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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

**2015**Open to Public  
Inspection**A For the 2015 calendar year, or tax year beginning** \_\_\_\_\_, and ending \_\_\_\_\_

<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>REFRIGERATING ENGINEERS AND TECHNICIANS ASSOCIATION (CHAPTERS)</b>		D Employer identification number <b>45-3090804</b>
	Doing business as <b>1035 2ND AVENUE SE</b>		
	Number and street (or P.O. box if mail is not delivered to street address) <b>1035 2ND AVENUE SE</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>ALBANY OR 97321</b>		G Gross receipts\$ <b>90,220</b>
	F Name and address of principal officer <b>JIM BARRON 1035 2ND AVENUE SE ALBANY OR 97321</b>		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)

 I Tax-exempt status:  501(c)(3)  501(c) ( 6 )  (insert no)  4947(a)(1) or  527  
 Website:  **WWW.RETA.COM**
H(c) Group exemption number **9475**K Form of organization:  Corporation  Trust  Association  Other **◆**

L Year of formation: \_\_\_\_\_ M State of legal domicile: \_\_\_\_\_

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>TO ENHANCE THE PROFESSIONAL DEVELOPMENT OF INDUSTRIAL REFRIGERATION OPERATING AND TECHNICAL ENGINEERS. THIS IS ACCOMPLISHED THROUGH EDUCATION, REGIONAL SEMINARS, AND NATIONAL CONFERENCES.</b>	RECEIVED IRSOSC OCT 31 2016 OGDEN, UT	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	87
	3 Number of voting members of the governing body (Part VI, line 1a)	4	87
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6	3
	6 Total number of volunteers (estimate if necessary)	7a	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
	b Net unrelated business taxable income from Form 990-T, line 34		
		Prior Year	Current Year
		<b>55,285</b>	<b>66,096</b>
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	<b>24,092</b>
	9 Program service revenue (Part VIII, line 2g)	37	<b>32</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	<b>-5,471</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>55,322</b>	<b>84,749</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <b>◆ 0</b>	42,718	<b>66,701</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,718	<b>66,701</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,604</b>	<b>18,048</b>
	19 Revenue less expenses. Subtract line 18 from line 12		
	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
21 Total liabilities (Part X, line 26)	<b>206,803</b>	<b>214,052</b>	
22 Net assets or fund balances Subtract line 21 from line 20	0	0	
	<b>206,803</b>	<b>214,052</b>	

**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 <b>JIM BARRON</b>		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <b>KENDRA STEPH</b>	Preparer's signature	Date <b>07/19/16</b>
	Firm's name " <b>ACUMEN FINANCIAL SERVICES GROUP, PC</b>		Check <input type="checkbox"/> if self-employed
	Firm's address " <b>317 FIRST AVENUE WEST, SUITE 301 ALBANY, OR 97321</b>	Firm's EIN " <b>20-0745610</b>	PTIN <b>P00874061</b>
		Phone no <b>503-682-9600</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2015)