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ASHRAE 11/15/2010 10 21 AM

Department of the Treasury

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 2009 Open to Public

inter	nal Revenue	Service The organization may have to use a copy of this return to satisf	fy state re	porting requir	rements	Inspection
<u>A</u>	For the 2009	calendar year, or tax year beginning $07/01/09$, and ending $06/3$	0/10			
ВС	check if applicab				D Emplo	yer identification number
	Address change	use IRS ASHRAE - LI CHAPTER				
	Name change	print or Doing Business As			23-	1302765
	· ·	type. Number and street (or P O box if mail is not delivered to street address)	Ro	oom/suite	E Teleph	one number
₩"	nıtıal return	See 3555 Veteran's Memoroial Higway	s	te. M	631	-242-8787
1	Termination	Specific Instruc- City or town, state or country, and ZIP + 4	<u> </u>		G Gross rece	
	Amended return	tions. Ronkonkoma NY 11779		- 1		7
\equiv		F Name and address of principal officer			H(a) is this	a group return for
L '	Application pend	ng			affiliate	
					H(b) Are all include	affiliates
						attach a list (see instructions)
	Tax-exempt s	tatus X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527			110,	and the food mondations,
	Website: ▶	http://www.ashrae.org/			H/c) Group	exemption number
		tion X Corporation Trust Association Other	I Voor	of formation		M State of legal domicile
	art I	Summary	IL Teal	OI IOITHAUOH		State of legal doffiloile
		y describe the organization's mission or most significant activities				
		,	מדב ע	ı		
9		VANCE THE ARTS & SCIENCES OF HEATING, VENTILATION		•		
lau		NDITIONING, REFRIGERATION & RELATED HUMAN FACTORS	10			
/eri		RVE THE EVOLVING NEEDS OF THE PUBLIC AND ASHRAE				
Activities & Governance	1	k this box $ ightharpoonup$ if the organization discontinued its operations or disposed of more t	than 25%	of its net ass	1 1	0
જ	I	per of voting members of the governing body (Part VI, line 1a)			3	9
ies	4 Numi	per of independent voting members of the governing body (Part VI, line 1b)			4	0
Ĭ.	5 Total	number of employees (Part V, line 2a)			5	0
Act	6 Total	number of volunteers (estimate if necessary)			6	
	7a Total	gross unrelated business revenue from Part VIII, column (C), line 12			7a	
	b Netu	nrelated business taxable income from Form 990-T, line 34	7b	0		
2010			Prior Yea	ar	Current Year	
en e	1	ributions and grants (Part VIII, line 1h)	7	0.60	73,276	
C27 7 Revenue	_	ram service revenue (Part VIII, line 2g)		0,969 11	73,270	
8 8	ı	tment income (Part VIII, column (A), lines 3, 4, and 7d)				
) 	1	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7	0 000	72 202
\sim	T	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0,980	73,283
Q		ts and similar amounts paid (Part IX, column (A), lines 1–3)	-			
₩	14 Bene	fits paid to or for members (Part IX, column (A), line 4)				
SCANNED Expenses	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				
Su:	16a Profe	essional fundraising fees (Part IX, column (A), line 11e)				
SCAN Expenses	b Tota	fundraising expenses (Part IX, column (D), line 25) ▶ 7,482	<u> </u>			
MS M	17 Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			9,267	49,999
	18 Tota	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>		9,267	49,999
	19 Reve	nue less expenses Subtract line 18 from line-12			1,713	23,284
Net Assets or Fund Balances		RECEIVED	<u> </u>	Beginning of Cu		End of Year
sset	20 Tota	lassets (Part X, line 16)	<u> </u>	3	4,046	57,330
E E	21 Tota	liabilities (Part X, line 26)	L			
		assets or fund balances Subtract line 21 from line 20		3	4,046	57,330
P	art II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying so				
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based of	on all inform	nation of which	preparer na:	1 1 1
Sig		(X) Gamun Losia	_			1/22/10
He	re	Signature of officer			Date	•
		Janeth Costa Ti	reasu	rer		
		Type or print name and title				
-		Preparer's D	Date	Check	c if	Preparer's identifying number
Pa			11/15	/10 self- emplo	ved ►	see instructions) P00888571
	eparer's	Epand Boyle & Company	,	, _ = = = = = = = = = = = = = = = = = =	EIN	11-3061944
Us	e Only	1026 The land			_ +	
		address, and ZIP 44 North Bellmore, NY 11710			Phone	▶ 516-783-3131
Mar	v the IDS 4	scuss this return with the preparer shown above? (see instructions)			no	
	<u> </u>	ct and Paperwork Reduction Act Notice, see the separate instructions.				X Yes No Form 990 (2009)
DA	A	or and a approved thousands Authorize, see the separate metriculous.				Form 330 (2009)

36,947

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	х
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>		
•	Schedule C, Part II	4		x
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		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		<u>X</u>
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		X
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		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization report an amount for other habilities in Part X, line 237 in Test, complete 3chedile B, Part X			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12				
-	Schedule D. Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	l	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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 United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
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? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	-	X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV **Checklist of Required Schedules** (continued)

			Yes	No
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		<u> </u>
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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	١.	1	
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			v
L	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
	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	24c		
a	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u	-	_
23a	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		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
U	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		x
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		x
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	İ	X
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		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		i	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		ļ	
	Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ļ	٠,,
	Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ļ	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	+	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		ļ	
	III, IV, and V, line 1	34	+	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	۱ ,,		х
26	Schedule R, Part V, line 2	35	1	 ^
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26		x
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	+	A
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	"	+-	 *
JJ	19? Note. All Form 990 filers are required to complete Schedule O	38	1	x
				0 (2009)

Part 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 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X 4a 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 Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 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? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9Ь Section 501(c)(7) organizations. Enter a 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 facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

12b

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI

Form 990.(2009) ASHRAE - LI CHAPTER

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 0			
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	[X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ĺ
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			ĺ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a		X
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			1
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available Check all that apply			
	Own website Another's website Upon request			
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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ APOLLO HVAC CORP. 225 N FEHR WAY			
_B	AY SHORE NY 11706-1203	631-26	1-2	203

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

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

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

(A) Name and Title	(B) Average	Posi	tion (C) call t	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
NANCY ROMAN	10.00									
PRESIDENT	10.00	_	<u> </u>	X	_	Ш		0	0	0
BRIAN SIMKINS						1				
VICE PRESIDENT	10.00	┼		X	 			0	0	C
ANDREW MANOS	10 00			3,7		ļ l				_
FINANCIAL SECRETARY	10.00	┼		X		 		0	0	C
CAROLYN AROTE	10.00			x				o	0	c
PRESIDENT ELECT CHARLES LESNIAK	10.00	╁		<u> </u>	 -			U	U	<u> </u>
BOARD OF GOVERNORS	10.00			x				o	o	d
JANETH COSTA	10.00	\vdash	┢	^	├	\vdash		0	<u> </u>	
TREASURER	10.00	1		x		Į		o	o	d
RICHARD ROSNER	10.00	+	╁╾	┢	╁	1		0		
SECRETARY	10.00			x				0	o	ď
THOMAS FIELDS	10.00	┪┈╴	 		1	1				•
BOARD OF GOVERNORS	10.00			$ \mathbf{x} $				0	o	
STEVEN GIAMMONA				 	┢					
BOARD OF GOVERNORS	10.00			X			İ	l o	0	
				-						
	1					1				

raf	(A)	(B)			((C)			(D)	Employees (continued) (E)		(F)	
	Name and Title	Average hours per	_	_		k all t	that a	_	Reportable compensation from	Reportable compensation from related	Esti amo	mated ount of other	
	•		vidual (irector	Institutional	Se .	Key employee	hest co ployee	mer 	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro	ensation m the nization	
			Individual trustee or director	ป trustee		у́ее	Highest compensated employee		(and	related nzations	
				e 			ated						
											· · · · · ·		
										-			
							 						
 -								_					
										, ,,,			
							<u> </u>						
						_	ļ	ļ					
					L	_	<u> </u>						
							ļ						
1b 2	Total Total number of individuals (in	aludina hut nat l		. d 4 a	*b.o.o			>		£100,000 rz			
	reportable compensation from	_			tnos	e iis	itea a	VOOR	e) who received more than	\$100,000 in			
3	Did the organization list any fo	ormer officer du	ectoi	r or t	ruste	e k	ev e	mnlo	ovee or highest compensa	ted	Г	Yes	No
4	employee on line 1a? If "Yes,' For any individual listed on lin	' complete Sched	alub	J for	suc	h ind	bivit	ual			3		X
-	the organization and related o										4		x
5	Did any person listed on line a services rendered to the organ	la receive or acc	rue (comp	oens	atio	n fro	m ar	ny unrelated organization fo	or	5		x
Sec	tion B. Independent Contract	ors										<u>l</u>	
1	Complete this table for your fi compensation from the organ	izatıon	ensa	ted	ınde	pend	dent	cont					
	Name and	(A) I business address		·				_	Descrip	(B) tition of services		(C) Compens	ation
	<u></u>							╁					
								+			-+		
										202			. ,
2	Total number of independent more than \$100,000 in compe						ed to	tho	se listed above) who recei	ved		0	
DAA		,	3			-				·	F	orm 99	0 (2009)

Form 990.(2009) ASHRAE - LI CHAPTER
Part VIII Statement of Revenue

	I C V	or Otaleii	ient of Keve	iiue	·····	т	(A)	(B)	(C)	(D)
	•	F					Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম ম	1a	Federated can	nnainne	1a	***********	·····	····	Teveride		312, 313, 01 314
E		Membership d		1b						
PE S		Fundraising ev		1c						
# is		Related organi		1d					ł	
S,E		Government grants (1e						
		All other contribution	•			$\neg \neg$				
탏	•	and similar amounts		1f]				
들	g	Noncash contribution	ns included in lines 1a-							
Contributions, gifts, grants and other similar amounts	_	Total. Add line		Ψ		- ▶ 1				
\rightarrow		· otali / idd iiiid	75 14 11		Bu	sn Code				
ē	2a	GOLF OU	TTNG		100	0.000	46,500	46,500		
Se	b	MEETING					15,685	15,685		
<u>8</u>	c		HIP DUES				7,315	7,315		
Ę.	d		TER ADVERTIS	TNG			1,997	1,997	· · · · · · · · · · · · · · · ·	
E	e	OTHER II					1,779	1,779		·,-
Program Service Revenue	-		am service reve	nue			· · · · · · · · · · · · · · · · · · ·	,		
동		Total. Add line		,,,,,	Į	- -	73,276			
	3		come (including	dividends.	. ınterest.	and				-
	-	other similar a	· -		,	•	7	7		
	4		nvestment of tax	-exempt t	bond proc	eeds 🕨				
	5	Royalties				•				
	_		(ı) Real		(II) Perso	onal				
	6a	Gross Rents								
	b	Less rental exps								
	C	Rental inc or (loss)								
	d	Net rental inco		•						
	7a	Gross amount from		s	(II) Oth	ner				
		sales of assets other than inventory								
	b	Less cost or other					•			
		basis & sales exps				i				
	С	Gain or (loss)								
	d	Net gain or (lo		•		•				
	8a		om fundraising eve	ents						
Other Revenue		(not including \$	-							
€.			reported on line 1c).						
Ä		See Part IV, line	-	a						
the	ь	Less direct ex		ь						
0	С		· r (loss) from fund	draising e	vents	•				
	9a		om gaming activitie	_						
		See Part IV, line		a						
	b	Less direct ex	xpenses	b 🗌						
	С	Net income or	r (loss) from gan	ning activi	ities	•				
			f inventory, less	_						
		returns and al	lowances	a						
	ь	Less cost of	goods sold	ь						
	L .		r (loss) from sale	es of inver	ntory					
			ellaneous Revenu			usn. Code				
	11a									
	Ь									
	c						-			
	d	All other rever	nue							
	e	Total. Add lin	es 11a-11d			▶	· · · · · · · · · · · · · · · · · · ·			
	12		ie. See instruction	ons		▶	73,283	73,283	0	0

Part IX Statement of Functional Expenses

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

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

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	- Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
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		ľ		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			_	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting	1,285		1,285	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,220		1,220	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,983	20,983		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	:			
23	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	CRC EXPENSES	8,250	8,250		
b	GOLF OUTING	7,482			7,482
С	CHAPTER ASSESSMENT	4,516			
d	WEB PAGE HOSTING	2,915		2,915	ļ <u>-</u>
е	SCHOLARSHIPS	2,000			
f	All other expenses	1,348		150	
25		49,999	36,947	5,570	7,482
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
<u> </u>	fundraising solicitation	<u> </u>			<u> </u>

_P	art X	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	26,040	1	49,317
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	l	Schedule L	1	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
(0		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	8,006	11	8,013
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	34,046	16	57,330
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≝	22	Payables to current and former officers, directors, trustees, key			
ab		employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
<u>~</u>	26	Total liabilities. Add lines 17 through 25		26	
	1	Organizations that follow SFAS 117, check here ► X and			
ä	27	complete lines 27 through 29, and lines 33 and 34.	34,046	22	57,330
3al	27	Unrestricted net assets	34,040	27	37,330
P	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □		29	
ᄩ					
ō	20	and complete lines 30 through 34.	[20	
ets	30 31	Capital stock or trust principal, or current funds		30	
SS	32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balance	33	Total net assets or fund balances	34,046	32	57,330
Ne	34		34,046		57,330
_	1 34	Total liabilities and net assets/fund balances	34,040	34	1 31,330

Form **990** (2009)

om	1990.(2009) ASHRAE - LI CHAPTER	23 <u>-1302765</u>		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash	Accrual Other			
	If the organization changed its method of accounting from a prior year	or checked "Other," explain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by	an independent accountant?	2a		x
b	Were the organization's financial statements audited by an independe	ent accountant?	2b		X
C	If "Yes" to line 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 select	tion of an independent accountant?	2c		
	If the organization changed either its oversight process or selection pr	rocess during the tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the fin-	ancial statements for the year were			
	issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both consolidate	d and separate basis			
3а	As a result of a federal award, was the organization required to underg	go an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a_		
b	If "Yes," did the organization undergo the required audit or audits? If the	he organization did not undergo the		ļ	
	required audit or audits, explain why in Schedule O and describe any	stens taken to undergo such audits	3h		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASHRAE - LI CHAPTER

Employer identification number 23–1302765

Pa	rt t	Reaso	on for Public Charity	Status (All organizations	must c	omplete	e this r	part.) S	See in	structi	ions.			
				e it is (For lines 1 through 11, c				,						
1	Ň			ociation of churches described i			-							
2	Ħ		cribed in section 170(b)(1)(A				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
3	Ħ			e organization described in sec	tion 170/	b)(1)(Δ)(i	ii)							
4	H			in conjunction with a hospital of				(4\/A\/ii	i\ Enter	r the ho	enital'e r	ame		
•	ш	city, and state		in conjunction with a neephare	Jescribea	iii Sectioi	1170(1)	(')(^)(' '	ıy. Lintei	tale file.	opital 5 i	iairie,		
5	\Box			f a college or university owned	or operate	d by a ga	wornmo.	ntal unit	deccub	ned in				
•	Ш		o)(1)(A)(iv). (Complete Part I		or operate	d by a go	vennie	illai uiill	Geschi	Jeu III				
_					aatian 47	\/ \ \/4\/A\	4.4							
6	H		•	overnmental unit described in se			• •	41		مناطنيما				
7	Ш	-	· ·	substantial part of its support fro	om a gove	rnmentai	unit or ii	rom tne	genera	i public				
_			section 170(b)(1)(A)(vi). (Co											
8	¥	•		70(b)(1)(A)(vi). (Complete Part	•									
9	X	•	•) more than 33 1/3 % of its sup	•				•	_	oss			
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its													
			=	d unrelated business taxable in	-) from b	usiness	es				
			*	0, 1975. See section 509(a)(2).	•		•							
10	Н	•	•	exclusively to test for public safe	•									
11	Ш	•	-	exclusively for the benefit of, to	-			_						
				ed organizations described in se						section				
				ne type of supporting organizati				_						
	a Type I b Type II c Type III–Functionally integrated d Type III–Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
е		-			-									
				and other than one or more put	olicly supp	ortea org	anizatioi	ns desc	ribea in	section				
_			ection 509(a)(2)		- .									
f				rmination from the IRS that it is	a Type I,	Type II, o	or Type I	II suppo	orting					
		•	check this box											
g				tion accepted any gift or contrib	ution from	any of th	ie							
		following per										Г	1	
				introls, either alone or together	with perso	ns descr	ibed in (i	11)			r		Yes	No
				f the supported organization?								11g(i)	-	├─-
		• •	member of a person describ	,,								11g(ii)	-	
_			• •	described in (i) or (ii) above?							ſ	11g(iii)		L
<u>h</u>				he supported organization(s)	1				T					
(i)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	rganization sted in your	(v) Did y	ou notify	(vi) l organizat	s the	(v	ii) Amo suppo		
	Oig	junization		above or IRC section		document?	col (l)	of your	(i) organı	zed in the		заррс	ort	
				(see instructions))	ļ ·	.:	supp			S?				
					Yes	No	Yes	No	Yes	No				
					 					1				
									1					
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			-		 	<u> </u>	-		-	1				
Γota	ı.					I								

Schedule A (Form 990 or 990-EZ) 2009 ASHRAE - LI CHAPTER 23-1302765 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar SOURCES Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support, Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the boy on line 9 of Part I.)

Sec	tion A. Public Support	cked the box t	on line a or r a	11.1.1			
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2000	(3) 2000	(6) 2331	(4) 2000	(0) 2003	(i) rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	63,020	62,543	89,353	70,969	73,283	359,168
3	Gross receipts from activities that are not an unrelated trade or business under section 513					· · · · · · · · · · · · · · · · · · ·	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				_		
6	Total. Add lines 1 through 5	63,020	62,543	89,353	70,969	73,283	359,168
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		· · · · · · · · · · · · · · · · · · ·				
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						359,168
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	63,020	62,543	89,353	70,969	73,283	359,168
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		,				
C	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	63,020		89,353	70,969	73,283	359,168
14	First five years. If the Form 990 is for the organization, check this box and stop here		, second, third, fou	irth, or fifth tax year	r as a section 501	(c)(3)	►□
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2009 (line 8			n (f))		15	100.00%
16	Public support percentage from 2008 Scho	• • • • • • • • • • • • • • • • • • • •	•	、 ,,		16	12.89%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2009 (I	ine 10c, column (f)	divided by line 13	, column (f))	-	17	%
18	Investment income percentage from 2008					18	%
19a	33 1/3 % support tests—2009. If the orga	inization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3 %, check this b						► X
b	33 1/3 % support tests—2008. If the orga	inization did not ch	eck a box on line 1	14 or line 19a, and	line 16 is more tha	an 33 1/3 %, and	,,
	line 18 is not more than 33 1/3 %, check to	his box and stop h	iere. The organizat	tion qualifies as a p	ublicly supported	organization	▶ [_]
20	Private foundation. If the organization did	I not check a box of	on line 14, 19a or 1	19b. check this box	and see instruction	ons	▶

Page 4

Schedule-A (Form 990 or 990-EZ) 2009 ASHRAE - LI CHAPTER 23-1302765

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. 4 i i

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

OMB No 1545-0047

Name of the organization

ASHRAE - LI CHAPTER

Employer identification number 23–1302765

Form 990 - Organization's Mission or Most Significant Activities

ADVANCE THE ARTS & SCIENCES OF HEATING, VENTILATION, AIR

CONDITIONING, REFRIGERATION & RELATED HUMAN FACTORS TO

SERVE THE EVOLVING NEEDS OF THE PUBLIC AND ASHRAE

MEMBERS.

Form 990, Part III, Line 4d - All Other Achievements

PROVIDE TECHNICAL PRESENTATIONS & PUBLICATIONS TO FURTHER

KNOWLEDGE OF THE HVAC INDUSTRY SO AS TO BETTER SERVE THE

PUBLIC AND MEMBERS.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public