		Х				0	0	0	
PRESIDENT ELECT ROBERT PATZER EXEC VP AND SECRETARY	45 00	x		х				251,778	0	15,108	
THOMAS DIPONIO PRESIDENT	1 00	X		Х				0	0	0	
BRUCE LOWING VICE PRESIDENT	1 00	X		Х				0	0	0	
CHRIS SHEA TREASURER	1 00	X		Χ				0	0	0	
BRIAN SLAGTER DIRECTOR	1 00	Χ						0	0	0	
JEFFREY ARDELEAN DIRECTOR	1 00	X						0	0	0	
MICHAEL CATENACCI DIRECTOR	1 00	Χ						0 0		0	
MATTHEW DOAN DIRECTOR	1 00	Х						0 0		0	
CRAIG FONS DIRECTOR	1 00	Χ						0 0		0	
CHERYL HUGHES DIRECTOR	1 00	X						0		0	
STEPHEN JACKSON DIRECTOR	1 00	Χ						0 0		0	
VANCE JOHNSON DIRECTOR	1 00	Х						0	0	0	
MARK JOHNSTON DIRECTOR DARREL KALTZ	1 00	Χ						0	0	0	
DIRECTOR	1 00	X						0	0	0	
JOSEPH MALLOURE DIRECTOR	1 00	Χ						0	0	0	
DAVE MAAS DIRECTOR	1 00	Χ						0	0	0	
AL MCQUESTION DIRECTOR	1 00	Χ						0	0	0	
KEITH ROSE DIRECTOR	1 00	Χ						0		0	
JIM DOESCHER DIRECTOR	1 00	Χ						0	0	0	
BOBADCOCK DIRECTOR	1 00	X						0	0	0	
ANDY SCHMIDT DIRECTOR	1 00	X						0	0	0	
KURT POLL DIRECTOR	1 00	Χ						0	0	0	
FRANK DIPONIO DIRECTOR	1 00	Χ						0	0	0	
MICHAEL MARKS DIRECTOR	1 00	Χ						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
TOM WAGENMAKER DIRECTOR	1 00	X						0	0	0
FRANK MAMAT DIRECTOR	1 00	X						0	0	0
DAVE PYTLO WANY DIRECTOR	1 00	X						0	0	0
PAUL MARSH DIRECTOR	1 00	Х						0	0	0
GEORGE ATSALAKIS DIRECTOR	1 00	X						0	0	0
SCOTT BAZINET DIRECTOR	1 00	X						0	0	0
TOM STOVER DIRECTOR	1 00	Х						0	0	0
MICHAEL NYSTROM EXECUTIVE VICE PRESIDENT	45 00			Х				149,738	0	16,008
ROBERT COPPERSMITH VP MEMBER SERVICES	45 00			Х				108,351	0	18,132
GLENN BUKOWSKI VP ENGINEERING SERVICES	45 00			Х				108,470	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
MEMBERSHIP DUES	900,099	1,476,003	1,476,003		
INDUSTRY ADVANCEMENT	900,099	850,720	850,720		
SEMINARS/CONFERENCES	900,099	425,399	425,399		
GIVE EM A BRAKE	900,099	48,000	48,000		
GAS TAX FUND	900,099	25,500	25,500		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
GAS TAX FUND	134,729			
BAD DEBTS	119,382			
DUES - ARTBA	100,000			
ENTERTAINMENT	60,340			
GIVE EM A BRAKE	59,550			