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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form 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

OMB No 1545-1150

Open to Public Inspection

Private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements and ending For the 2009 calendar year, or tax year beginning Check if applicable D Employer identification number C Name of organization Please X Address change use IRS label or Name Change 22-6512809 Floorcovering Industry Improvement Fund print or type Initial Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Specific P.O. Box 860 Termin-ated 617-244-7570 Instruc-City or town, state or country, and ZIP + 4 Amended tions F Group Exemption Application pending Dedham, MA 02027 Number > G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Other (specify) Website: ► N/A H Check | If the organization is not Tax-exempt status (check only one) — X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) K Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 132,890. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 130,580. 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 2,310. 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a **b** Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue a Gross revenue (not including \$ of contributions reported on line 1) 6a 6b **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 132,890. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 195,000. 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits **以图形图[4][2]** Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance OCT 07 2010 Printing, publications, postage, and shipping 15 Other expenses (describe 16 OGDEN, U 195,000. 17 Total expenses. Add lines 10 through 16 <62,110.> 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 313,454. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 251.344. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 313,454. 252,492. 22 Cash, savings, and investments 23 Land and buildings 23 Other assets (describe 24 24 313,454. 252,492. 25 25 Total assets <u>1,148.</u> Total liabilities (describe ▶ Due to Member О. 26 26

Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

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251,344. Form **990-EZ** (2009)

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_	m990-EZ(2009) Floorcovering Industry I			<u> 22-</u>	<u>65128</u>	09 Page 2
P	art III Statement of Program Service Accomplishm	ents (See the instructions for	Part III.)		Ex	penses
Wha	at is the organization's primary exempt purpose? See Statemen	nt 2				r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt p		ise manner, descri	be) organizations and
	services provided, the number of persons benefited, and other relev				for others)	7(a)(1) trusts, optional
_	Made grants to Northeast Flooring				1 7	
20						
	to fund group meetings which provi		dissemina	<u>ce</u>	1 1	
	industry information to about 25 m				1 1	
	(Grants \$ 195,000.) If this amount includes foreign	n grants, check here	<u> </u>	Щ	28a	
29					1 1	
					J	
	(Grants \$) If this amount includes foreign	n grants, check here			29a	
30	Til tills amount molaces foreign	in grants, chesk here				
30						
						
				 -	1 [
	(Grants \$) If this amount includes foreign	n grants, check here	<u> </u>		30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign	n grants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)				32	
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensated	(See the		or Part IV)
٠			1		ontributions	
		(b) Title and average hours	(c) Compensation	, ,	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans &	account and
		position	-0-)		eferred	other allowances
				com	pensation	
Ri	chard Ebbs	Trustee				
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a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X	<u> </u>	Other innormation (Note the statement requirements in the instructions for Part V	<u>') </u>			Vac	No
34 Were any changes made to the organization governing documents? If Yes, statch a conformed copy of the changes If the organization had accome from business achievis, such as those reported on lines 2, 6, and 7s (armong others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the moone on Form 990-T. 35 If the reganization had accome from seep or the planning why the organization did not report the moone on Form 990-T. 36 If the reganization is required to such sees gross income of \$1,000 or more or was it subject to section 6033(e) indice, reporting, and proxy tax return on Form 990-T for this year? 36 If the reganization orderop a legudation, dissolution, terrimation, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. 38 Did the organization before in 1120-P01 for this year? 39 If Yes, complete Schedule I, Part II and enter the folial amount involved. 39 School 501(70) reganizations the form 1120-P01 for this year? 39 If Yes, complete Schedule I, Part II and enter the folial amount involved. 39 School 501(70) reganizations. Enter 39 Interest or included on line 9, for public use of clab backles 40 Section 501(70) reganizations. Enter 39 Interest or included on line 9, for public use of clab backles 40 Section 501(70) and 501(70) reganizations. Enter amount of tax imposed on organization during the year under: 39 If Yes, complete Schedule I, Part II and enter the folial amount involved. 39 If Yes, complete Schedule I, Part II and enter the folial amount involved. 39 If Yes, complete Schedule I, Part II and enter the folial amount involved. 39 If Yes, complete Schedule I, Part II and enter the folial amount involved. 39 If Yes, complete Schedule I, Part II and enter the folial amount involved. 39 If Yes, section 491 I Yes, complete Schedule I, Part II I Yes, I Yes, I Yes, I Yes, I Yes, I Yes, I Y	22	Did the organization engage in any activity not previously reported to the IBS2 If "Ves." attach a detailed described to the IBS2 If "Ves." attach	rintion of	each activity	22	163	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaming why the organization of report the modern on Form 990-T. 1 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 bit 11 **cs, has it fide a tax return on Form 990-T for this year? 36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 38 bit 11 **cs, has a price year and still outstanding at the end of the period covered by this return? 39 bit 11 **cs, complete Schedule L. Part It and enter the total amount involved. 39 bit 11 **cs, complete Schedule L. Part It and enter the total amount involved. 39 bit 11 **cs, complete Schedule L. Part It and enter the total amount involved. 39 bit 11 **cs, complete Schedule L. Part It and enter the total amount involved. 39 bit 11 **cs, complete Schedule L. Part It and enter the total amount involved. 39 bit 11 **cs, complete Schedule L. Part It and enter the total amount involved. 39 bit 11 **cs, complete Schedule L. Part It and enter the total amount involved. 39 bit 11 **cs, complete Schedule L. Part It and enter the total amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the great that it enabled to the section 501(c)(3) and 501(c)(4) organizations. Firster amount of tax on line 40c reimbursed by the great that the transaction amount in a foreign country. 40 bit the organizations At any time during the tax year, was the organization or organization organization organization and the progenizations. Enter amount of tax on line 40c reimbursed by the or				Sacri douvity			
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The Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization life Form 1120-PCL for this year? By Did the organization before from, or make any leans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? If Yes, complete Schedule L, Part II and enter the total amount involved. Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 By Gross recepts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A Section 501(c)(3) organizations. Dut the organization engage in any section 4955 ► N/A Section 501(c)(3) and 501(c)(4) organizations but the organization engage in any section 4955 ► N/A Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the part under sections 4912, 4955, and 4958 List the states with which a copy of this return is filed. ► None It is the states with which a copy of this return is filed. ► None Telephone no. ► 781 – 686 – 1.013 Located at ► P.O. Box 860, Dedham, Ma ZIP + 4 ▶ 02027 A arry time during the calendar year, did the organization hammal an inflice outside of the U.S.? If Yes, enter the name of the foreign country; ► See the instructions for exceptions and filling requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts. A 10 List the states wi	•		ug u ,	Jul. 1 1 7 July	36		x
b Did the organization file Form 1120-POL for this year? 38 a Ut the organization borrow from, or make any leans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and stall outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved. 38 b N/A 38 b N/A 39 Section 501(c)(7) organizations. Enter: 10 Initiation fees and capatic contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, included on line 9, for public use of club facilities 50 Gross recepts, include	37 a		37a	0			
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n a prior year and Still outstanding at the end of the period covered by this return? b If Yes,* complete Schedule L, Part II and enter the total amount involved		·	re anv suc	h loans made	112		
b If Yes, "complete Schedule L, Part II and enter the total amount involved					38a		х
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 ≥ N/A; section 4956 ≥ N/A Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 ≥ N/A; section 501(c)(3) and 501(c)(4) organization's Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ≥ N/A; section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ≥ N/A. 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T. 4 List the states with which a copy of this return is filed. ▶ None 42 The organization's books are in care of ▶ The Organization managers or the authority over a financial account in a foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 42b X 42c X 42c X 42c X 43 N/A 44c X 45 Section 4917(a)(1) nonexemptic charitable transaction managers or other financial of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes,* Form 990 must be completed instead o	b		38b	N/A			
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39s N/A	39				1		
b Gross recepts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4955 ► N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or is it 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 organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 11. List the states with which a copy of this return is filed. ► None 12. The organization's blocks are in care of ► The Organization 12. Located at ► P.O. Box 860, Dedham, MA 13. Located at ► P.O. Box 860, Dedham, MA 14. List the states with which a copy of this return is filed. ► None 14. All the organization's blocks are in care of the foreign country (such as a bank account, securities account, or other financial accounts. 14. All the foreign country (such as a bank account, securities account, or other financial accounts. 15. At any time during the calendar year, did the organization maintain an office outside of the U.S.? 16. At any time during the calendar year, did the organization maintain an office outside of the U.S.? 17. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 18. A lany time during the calendar year, did the organization maintain an office outside of the U.S.? 19. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount o	а		39a	N/A			
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		COMPRESE INSTEAD OF FORM 990-EZ				100-57	

Phone ►

(781) 863-6300

Form 990-EZ (2009)

X Yes

57 Bedford St., Ste. 225

Lexington, MA 02420-4443

May the IRS discuss this return with the preparer shown above? See instructions

if self-employed), address, and ZIP + 4

•								
FOI	RM 990-EZ	-EZ Information Regarding Transfers Associated with Personal Benefit Contracts		Statement	1			
A)	directly or	anization, during the year, receive any funds, indirectly, to pay premiums on a personal tract?	1] Yes [X]	No			
B)	Did the org	anization, during the year, pay premiums, indirectly, on a personal benefit contract? .	. [] Yes [X]	No			

2

990-EZ Pg 2

Statement

To accept dues collected from flooring contractors and remit to trade association to provide funding for meetings and other events to promote the technical advancement of the industry.

Form 88	68 (Rev. 4-2009)			Page			
• If you	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	оx		$ ightharpoons \overline{\mathbf{X}}$			
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form	8868				
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Part	II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	T					
Туре о	Name of Exempt Organization	Emp	loyer identi	fication number			
print	Floorcovering Industry Improvement Fund	2	2-6512	809			
File by the extended due date i	Number, street, and room or suite no it a P.O. box, see instructions	For IF	RS use only				
filing the return Se instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	1					
F	type of return to be filed (File a separate application for each return) form 990	== `	orm 5227 orm 6069	Form 8870			
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	ısly file	d Form 886	i8.			
	The Organization books are in the care of \blacktriangleright P.O. Box 860 - Dedham, MA 02027 phone No \blacktriangleright 781-686-1013 FAX No \blacktriangleright 781-686-1038	3					
If the	e organization does not have an office or place of business in the United States, check this box			▶ □			
If the				group, check this			
оох ►		memb	ers the exte	nsion is for			
	request an additional 3-month extension of time until November 15, 2010		-				
	or calendar year 2009 , or other tax year beginning , and ending _						
	Line tax your le let less than 12 months, eller less than 12 months, eller less than 12 months and 12 months and 12 months are less than 12 months and 12 months are less than	ar is for less than 12 months, check reason. Unitial return Final return Change in accounting period					
	State in detail why you need the extension						
	Books and records necessary to complete an accurate						
	ceturn are not yet available.						
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
_	onrefundable credits See instructions.	8a	\$				
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	ax payments made Include any prior year overpayment allowed as a credit and any amount paid						
_	previously with Form 8868.	8b	\$	_			
	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			37 / 3			
W	of the FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	N/A			
Under po	Signature and Verification enalties of perjury L declare that I by verexamined this form, including accompanying schedules and statements, and to the, correct, and considere, and that agri authorized to prepare this form.	e best o	f my knowled	ge and belief,			
Signatur		Date	> 8/18	1/10			

Form 8868 (Rev. 4-2009)

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