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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or 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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SPRINGFIELD CONTRACTORS ASSOCIATION	D Employer identification number 43-1481836
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1313 N NIAS AVENUE	E Telephone number 417-862-1313
		City or town, state or country, and ZIP + 4 SPRINGFIELD, MO 65802-2236	F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ SPRINGFIELDCONTRACTORS.ORG
J Tax-exempt status (check only one) — 501(c) (6) ◀ (insert no) 4947(a)(1) or 527
H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ if the 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.

L 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 ▶ \$ 229,588

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	36,743
3	Membership dues and assessments	3	112,796
4	Investment income	4	25,727
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	54,322
b	Less direct expenses other than fundraising expenses	6b	36,646
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	17,676
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	192,942
		Expenses	
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	97,663
13	Professional fees and other payments to independent contractors	13	650
14	Occupancy, rent, utilities, and maintenance	14	8,089
15	Printing, publications, postage, and shipping	15	24,532
16	Other expenses (describe ▶ SCHEDULE ATTACHED)	16	56,743
17	Total expenses. Add lines 10 through 16	17	187,677
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,265
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	312,566
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	317,831

Part II 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
22	Cash, savings, and investments	136,330	22 142,358
23	Land and buildings	335,820	23 326,851
24	Other assets (describe ▶ _____)		24
25	Total assets	472,150	25 469,209
26	Total liabilities (describe ▶ MORTGAGE NOTE PAYABLE)	159,584	26 151,378
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	312,566	27 317,831

SCANNED AUG 25 2010

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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 explaining why the organization did not report the income on Form 990-T		
a	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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? NA		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans 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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved NA 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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 NA 40b		
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 ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41	List the states with which a copy of this return is filed ▶ NONE		
42a	The organization's books are in care of ▶ <u>SHERYL LETTERMAN</u> Telephone no ▶ <u>417-862-1313</u> Located at ▶ <u>1313 N. NIAS, SPRINGFIELD, MO</u> ZIP + 4 ▶ <u>65802-2236</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country ▶ _____	42b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
	If "Yes," enter the name of the foreign country ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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 of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NA				

f Total number of other employees paid over \$100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NA		

d Total number of other independent contractors each receiving over \$100,000 ▶ NONE

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.

Sign Here

Signature of officer: *David W Robertson Jr* Date: *7-30-2010*

Type or print name and title: **DAVID W ROBERTSON JR**

Paid Preparer's Use Only

Preparer's signature: *Roy R Young* Date: 07/28/10

Check if self-employed:

Preparer's identifying number (See instructions): P00470576

Firm's name (or yours if self-employed), address, and ZIP + 4: **LARRY L YOUNG, CPA**
1736 E. SUNSHINE, SUITE 703

EIN: **43-1553380** Phone no: **417-881-1913**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SPRINGFIELD CONTRACTORS ASSOCIATION
SCHEDULE 1
FORM 990-EZ
43-1481836
DECEMBER 31, 2009

ATTACHMENT TO FROM 990-EZ

PART I

INVESTMENT INCOME, LINE 4

INTEREST INCOME	1,527
RENTAL INCOME	<u>24,200</u>
TOTAL:	<u>25,727</u>

SPECIAL EVENTS AND ACTIVITIES, LINE 6

INCOME, LINE 6A	
CHRISTMAS BALL	3,760
CHICKEN BBQ	5,142
GOLF TOURNAMENT	26,550
PIG ROAST	15,110
SKEET SHOOT	<u>3,760</u>

TOTAL INCOME, LINE 6A	<u>54,322</u>
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EXPENSES LINE 6B

CHRISTMAS BALL	3,404
CHICKEN BBQ	4,131
GOLF TOURNAMENT	16,367
PIG ROAST	9,690
SKEET SHOOT	<u>3,054</u>

TOTAL EXPENSES, LINE 6B	<u>36,646</u>
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SPRINGFIELD CONTRACTORS ASSOCIATION
SCHEDULE 2
43-1481836
DECEMBER 31, 2009

SALARIES, OTHER COMPENSATION, AND
EMPLOYEE BENEFITS (LINE 12)

SALARIES AND WAGES	79,874
HEALTH INSURANCE	8,856
PAYROLL TAXES	6,537
SIMPLE IRA CONTRIBUTION	<u>2,396</u>
TOTAL	<u>97,663</u>

OTHER EXPENSES (LINE 16)

MEMBERSHIP MEETINGS AND SEMINARS	11,076
SCHOLARSHIPS	4,000
MORTGAGE INTEREST	10,091
REAL ESTATE TAXES	9,994
MEMBERSHIP SUPPLIES AND EXPENSES	1,703
CONTRIBUTIONS	500
CORPORATE REGISTRATION	245
DUES AND MEMBERSHIPS	376
OFFICE	2,346
INSURANCE	2,215
TELEPHONE	2,667
DEPRECIATION	8,969
TRAVEL	936
RENTAL EXPENSES	<u>1,625</u>

TOTAL 56,743

SPRINGFIELD CONTRACTORS ASSOCIATION
SCHEDULE 3
43-1481836
ATTACHMENT TO FORM 990-EZ
DECEMBER 31, 2009

ATTACHMENT TO FORM 990

Part III Statement of Program Service

Promote the Construction Industry and provide an exchange of information for members, monthly meetings with guest speakers, monthly newsletter: Current Membership 409.

SPRINGFIELD CONTRACTORS ASSOCIATION
 SCHEDULE 4, PAGE 1
 Attachment to Form 990-EZ
 December 31, 2009
 43-1481836

Part V - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title Avg. Hrs.	(C) Comp- ensation	(D) Cont. ribution <u>Bnft Plan</u>	(E) Exp Account
DAVE ROBERTSON 1600 S. SCENIC SPRINGFIELD, MO 65807	Pres. Part-time	-0-	-0-	-0-
BRENT BEATTIE 2235 W. CATALPA SPRINGFIELD, MO 65802	Vice. Pres.	-0-	-0-	-0-
JOE TUCKER 636 W. REPUBLIC RD SPRINGFIELD, MO 65807	Treasuer Part-time	-0-	-0-	-0-
MIKE DELONG 301 E. CENTRAL SPRINGFIELD, MO 65802	Secretary Part-time	-0-	-0-	-0-
JIM CARSON 601 N. GLENSTONE SPRINGFIELD, MO 65802	Director Part-time	-0-	-0-	-0-
BRYAN COX 1600 E. ST. LOUIS SPRINGFIELD, MO 65802	Director Part-time	-0-	-0-	-0-
BILL ADAMS 431 S. JEFFERSON SPRINGFIELD, MO 65806	Director Part-time	-0-	-0-	-0-
STEVE BAER 2241 N. BELCREST SPRINGFIELD, MO 65803	DIRECTOR Part-time	-0-	-0-	-0-
BILL BERGMANN 319 N MAIN ST. SPRINGFIELD, MO 65806	DIRECTOR PART-TIME	-0-	-0-	-0-
DANNY EDWARDS 1719 W MT VERNON SPRINGFIELD, MO 65802	DIRECTOR PART-TIME	-0-	-0-	-0-

SPRINGFIELD CONTRACTORS ASSOCIATION
 SCHEDULE 4, PAGE 2
 Attachment to Form 990-EZ
 December 31, 2009
 43-1481836

Part V List of Officers, Directors, Trustees, and Key Employees
 Continued

(A) Name and address	(B) Title Avg. Hrs.	(C) Comp- ensation	(D) Cont. tribution <u>Bnft Plan</u>	(E) Exp Account
MEL BROOKS 3435 N. 21ST STREET OZARK, MO 65721	Director Part-time	-0-	-0-	-0-
KING COLTRIN 2826 S. INGRAM MILL SPRINGFIELD, MO 65804	Director Part-time	-0-	-0-	-0-
JEFFREY FIELDER 1528 E. TRAFFICWAY SPRINGFIELD, MO 65802	Director Part-time	-0-	-0-	-0-
DAVID FOREMAN 4580 W. CALHOUN SPRINGFIELD, MO 65802	Director Part-time	-0-	-0-	-0-
JOHN MELTON 419 N. MAIN SPRINGFIELD, MO 65806	Director Part-time	-0-	-0-	-0-
DON JONES 2060 E. SUNSHINE SPRINGFIELD, MO 65804	Director Part-time	-0-	-0-	-0-
RICH KRAMER 419 N. MILLER SPRINGFIELD, MO 65802	Director Part-time	-0-	-0-	-0-
JERRY HACKLEMAN 1256 S BARNES SPRINGFIELD, MO 65804	DIRECTOR PART-TIME	-0-	-0-	-0-

SPRINGFIELD CONTRACTORS ASSOCIATION
 SCHEDULE 5
 FORM 990-EZ
 43-1481836
 DECEMBER 31, 2009

ATTACHMENT TO FROM 990-EZ

INVESTMENTS LAND, BUILDINGS

COMMERCIAL BUILDING	ACCUM.	DEPR	ACCUM.
	DEPR	EXPENSE	DEPR
COST	12/31/08	2009	12/31/09
LAND	30,241	0	0
OFFICE BUILDING, RENTAL	162,887	37,147	41,220
FURNITURE FIXTURES & OFFICE EQUIP.	34,618	32,165	32,354
LAND	35,000	0	0
OFFICE BUILDING	188,280	45,894	50,601
TOTAL:	<u>451,026</u>	<u>115,206</u>	<u>8,969 124,175</u>
TOTAL COST	451,026		
ACCUMULATED DEPRECIATION		<u>124,175</u>	
NET VALUE 12/31/09		<u>326,851</u>	

DEPRECIATION METHODS:

FURNITURE, FIXTURES AND OFFICE EQUIPMENT, STRAIGHT LINE ASSET LIVES OF FIVE AND SEVEN YEARS

BUILDINGS, STRAIGHT LINE OVER FORTY YEARS.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization SPRINGFIELD CONTRACTORS ASSOCIATION	Employer identification number 43-1481836
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 1313 N NIAS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SPRINGFIELD, MO 65802-2236	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ SHERYL LETTERMAN

Telephone No. ▶ 417-862-1313 FAX No. ▶ 417-862-6892

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2009 or

▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you 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 copies needed).

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

- Check type of return to be filed** (File a separate application for each return):
- | | | | |
|--------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ *Randy Huang* Title ▶ CPA Date ▶ 05/12/2010