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Form **990**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 private foundations)

OMB No 1545-0047

2014Open to Public
Inspection► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2014 calendar year, or tax year beginning _____, and ending _____**

B Check if applicable:	C Name of organization REFRIGERATING ENGINEERS AND TECHNICIANS ASSOCIATION (CHAPTERS)	D Employer identification number 45-3090804
<input type="checkbox"/> Address change	Doing business as	E Telephone number 541-497-2955
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 1035 2ND AVENUE SE	Room/suite
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code ALBANY OR 97321	G Gross receipts 55,322
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
F Name and address of principal officer: JIM BARRON 1035 2ND AVENUE SE ALBANY OR 97321		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If "No," attach a list (see instructions)
		SEE STMT 1
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ► 9475	
J Website: ► WWW.RETA.COM	L Year of formation.	
K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	M State of legal domicile	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENHANCE THE PROFESSIONAL DEVELOPMENT OF INDUSTRIAL REFRIGERATION OPERATING AND TECHNICAL ENGINEERS. THIS IS ACCOMPLISHED THROUGH EDUCATION, REGIONAL SEMINARS, AND NATIONAL CONFERENCES.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	88
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	88
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	82,797
	9 Program service revenue (Part VIII, line 2g)	Current Year	55,285
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,797	55,322
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ►	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	88,610	42,718
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	88,610	42,718
	19 Revenue less expenses Subtract line 18 from line 12	-5,813	12,604
	20 Total assets (Part X, line 16)	Beginning of Current Year	182,338
	21 Total liabilities (Part X, line 26)	End of Year	194,942
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		182,338	194,942

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JIM BARRON	Date 11-16-2015
	Type or print name and title EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name KENDRA STEPH	Preparer's signature Kendra S. Steph
	Date 11/16/15	Check <input type="checkbox"/> if self-employed
	Firm's name ► ACUMEN FINANCIAL SERVICES GROUP, PC	Firm's EIN ►
	Firm's address ► 317 FIRST AVENUE WEST, SUITE 301 ALBANY, OR 97321	Phone no. 503-682-9600

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2014)

ge 24

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission.

TO ENHANCE THE PROFESSIONAL DEVELOPMENT OF INDUSTRIAL REFRIGERATION OPERATING AND TECHNICAL ENGINEERS. THIS IS ACCOMPLISHED THROUGH EDUCATION, REGIONAL SEMINARS, AND NATIONAL CONFERENCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ including grants of\$) (Revenue \$)

CHAPTERS HAVE LOCAL MEMBER EVENTS TO HELP MEMBERS AND ENHANCE THEIR EDUCATIONAL DEVELOPMENT.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ◆

Form 990 (2014) REFRIGERATING ENGINEERS AND
Part IV Checklist of Required Schedules

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	Yes	No
1		X
2		X
3		X
4		
5		
6		
7		X
8		X
9		X
10		X
11a		X
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b 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

c 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

d Did the organization report an amount for other assets 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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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 (see instructions)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014) REFRIGERATING ENGINEERS AND
Part IV Checklist of Required Schedules (continued)

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	Yes	No
21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>
23		<input checked="" type="checkbox"/>
24a		<input checked="" type="checkbox"/>
b		
c		
d		
25a		
b		
26		<input checked="" type="checkbox"/>
27		<input checked="" type="checkbox"/>
28		
a		<input checked="" type="checkbox"/>
b		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>
29		<input checked="" type="checkbox"/>
30		<input checked="" type="checkbox"/>
31		<input checked="" type="checkbox"/>
32		<input checked="" type="checkbox"/>
33		<input checked="" type="checkbox"/>
34		<input checked="" type="checkbox"/>
35a		
b		
36		
37		
38		<input checked="" type="checkbox"/>

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c <input checked="" type="checkbox"/>	
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	2a 0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a <input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	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)?	4a <input checked="" type="checkbox"/>	
b	If "Yes," enter the name of the foreign country: ◆ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a <input checked="" type="checkbox"/>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b <input checked="" type="checkbox"/>	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a <input checked="" type="checkbox"/>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7c <input checked="" type="checkbox"/>	
a	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?	7d	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e <input checked="" type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f <input checked="" type="checkbox"/>	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7g	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9a	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9b	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	10a	
9	Sponsoring organizations maintaining donor advised funds.	10b	
a	Did the sponsoring organization make any taxable distributions under section 4966?	11a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	11b	
10	Section 501(c)(7) organizations. Enter:	12a	
a	Initiation fees and capital contributions included on Part VIII, line 12	12b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	13a	
11	Section 501(c)(12) organizations. Enter:	13b	
a	Gross income from members or shareholders	13c	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	14a <input checked="" type="checkbox"/>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	14b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI 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. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1a **88**

1b Enter the number of voting members included in line 1a, above, who are independent

1b **88**

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

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

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

4

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

5

6 Did the organization have members or stockholders?

6

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7a

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

7b

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

10a

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11a

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

12a

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

12c

13 Did the organization have a written whistleblower policy?

13

14 Did the organization have a written document retention and destruction policy?

14

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

15b

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records. ◆

JIM BARRON

1035 2ND AVENUE SE

ALBANY

OR 97321

541-497-2955

Form 990 (2014)

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

 Check if Schedule O contains a response or note to any line in this Part VII
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.

- 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, if any. 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.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Ind ivid ual tr ustee	Institutional tr ustee	Off icer	Key em pl oy ee	High est com pens ed emp loy ee	For mer			
(1) HARLEY POTRATZ (ARIZONA) 2.00										
PRESIDENT 0.00	X	X						0	0	0
(2) NICK DEVILLO (ARIZONA) 2.00										
EXECUTIVE VP 0.00	X	X						0	0	0
(3) TOM TROY (ARIZONA) 2.00										
2ND VP 0.00	X	X						0	0	0
(4) TOMMY BARGER (ARIZONA) 2.00										
SECRETARY 0.00	X	X						0	0	0
(5) KEN FENNEMA (ARIZONA) 2.00										
TREASURER 0.00	X	X						0	0	0
(6) JAYSON ARTER (ARIZONA) 2.00										
SGT AT ARMS 0.00	X	X						0	0	0
(7) R. KEITH ELLIS (CAROLINAS) 2.00										
PRESIDENT 0.00	X	X						0	0	0
(8) BENGIE BRANHAM (CAROLINAS) 2.00										
VICE PRESIDENT 0.00	X	X						0	0	0
(9) DONNA DUMAS (CAROLINAS) 2.00										
SECRETARY 0.00	X	X						0	0	0
(10) JEFF WIGGINS (CAROLINAS) 2.00										
TREASURER 0.00	X	X						0	0	0
(11) ERNEST LEAVEN (C. FLORIDA) 2.00										
PRESIDENT 0.00	X	X						0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Key employee	Employer	Former				
(12) GEORGE JOHNSTON	(C. FLORIDA) 2.00									
1ST VP	0.00 X	X						0	0	0
(13) RICHARD BUTT	(C. FLORIDA) 2.00									
2ND VP	0.00 X	X						0	0	0
(14) ANDY PURVIS	(C. FLORIDA) 2.00									
SECRETARY/TREASURER	0.00 X	X						0	0	0
(15) RANDY GARNER	(C. FLORIDA) 2.00									
SGT AT ARMS	0.00 X	X						0	0	0
(16) SEAN MCVEIGH	(C. FLORIDA) 2.00									
CHAIRMAN	0.00 X	X						0	0	0
(17) BILL TIPPERREITER	(CHICAGO) 2.00									
PRESIDENT	0.00 X	X						0	0	0
(18) CHRIS FLATNESS	(CHICAGO) 2.00									
EXECUTIVE VP	0.00 X	X						0	0	0
(19) BILL DOHM	(CHICAGO) 2.00									
2ND VP	0.00 X	X						0	0	0
1b Sub-total							◆			
c Total from continuation sheets to Part VII, Section A							◆			
d Total (add lines 1b and 1c)							◆			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆ 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆		0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Former Officer	Former Director			
(12) ROBERTO VALENZUELA (CHICAGO)	2.00									
SECRETARY	0.00	X	X					0	0	0
(13) JAMES DUFFY (CHICAGO)	2.00									
TREASURER	0.00	X	X					0	0	0
(14) DENNIS COPPERSMITH (CHICAGO)	2.00									
SGT AT ARMS	0.00	X	X					0	0	0
(15) DAVE KUNTZ (FT WAYNE)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(16) MIKE AXTHELM (FT WAYNE)	2.00									
SECRETARY	0.00	X	X					0	0	0
(17) PETE HUNTER (FT WAYNE)	2.00									
TREASURER	0.00	X	X					0	0	0
(18) MATT HAYES (FT WAYNE)	2.00									
SGT AT ARMS	0.00	X	X					0	0	0
(19) ROBERT ELLISON (GREATER RALEIGH)	2.00									
PRESIDENT	0.00	X	X					0	0	0
1b Sub-total							◆			
c Total from continuation sheets to Part VII, Section A							◆			
d Total (add lines 1b and 1c)							◆			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director	Insti- tutional trustee	Offi- cer	Key employee	Art- istic per- sonal per- son	Former officer or director			
(12) KEVIN DOVE (GREATER RALEIGH)	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
(13) RAUL GARCIA (GREATER RALEIGH)	2.00									
SECRETARY	0.00	X	X					0	0	0
(14) JASON HAHN (GREATER RALEIGH)	2.00									
TREASURER	0.00	X	X					0	0	0
(15) SCOTT MARKHAM (HIGH PLAINS)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(16) BUFORD BAZE (HIGH PLAINS)	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
(17) MARCUS D. HARRISON (HIGH PLAINS)	2.00									
SECRETARY/TREASURER	0.00	X	X					0	0	0
(18) VIRGIL RUNGE (MADISON)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(19) SIMON HUETTNER (MADISON)	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
1b Sub-total							◆			
c Total from continuation sheets to Part VII, Section A							◆			
d Total (add lines 1b and 1c)							◆			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director	Independent trustee	Other officer	Key employee	Other compensated person	Former			
(12) STEVE KERN (MADISON)	2.00									
SECRETARY	0.00	X	X					0	0	0
(13) DAN HEIN (MILWAUKEE)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(14) JEFF GOBER (MILWAUKEE)	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
(15) JOE ZINKEL (MILWAUKEE)	2.00									
SECRETARY	0.00	X	X					0	0	0
(16) PHILLIP BESTE (MILWAUKEE)	2.00									
TREASURER	0.00	X	X					0	0	0
(17) STAN BASSLIENER (MILWAUKEE)	2.00									
SGT AT ARMS	0.00	X	X					0	0	0
(18) THEODORE S. PRATCHIOS (N. FLORIDA)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(19) ERIC GIRVEN (NEPA)	2.00									
PRESIDENT	0.00	X	X					0	0	0
1b Sub-total					◆					
c Total from continuation sheets to Part VII, Section A					◆					
d Total (add lines 1b and 1c)					◆					

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Yes	No
3	

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4	
---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5	
---	--

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) BIL SAUR (NEPA)	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(13) JIM WALKER (NEPA)	2.00								
SECRETARY	0.00	X	X				0	0	0
(14) RON ERICKSON (NEPA)	2.00								
TREASURER	0.00	X	X				0	0	0
(15) WAYNE SHERMAN (NW ARKANSAS)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(16) JOSH LEE (NW ARKANSAS)	2.00								
EXECUTIVE VP	0.00	X	X				0	0	0
(17) JACOB DANLEY (NW ARKANSAS)	2.00								
2ND VP	0.00	X	X				0	0	0
(18) VONG LUANGSISOMBATH (NW ARKANSAS)	2.00								
SECRETARY	0.00	X	X				0	0	0
(19) ROGER BECKER (NW ARKANSAS)	2.00								
TREASURER	0.00	X	X				0	0	0
1b Sub-total						◆			
c Total from continuation sheets to Part VII, Section A						◆			
d Total (add lines 1b and 1c)						◆			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Yes	No
3	

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		President	First Vice President	Officer	Key Employee	Other Compensated Employee	Former			
(12) KEITH HARPER (NW ARKANSAS)	2.00									
SGT AT ARMS	0.00	X	X					0	0	0
(13) MARK MLAGON (OLD DOMINION)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(14) BENJAMIN CLARK (OLD DOMINION)	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
(15) JAMES L. CARVER (OLD DOMINION)	2.00									
TREASURER	0.00	X	X					0	0	0
(16) MATT O'DOWD (OMAHA)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(17) BRAD ERWIN (OMAHA)	2.00									
EXECUTIVE VP	0.00	X	X					0	0	0
(18) STEVE BEAM (OMAHA)	2.00									
2ND VP	0.00	X	X					0	0	0
(19) JASON HAGGERTY (OMAHA)	2.00									
SECRETARY	0.00	X	X					0	0	0
1b Sub-total							◆			
c Total from continuation sheets to Part VII, Section A							◆			
d Total (add lines 1b and 1c)							◆			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Related Organization	Former Officer			
(12) HEATHER KOCK (OMAHA)	2.00									
TREASURER	0.00	X		X				0	0	0
(13) GARY ROUDEBUSH (OMAHA)	2.00									
SGT AT ARMS	0.00	X		X				0	0	0
(14) PATRICK J. GRAVELINE (S. FLORIDA)	2.00									
PRESIDENT	0.00	X		X				0	0	0
(15) JASON COLEMAN (S. FLORIDA)	2.00									
1ST VP	0.00	X		X				0	0	0
(16) OSAMA ABUADIEH (S. FLORIDA)	2.00									
2ND VP	0.00	X		X				0	0	0
(17) CHRIS YATES (S. FLORIDA)	2.00									
SECRETARY	0.00	X		X				0	0	0
(18) SUZANNE GRAVELINE (S. FLORIDA)	2.00									
TREASURER	0.00	X		X				0	0	0
(19) RICHARD VELOZ (S. NEVADA)	2.00									
PRESIDENT	0.00	X		X				0	0	0

1b Sub-total

◆

c Total from continuation sheets to Part VII, Section A

◆

d Total (add lines 1b and 1c)

◆

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director or trustee	Independent contractor	Key employee	Highest compensated employee	Former officer or director or trustee	Former key employee			
(12) JIM BOYER (S. NEVADA)	2.00									
SECRETARY	0.00	X	X					0	0	0
(13) BRANDON PEARSON (S. NEVADA)	2.00									
TREASURER	0.00	X	X					0	0	0
(14) GARY ELK (SW ARIZONA)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(15) TOM AZZOPARDI (SW ARIZONA)	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
(16) BARBARA KIRKPATRICK (SW ARIZONA)	2.00									
SECRETARY/TREASURER	0.00	X	X					0	0	0
(17) TONY OSCAR ORTIZ SR. (SW ARIZONA)	2.00									
SGT AT ARMS	0.00	X	X					0	0	0
(18) ERIC CLAASSEN (TREASURE VALLEY)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(19) SEAN HARTSHAFFER (TREASURE VALLEY)	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
1b Sub-total				◆						
c Total from continuation sheets to Part VII, Section A				◆						
d Total (add lines 1b and 1c)				◆						

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

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(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Key Employee	Unpaid compensation	Former			
(12) RICHARD TUTTLE	(TREASURE VALLEY) 2.00								
SECRETARY/TREASURER	0.00	X	X				0	0	0
(13) RUSS THOMPSON	(TREASURE VALLEY) 2.00								
SGT AT ARMS	0.00	X	X				0	0	0
(14) CALVIN COFFEY	(TRI-CITIES) 2.00								
PRESIDENT	0.00	X	X				0	0	0
(15) RANDY TOWNSEND	(TRI-CITIES) 2.00								
SECRETARY/TREASURER	0.00	X	X				0	0	0
(16) BOB KORN (WESTERN NY)	(WESTERN NY) 2.00								
PRESIDENT	0.00	X	X				0	0	0
(17) JIM MILLS (WESTERN NY)	(WESTERN NY) 2.00								
EXECUTIVE VP	0.00	X	X				0	0	0
(18) MIKE BIXBY (WESTERN NY)	(WESTERN NY) 2.00								
2ND VP	0.00	X	X				0	0	0
(19) TIM GOMNIAK (WESTERN NY)	(WESTERN NY) 2.00								
SECRETARY	0.00	X	X				0	0	0
1b Sub-total						◆			
c Total from continuation sheets to Part VII, Section A						◆			
d Total (add lines 1b and 1c)						◆			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ◆

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ◆		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Key employee	Former officer	Former director	Former trustee			
(12) STANLEY OLSZEWSKI (WESTERN NY)	2.00									
TREASURER	0.00	X	X					0	0	0
(13) BRAD BERRY (WESTERN NY)	2.00									
SGT AT ARMS	0.00	X	X					0	0	0
(14) STEVE MESNER (W. WISCONSIN)	2.00									
PRESIDENT	0.00	X	X					0	0	0
(15) DENNIS VOSEN (W. WISCONSIN)	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
(16) JONATHAN CLARK (W. WISCONSIN)	2.00									
TREASURER	0.00	X	X					0	0	0
(17)										
(18)										
(19)										

1b Sub-total



c Total from continuation sheets to Part VII, Section A



d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of
reportable compensation from the organization ◆3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated
employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		
4		
5		

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
individual5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual
for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who
received more than \$100,000 of compensation from the organization ◆

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b	45,914		
	c Fundraising events	1c	9,026		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	345		
	g Noncash contributions included in lines 1a-1f				
	h Total. Add lines 1a-1f	◆	55,285		
Program Service Revenue	2a	Busn. Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	◆			
	3 Investment income (including dividends, interest, and other similar amounts)	◆			
4 Income from investment of tax-exempt bond proceed	◆	37			
5 Royalties	◆				
6a Gross rents	(i) Real	(ii) Personal			
b Less: rental exps.					
c Rental inc. or (loss)					
d Net rental income or (loss)	◆				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis & sales exps					
c Gain or (loss)					
d Net gain or (loss)	◆				
8a Gross income from fundraising events (not including \$ 9,026 of contributions reported on line 1c)					
See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events	◆				
9a Gross income from gaming activities.					
See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	◆				
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	◆				
Miscellaneous Revenue	Busn. Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	◆				
12 Total revenue. See instructions	◆	55,322	0	0	37

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	176			
12 Advertising and promotion				
13 Office expenses	2,000			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	843			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEMBER EVENTS	38,421			
b DONATIONS	1,000			
c DUES AND SUBSCRIPTIONS	278			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	42,718	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	182,338	1	194,942
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	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		11	
	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)	182,338	16	194,942
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	182,338	27	194,942
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	182,338	33	194,942
	34 Total liabilities and net assets/fund balances	182,338	34	194,942

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	55,322
2 Total expenses (must equal Part IX, column (A), line 25)	2	42,718
3 Revenue less expenses Subtract line 2 from line 1	3	12,604
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	182,338
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	194,942

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
2c 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 selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a	<input checked="" type="checkbox"/>
	3b	

SCHEDULE O
(Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

 Complete to provide information for responses to specific questions on
 Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2014Open to Public
Inspection
 ◆ Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**REFRIGERATING ENGINEERS AND
TECHNICIANS ASSOCIATION (CHAPTERS)**

 Employer identification number
45-3090804
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

 ORGANIZATION HAS 44 CHAPTERS, 21 ARE INCLUDED IN THIS GROUP RETURN, THE
 OTHER 23 FILE INDEPENDENTLY.

 FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
 ELECTION OF OFFICERS AND BOARD MEMBERS TAKES PLACE AT THE ANNUAL MEETING.

 FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
 THE BOARD MEETINGS ARE PUBLIC MEETINGS ADVERTISED AND OPEN TO THE MEMBERS.
 THE MINUTES ARE TAKEN DURING THE MEETING BY THE EXECUTIVE DIRECTOR WHILE
 BEING DISPLAYED FOR ALL TO SEE VIA PROJECTION EQUIPMENT. THE DRAFT OF THE
 MINUTES ARE DISTRIBUTED TO THE BOARD GENERALLY WITHIN TWO WEEKS OF THE
 MEETING. THE MINUTES ARE REVIEWED AND APPROVED AS AGENDA ITEMS AT THE NEXT
 BOARD MEETING.

 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE REVIEW OF THE FORM 990 IS AN AGENDA ITEM ON THE BOARD'S MEETING AGENDA.
 PER BOARD POLICY, THE 990 MUST BE REVIEWED BY THE BOARD BEFORE IT IS SIGNED
 OR FILED.

 FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 THE BOARD MEMBERS ANNUALLY UPDATE THEIR CONFLICT OF INTEREST STATEMENTS.
 THE EXECUTIVE DIRECTOR ADVISES MEMBERS WHEN BUSINESS DECISIONS ARE PENDING
 THAT THEY SHOULD FORMALLY ABSTAIN FROM DECISION MAKING.

Schedule O (Form 990 or 990-EZ) (2014)

Page 2

Name of the organization

REFRIGERATING ENGINEERS AND

Employer identification number

45-3090804

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
CONSTITUTION, BYLAWS, POLICIES AND PROCEDURES ARE AVAILABLE ON THE WEBSITE.
THE 990 IS AVAILABLE AT THE OFFICE FOR REVIEW.

PAGE 1 OF 1

Schedule O (Form 990 or 990-EZ) (2014)