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Short Form

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 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) Cash, savings, and investments Land and buildings Other assets (describe Other assets (describe Total assets Total liabilities (describe Net assets or fund balances (line 27 of column (B) must agree with line 21) 19 62,847. 20 3,636. 21 75,708. (B) End of year (B) End of	N S	s 19 Net assets or fund balances at beginning of year (from line 27, column	(A)) (must agree v	vith end-of-ve	ar Maria	
20	Ë	5) figure reported on prior year's return)	(), (, .		
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 (B) End of year (Cash, savings, and investments 62,847. 22 75,708. (B) End of year (Cash, savings, and investments 23 24 (Cash, savings, and investments 23 24 (Cash, savings, and investments 24 25 (Cash, savings, and investments 25 75,708. (Cash, savings, and investments 22 75,708. (Cash, savings, and investments 23 24 24 (Cash, savings, and investments 23 24 (Cash, savings, and investments 23 24 (Cash, savings, and investments 22 75,708. (Cash, savings, and investments 22 75,708. (Cash, savings, and investments 23 24 (Cash, savings, and investments 23 24 (Cash, savings, and investments 22 75,708. (Cash, savings, and investments 22 75,708. (Cash, savings, and investments 22 75,708. (Cash, savings, and investments 23 24 (Cash, savings, and investments 22 75,708. (Cash, savings, and investments 23 75,708. (Cash, savings, and investments 23 75,708. (Cash, savings, and investments 23 75,708. (Cash, savings, and investments 24 75,708. (Cash, savings, and investments 24 75,708. (Cash, savings, and investments 24 75,70	' ;	T 20 Other changes in net assets or fund balances (attach explanation)	SEE STATE	MENT 3	20	
(See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 62,847. 22 75,708. 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 62,847. 25 75,708. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 62,847. 27 75,708.					1	
22 Cash, savings, and investments 62,847. 22 75,708. 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 62,847. 25 75,708. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 62,847. 27 75,708.	(P)					rm 990-EZ
23 24 24 Other assets (describe ►) 24 25 Total assets 62,847. 25 75,708. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 62,847. 27 75,708.		(See the instructions for Part II)	(A)			
24 Other assets (describe ►) 24 25 Total assets 62,847. 25 75,708. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 62,847. 27 75,708.	2			62,84		75,708.
25 Total assets 62,847. 25 75,708. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 62,847. 27 75,708.		*			-	
26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 62,847. 27 75,708.						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 62,847. 27 75,708.				62,84		
	_			62,84		

Form 990-EZ (2009) NASHVILLE CHAPT	ER OF ASHRAE		62	-125	5953 Page 2					
Partill Statement of Program Ser		(See the instruction	ns.)		Expenses					
What is the organization's primary exempt purpose? SEE		(Regu	ured for section (3) and (4) (2) and section							
Describe what was achieved in carrying out th describe the services provided, the number of program title	e organization's exempt purp persons benefited, or other r	oses. In a clear and co elevant information for	ncise manner, each	4947	nizations and section (a)(1) trusts; optional hers)					
28 MEETINGS SERVE AS A FORUM FOR DISCUSSION, WHERE MEMBERS CAN BECOME										
ACQUAINTED WITH THE WORK	OF COLLEAGUES AND									
SERVE THE INDUSTRY AND BE	NFIT THE PUBLIC.									
	is amount includes foreign gr		. ▶	28 a	10,018.					
29 SCHOLARSHIPS: PAYMENT TO	STUDENTS OF LOCAL	COLLEGES IN SU	JPPORT OF							
ENGINEERING EDUCATION.										
	is amount includes foreign gr		▶ []	29 a	2,000.					
30 PAYMENT TO AFFILIATE: QUO		ONAL ORGANIZAT	ION							
ASSESSED ON A PER MEMBER	BASIS									
(Create \$				20 -	1 500					
(Grants \$) If the 31 Other program services (attach schedule	is amount includes foreign gr	ants, cneck nere		30 a	1,500.					
	ar) IIIs amount includes foreign gr	ants, check here	. ► □	31 a						
32 Total program service expenses (add li		arto, oncon rioro	. ▶	32	13,518.					
Partive List of Officers, Directors	Trustees, and Key Em	ployees. List each or	e even if not con	npens	ated (See the instrs)					
·- ·	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account					
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa		and other allowances					
MATT NICHOLSON	PRESIDENT	0.	· · · · · · · · · · · · · · · · · · ·	0.	0.					
	5.00		i							
NASHVILLE, TN										
JONATHAN YEAGER	PRES ELECT	0.		0.	0.					
	2.00									
NASHVILLE, TN										
MATT FRUETEL	VICE PRESIDENT			0.	0.					
NACIUIT I E MA	2.00									
NASHVILLE, TN	SECRETARY				0.					
PAUL WELCH	SECRETARI 2.00			0.	0.					
NASHVILLE, TN	2.00									
CHRIS REEVES	TREASURER	0.		0.	0.					
	2.00			•						
NASHVILLE, TN										
			<u> </u>							
				-						
					1					
	-									
	<u> </u>	<u> </u>	<u></u>		<u></u>					

eri e	Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME	INT !	<u>5</u> _
	•		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	33		Х
4	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Χ
5	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			
а	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 a		Х
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0. Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		X
	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	1		
	Section 501(c)(7) organizations Enter			11.3
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities N/A	<u>-</u>		
+U 8	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
	Section 4911 - U., Section 4912 - U., Section 4905 - U.		200	-4
t	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		х
(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	*	 	14,5
41	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 List the states with which a copy of this return is filed TN	40 e	! Six and	Χ
42 a	a The organization's books are in care of ► CHRIS REEVES Telephone no. ► (615)	_832	<u>-69</u>	12_
	Located at ► 2603 GRANDVIEW AVE NASHVILLE TN ZIP + 4 ► 37211			
ı	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)? If 'Yes,' enter the name of the foreign country	42 b	Yes	No X
•	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country	42 c	# <u>20</u> # .	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<u> </u>	N/A
	Did the assessment as a second		Yes	No
44	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
AA		orm 99	0-EZ	(2009

Form 990-E	Z (2009) NASHVILLE CHAPTER C	F ASHRAE		62-125	5953 Pa	age 4
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the tables	ction 4947(a)(1) nor	nexempt charita			
for pu 47 Did th 48 Is the	ne organization engage in direct or indire ublic office? If 'Yes,' complete Schedule on the organization engage in lobbying activity organization a school as described in so the organization make any transfers to an	C, Part I ties? If 'Yes,' complete S ection 170(b)(1)(A)(ii)? I	Schedule C, Part II f 'Yes,' complete S	schedule E	46 47 48 49a	No X X X X
50 Comp	s,' was the related organization a section plete this table for the organization's five oyees) who each received more than \$10	highest compensated er	mployees (other th	an officers, directors, truste	es and key	
	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 and deferred compensation	(e) Expense account and other allowances	
51 Comp	number of other employees paid over \$ plete this table for the organization's five pensation from the organization. If there	highest compensated in s none, enter 'None '	dependent contrac	· · · · · ·		
NONE_	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Compensation	1
d Total	number of other independent contractor	s each receiving over \$1	00,000	•		
Sign Here	Under penalty sof perjury, I declare that have example true, correct/aid complete Declaration of preparer Signature of officer Type or print name and title	niped this return, including according than officer) is based on a	npanying schedules and ill information of which p	stalements, and to the best of my kn reparer has any knowledge Date	owledge and belief, it is	
	1					

NASHVILLE, TN 37203

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

Only

BAA

Phone no

(615) 383-6592

►X Yes No Form **990-EZ** (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.

2009

Employer identification number

OMB No 1545-0047

প্রাধ্যের তালের তালের হলের

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of	the organization							Employer	identificati	ion number	
(HVILLE CHAPTER								55953		
Parit	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	structi	ons	
The o	rganization is not a pri	vate foundation becau	ise it is (For lines 1 throi	ugh 11, (check or	nly one	box.)				
1	—		ociation of churches desc		section	170(b)(1)(A)(i).				
2	A school described	In section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ)							
3	A hospital or coope	erative hospital service	e organization described	ın secti o	on 170(b)(1)(A)(i	iii).				
4	A medical research	n organization operate	ed in conjunction with a h	ospital d	lescribed	d in sec	tion 170)(b)(1)(A)(iii) En	iter the hospita	l's
	name, city, and sta										
5	An organization op 170(b)(1)(A)(iv).	erated for the benefit Complete Part II)	of a college or university	owned	or opera	ated by	a gover	nmental	unit des	scribed in secti	on
6			governmental unit descri								
7		at normally receives a XAXvi). (Complete P	substantial part of its su art II)	ipport fro	om a go	vernmei	ntal unit	or from	the gen	ieral public des	cribed
8		described in section	170(b)(1)(A)(vi). (Complet	te Part I	l)						
9	from activities relate investment income June 30, 1975 See	ed to its exempt function and unrelated busine exection 509(a)(2).	· ·	eptions, a section !	and (2) n 511 tax)	o more t from bu	han 33- usinesse	1/3 % of es acqui	its suppo	ort from gross	after
10			exclusively to test for pu		-						
11	more publicly supp describes the type	orted organizations of of supporting organi	exclusively for the benet described in section 509(a zation and complete lines	a)(1) or : s 11e thr	section ough 11	509(a)(2 h	2) See	of, or car section	509(a)(3). Check the b	ox that
	a ∐Type I	b ∐Type II	c U Type III		-	-			d [Type III - Oth	
е	than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not controll in one or more publicly si	led direc upportec	tly or in Lorgania	directly zations	by one describe	or more ed in sec	disquali tion 509	ified persons o (a)(1) or section	other on
f		received a written de	termination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting o	organization,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	;7	
	·	_	,			_		_		Ye	s No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or supported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)	
	(ii) a famıly men	nber of a person desc	cribed in (i) above?							11 g (ii)	
	(iii) a 35% contro	olled entity of a persoi	n described in (i) or (ii) a	bove?						11 g (iii)	
h	Provide the following	ng information about	the supported organization	ons							
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your traing ment?	the organ	ou notify ization in (i) of upport?	(vi) I organizati (i) organi U S	ion in col zed in the	(vii) Amount of S	Support
				Yes	No	Yes	No	Yes	No		
	-3.11.11				ļ. <u></u> .	ļ		ļ			
					l						
	······										
	····		<u> </u>	-	-		-	ļ			
								1			
	<u> </u>			ST. ST.	Mark Pa	15.11	(0) F (1)				
<u>Total</u>											

	<u>aule A (Form 990 or 99</u> 0-EZ) 200		E CHAPTER C	F ASHRAE		62-1255953	Page 2
Pari	Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	d 170(b)(1)(A)((vi)
	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	tl)			· · · · · · · · · · · · · · · · · · ·
	tion A. Public Support			I	· · ·		
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .				37		
12	Gross receipts from related activ	vities, etc (see in	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
	tion C. Computation of Pu						
	Public support percentage for 20		``	ne 11, column (f)		14	%
15	Public support percentage from	2008 Schedule A	, Part II, line 14			15	%
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	d not check the backing supported of	ox on line 13, and organization	d the line 14 is 33	-1/3 % or more, c	heck this box
ŧ	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13, or 16 organization	a, and line 15 is 3	3-1/3% or more, (check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	box and stop he	re. Explain in Par	t IV how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- id-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies a	box and stop he s a publicly suppo	re. Explain in Par orted organization	t IV how the ►
18 BAA	Private foundation. If the organ	ization did not chi	eck a box on line	, 13, 16a, 16b, 17	· · · · · · · · · · · · · · · · · · ·		nstructions ► 190 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 NASHVILLE CHAPTER OF ASHRAE Partill Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

<u>Sec</u>	tion A. Public Support						
	ndar year (or fiscal yr 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 'unusual grants ')	14,470.	14,080.	19,790.	20,143.	22,588.	91,071.
2							
3	purpose. Gross receipts from activities that are not an unrelated trade or business under section 513	11,485.	16,068.	13,545.	15,120.	15,170.	71,388.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	25,955.	30,148.	33,335.	35,263.	37,758.	162,459.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t:	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line					÷	
	7c from line 6)		<u> </u>		20 mg 1		162,459.
	tion B. Total Support	 	· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	25,955.	30,148.	33,335.	35,263.	37,758.	162,459.
102	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	399.	481.	108.	493.	1,372.	2,853.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	333.	401.	100.	493.	1,372.	0.
(Add lines 10a and 10b	399.	481.	108.	493.	1,372.	2,853.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	344.					344.
13	Total support. (add Ins 9, 10c, 11, and 12)						165,656.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20			ne 13, column (f)	1	15	98.1%
	Public support percentage from					16	98.0%
	tion D. Computation of Inv					·-·	
17	Investment income percentage f				ımn (f))	17	1.7%
18	Investment income percentage f					18	1.0%
	a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	oox and stop here	. The organization	n qualifies as a p	ublicly supported	organization	► [X]
	o 33-1/3 support tests – 2008. If the support tests is not more than 33-1/3%, check	k this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	6, and line 18
חכי	Private foundation. If the organi	ization did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions	<u> </u>

Schedule A	(Form 990 or	990-EZ) 2009	NASHVILLE	CHAPTER OF	F ASHRAE		62-1255953	Page 4
PatilV	Suppleme Part II, line	ntal Informa 17a or 17b	tion. Complete ; and Part III, I	this part to place 12. Provi	provide the e de any other	xplanations req additional infor	uired by Part II, Ii mation. See instri	ne 10; uctions.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Name of the organization	_					Employer identifica	tion number
NASHVILLE CHAPTER OF ASH	RAE					62-1255953	3
Fundraising Activities. Comp Paritil Form 990EZ filers are not req	lete if the organ	nization ar te this pai	nswered 'Y rt	es' to Form 990, Part I	V, line	7	
1 Indicate whether the organization	raised funds thi	ough any	of the follo	owing activities Check	all that	apply.	
Mail solicitations				Solicitation of non-			
Internet and email solicitations	s			Solicitation of gove	~	-	
Phone solicitations	_			Special fundraising		-	
In-person solicitations				opecial fundralsing	CVCIIIS		
2a Did the organization have written	or oral agreeme	ent with an	v individu:	al (including officers di	rectors	trustees or key	
employees listed in Form 990, Pai	rt VII) or entity	in connect	ion with p	rofessional fundraising	service	11 13 10 03 01 NCY	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndıvıduals or eni ne organızatıon	tities (func	draisers) p	ursuant to agreements	under v	which the fundra	ser is to be
		I			(v) A	mount paid to	
(i) Name of ındıvıdual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts	or funds	retained by) aiser listed in	(vi) Amount paid to (or retained by)
or entity (lundraiser)		of contr	ibutions?	from activity	luliu	col (i)	organization
		Yes	No				
	}	163	110				
		1			[
		-				-	
					-		
				. —			
	 	<u> </u>				·	
		<u> </u>					
					<u> </u>		***************************************
Tabel			· •				
Total 3 List all states in which the organization	zation is registe	rod or lico		light funds or has been	potition	Litis overnat fre	m registration
or licensing	zation is registe	red or lice	insea to sc	siicit lunds of has been	nounec	i it is exempt int	in registration
							-
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			. 				
			· – – – -				

Page 2

Pal		Fundraising Events. Complete if reported more than \$15,000 on F	the organization ai orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, II gross receipts grea	ne 18, or ater than \$5,000.
RE		•	(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
REVENUE	1	Gross receipts	15,170.			15,170.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2) .	15,170.			15,170.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
E P	8	Entertainment				
EXPENSES	9	Other direct expenses.	11,693.			11,693.
_	11	Direct expense summary Add lines 4-ti Net income summary Combine lines 3, of Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	column (d) and line 10 ation answered 'Ye	es' to Form 990, Pa	rt IV, line 19, or re	11,693. 3,477. ported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
D X	2	Cash prizes				
D P E N S T S	3	Non-cash prizes				
Š	4	Rent/facility costs				
	5	Other direct expenses.				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thr	rough 5 in column (d)		•	
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7	>	
10 :	als the bif 'N	er the state(s) in which the organization of the organization licensed to operate gamine o,' explain	g activities in each of th	nese states?	 	9a 10a
11 12		s the organization operate gaming activiti ne organization a grantor, beneficiary or tr		ember of a partnership	or other entity formed t	0 22 22
BAA		ne organization a grantor, beneficiary or tr ninister charitable gaming?	TEFA37021 (m 990 or 990-F7) 2009

Schedule G (Form 990 or 990-EZ) 2009 NASHVILLE CHAPTER OF ASHRAE	62-1255953		age 3
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility. 14 Enter the name and address of the person who prepares the organization's gaming/special event Name ►		YES	NO
15.2 Does the organization have a contact with a third party from whom the organization receives game	and revenue?	15a	
15a Does the organization have a contact with a third party from whom the organization receives gam b If 'Yes,' enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party. Name. ► Address ► Gaming manager information Name· ► Gaming manager compensation ► \$	and the amount	isa	
Description of services provided. ►			
17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming pro	oceeds to retain the	17.0	
state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year.		17a	

TEEA3703L 02/05/10

Schedule G (Form 990 or 990-EZ) 2009

BAA

009 SCHI	EDULE	A, PART	IV -	SUPP	LEN	/ENT	AL IN	FORN	IATIO	N PAGE
		NASHVIL	LE CH	IAPTER	OF A	SHRAE				62-1255
PART III, LINE 12 - OT	HER INC	OME								
NATURE AND SOURCE		2009		2008		2007		2006		2005
OTHER INCOME	TOTAL 3	0.	\$	0	<u>.</u> \$		0. \$		0. \$	344 344

2009

FEDERAL STATEMENTS

PAGE 1

NASHVILLE CHAPTER OF ASHRAE

62-1255953

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: DONEE'S NAME:

SCHOLARSHIP

SCHOLARSHIP

RELATIONSHIP OF DONEE:

NONE

CASH AMOUNT GIVEN:

SCIENCE FAIR AWARDS

2,000.

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS DUES & MEMBERSHIPS **MISCELLANEOUS** OFFICE EXPENSES

10,018. 1,500.

654. 2,395.

22<u>5.</u> 14,792. TOTAL \$

STATEMENT 3 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS

3,636. TOTAL 3,636.

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ADVANCING THE ARTS AND SCIENCES OF HEATING, VENTILATION, AIR CONDITIONING AND REFRIGERATION FOR THE PUBLIC'S BENEFIT THROUGH RESEARCH, STANDARD WRITING, CONTINUING EDUCATION AND PUBLICATIONS.

STATEMENT 5 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO