

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form.990-EZ

2009

OMB No 1545-1150

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 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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning	, 2009, and er	nding		7		
В	Check if applicable C			Employer	dentification number		
	Address change Please Inland NW Sheet Metal Contractors	Please Use IRS Inland NW Sheet Metal Contractors Assn.		91-1016979			
	me change label or 3810 E. Boone Ave. #202				elephone number		
<u> </u>	Initial return type. Spokane, WA 99202			(509)	535-8700		
<u> </u>	Termination Specific						
	Amended return Instructions. Application pending		F	Group E Number	xemption -		
-		hucto	G Accounting me		Cash X Accrual		
_	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶						
	Website: ► N/A				ganization is not		
١.		1) or 527	990-EZ, or 990		dule B (Form 990,		
7	Tax-exempt status (check only one) — X 501(c) (5) ◀ (insert no.) 4947(a)(Check ► If the organization is not a section 509(a)(3) supporting organization		<u> </u>		nt more than		
	\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization is not required.						
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or instead of Form 990-EZ	more, file Fo	rm 990	⊳ \$	244,451.		
Pa	art Revenue, Expenses, and Changes in Net Assets or	Fund Balan	ices (See the in	structio	·		
تستنا	1 Contributions, gifts, grants, and similar amounts received			1			
	2 Program service revenue including government fees and contracts	•		2			
	3 Membership dues and assessments			3	185,808.		
L P 0107 D NAK CIPATORO EXPENSES ASSETS	4 Investment income			4	50,643.		
) <u>;</u>	5a Gross amount from sale of assets other than inventory	5a	•				
07	b Less. cost or other basis and sales expenses	. 5b	,	7 1			
r≕ R	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)			ا ₅ ا			
⇒ v	6 Special events and activities (complete applicable parts of Schedule G). If any amount is f	rom gaming, chec	ck here				
	a Gross revenue (not including \$ of contribution:						
ב עור אור	reported on line 1)	. 6a					
_	b Less. direct expenses other than fundraising expenses	6b		- 1			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			⊣ 6c			
2		7a		30			
2	7a Gross sales of noors sold	7b		-			
ζ	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line			7 7 6			
,	8 Other reverse (destable 1 See Ostatement 1	, ,		8	8,000.		
•	9 Total revenue. Add lines 1, 2, 3, 4, 5005, 7c, and 8			▶ 9	244,451.		
		· · · · · · · · · · · · · · · · · · ·			244,431.		
	10 Grants and smiles amounts paid tettach schedule). 11 Benefits paid to be members			10	42,117.		
Ē				11			
P	12 Salaries, other compensation, and employee benefits	• • • • • • • • • • • • • • • • • • • •	• •	12	119,087.		
E N	13 Professional fees and other payments to independent contractors			13	3,000.		
S	14 Occupancy, rent, utilities, and maintenance	•		14	5,460.		
	15 Printing, publications, postage, and shipping .			15	354.		
	16 Other expenses (describe ► See Statement 2)	► 16 ► 17	57,031.		
	17 Total expenses. Add lines 10 through 16	•			227,049.		
A	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	17,402.		
N S	19 Net assets or fund balances at beginning of year (from line 27, column figure reported on prior year's return).	beginning of year (from line 27, column (A)) (must agree return)	ree with end-of-year	19	245,850.		
ŤĘ	20 Other changes in net assets or fund balances (attach explanation).			. 20			
S	21 Net assets or fund balances at end of year. Combine lines 18 through 2	20		▶ 21	263,252.		
Part If Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.							
<u></u>	(See the instructions for Part II.)	,	(A) Beginning of	-	(B) End of year		
22			246,07		263,480.		
				23			
				24	· · · · · · · · · · · · · · · · · · ·		
	·		246,07		263,480.		
		•	22	+ +	228.		
)	245,85		263,252.		
	A For Privacy Act and Paperwork Reduction Act Notice, see separate instruc				Form 990-EZ (2009)		

	990-EZ (2009) Inland NW Sheet	Metal Contractors	Assn.		-101	.6979 Page 2
Par			s (See the instructi	ons.)	(Page	Expenses
What is	s the organization's primary exempt purpose? See	e Statement 4			5016	uired for section (3) and (4) (a) and section (a)(1) trusts, optional
Descr	ripe what was achieved in carrying out the libe the services provided, the number of	e organization's exempt purpo persons benefited, or other re	oses. In a clear and con elevant information for e	icise manner, each	orgar 4947	nizations and section (a)(1) trusts, optional
p ogr	am title.				for of	hérs.)
28	Benefits paid to or for m			tion_for		
	<u>manuals and educational a</u>	<u>ids and industry p</u>	romotions and			
	negotiations.					
	(Grants \$) If th	is amount includes foreign gr	ants, check here .		28 a	
29						
]		
	(Grants \$) If th	is amount includes foreign gr	ants, check here		29 a	
30			-	_		
				<u>-</u>]		
			- 			
	(Grants \$) If th	is amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedule)			-	
		is amount includes foreign gr	ants, check here	. •	31 a	
	Total program service expenses (add line			>	32	
Par	IV List of Officers, Directors			ne even if not com	pens	ated. (See the instrs.)
	(a) Nie voe en de addresse	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plans deferred compensat		and other allowances
Kei	th Nemitz	Director	0.		0.	0.
	1 E Nora	1.00				•
	kane, WA 99212	1.00				
_	dy Frisbee	Director	0.		0.	0.
	2 Alder Ave	1.00			٠.	.
	iston, ID 83501-5763	1.00				
		Transinar	0.	· -	0.	0.
	on DeWitt	Treasurer	•		υ.	U.
	5 Butler Loop Road	1.00				
	hland, WA 99352				_	
	g Lunen	President	0.		0.	0.
	4 E. Boone	U				
	kane, WA 99202					
	<u>q Hayter</u>	Director			0.	0.
	Johnson Rd	1.00				
	ah, WA 98942					
	nard Vance	Vice President			0.	0.
	Box 2804	1.00				
	ima, WA 98907					
	e Hollandsworth	Secretary			0.	0.
120	1 W Columbia Drive	1.00				
	newick, WA 99336					
Phi	lip C. Peterson	Executive Mgr	77,667.		0.	0.
381	0 E Boone	40.00				
Spo	kane, WA 99202					
			_	-		
	· 					
						
	·					
BAA		TEEA0812L 0	1/30/10	<u> </u>		Form 990-EZ (2009)
		1012L 0				· - · · · · · · · · · · · · · ·

Other Information (Note the statement requirements in the instrs for Part V Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 33 X each activity X 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 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, 35 a X reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35b 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 Х 36 0 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37 b 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 38 a b If 'Yes,' complete Schedule L, Part II and enter the total 38 b N/A amount involved 39 Section 501(c)(7) organizations. Enter. N/A 39 a a initiation fees and capital contributions included on line 9 N/A **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 40 b 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 O d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed 0 by the organization Х 40 e 41 List the states with which a copy of this return is filed None 42a The organization's Telephone no. ► (509) 535-8700 Phil Peterson E. 3810 Boone, Suite 202 Spokane WA Yes No b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. Х c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If 'Yes,' enter the name of the foreign country: N/A 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year No Yes Did the organization-maintain any donor-advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 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 BAA TEEA0812L 01/30/10 Form 990-EZ (2009)

Form 990-F7 (2009)	Inland N	W Sheet	Metal	Contractors Ass	n

91-1016979

Page 4

Form 990-EZ (2009)

Part.V 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. Yes No 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 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49 b 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.' (b) Title and average hours per week devoted to position (d) Contributions to employ benefit plans and deferred compensation (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100,000 f Total number of other employees paid over \$100,000 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 d Total number of other independent contractors each receiving over \$100,000 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 Signature of officer Here Philip C. Peterson Executive Mgr Type or print name and title Preparer's Identifying Number (See instructions) Date Check if self Preparer's Paid signature hart. Reng 3/01/10 N/A employed Pre-Firm's name (or yours if self employed), address, and ZIP + 4 RENGGLI & RENGGLI parer's 705 W 7TH AVE STE A-3 Ùse N/A EIN Only SPOKANE, WA 99204-2806 (509)747-5330 Phone no May the IRS discuss this return with the preparer shown above? See instructions ►X Yes No

BAA

2009	Federal Statements		Page 1
Client ISM	Inland NW Sheet Metal Contractors Assn.		91-1016979
3 /01/10	***		10.20AM
Statement 1 Form 990-EZ, Part I, Line Other Revenue	8		
Education		Total \$	8,000. 8,000.
Statement 2 Form 990-EZ, Part I, Line Other Expenses	16	-	
Advertising and Prom		. \$	6,367.
Auto Broker fee		•	11,489. 2,324.
Conferences, Convent Dues	ions, and Meetings		24,914. 1,214.
Information Technolo	gy		3,618.
Insurance Miscellaneous			2,140. 196.
Negotiations			2,606. 2,163.
Office Expenses	•••	Total \$	57,031.
Statement 3 Form 990-EZ, Part II, Line Total Liabilities Accounts Payable and		Beginning \$ 221. \$ \$ 221.	Ending 228. 228.
Statement 4 Form 990-EZ, Part III Organization's Primary E	xempt Purpose		
manual and education	to the members such as industry promotic aids. To also hold conferences, conver of management training, in-house consultive information.	ntions, meetings	sand
Statement 5 Form 990-EZ, Part VI Regarding Transfers Ass	ociated with Personal Benefit Contracts		
indirectly, to pay p (b) Did the organiz	ation, during the year, receive any function of a personal benefit contract? ation, during the year, pay premiums, dissonal benefit contract?	irectly or	No No