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Form 990-EZ

Short Form

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 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Western Ice Association
Number and street (or P O box, if mail is not delivered to street address): 1656 Reunion Ave Ste 100
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: South Jordan, UT 84095

D Employer identification number: 94-2797826
E Telephone number: (801) 562-1940
F Group Exemption Number:

G Accounting Method: [X] Cash [] Accrual Other (specify):

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization: [] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 58,634

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c, 6a-6d, 7a-7c.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	40,238	22 36,054
23 Land and buildings		23
24 Other assets (describe in Schedule O)	892	24
25 Total assets	41,130	25 36,054
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,130	27 36,054

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

Create a standard of manufacturing/distribution excellence in ice products

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Facilitate the accumulation and interchange of practical knowledge among members Through the organizing of an annual convention (Grants \$ 39,565) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Arrange and provide for advertising products of its members to the general public and serve as a mechanism to gather data and issue bulletins of promotional and/or technical character (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	39,565

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Marshall Joy Chairman	1 00	0		
Mike Ringstaff Vice Chairman	1 00	0		
Tony Horzen CFO	1 00	0		
Todd Goergen Past Chair	1 00	0		
Jacque Wells Executive Dir	4 00	0		
Buddy Collen Director	0	0		
John Sullivan Director	0	0		
Dave Molinaro Director	0	0		
Pete DeGrandis Director	0	0		
Josh Park Director	0	0		
Mike Nicholson Director	0	0		
John Somers Director	0	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed
42a The organization's books are in care of Morley Berrett CPAs LLC Telephone no (801) 562-1940
Located at 1656 Reunion Ave Ste 100 South Jordan, UT ZIP +4 84095

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 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

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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
 Date 2015-05-15
 Marshall Joy Chairman
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Jeff Maynes CPA
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P00279908
 Firm's name: MORLEY AND BERRETT CPAS
 Firm's EIN: _____
 Firm's address: 1656 REUNION AVE Ste 100
 SOUTH JORDAN, UT 84095
 Phone no: (801) 562-1940

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Western Ice Association

Employer identification number

94-2797826

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Membership Directory Spon \$1962
Other Expenses 1001	Advertising and Promotion \$113
Other Expenses 1005	Travel \$2525
Other Expenses 1007	Conferences, Conventions, and Meetings \$39565
Other Expenses 1012	Insurance \$3477
Other Expenses 1	Board Meetings \$3475
Other Expenses 2	Merchant Account Fees \$1157
Other Expenses 3	Supplies \$882
Other Expenses 4	Website \$712
Other Expenses 6	Office Expenses \$261
Other Assets 1005	Accounts Receivable - Beginning \$892 Accounts Receivable - Ending \$0