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Form **990**

# 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

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 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## A For the 2015 calendar year, or tax year beginning , and ending

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

C Name of organization **REFRIGERATING ENGINEERS AND TECHNICIANS ASSOCIATION (CHAPTERS)**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1035 2ND AVENUE SE**

City or town, state or province, country, and ZIP or foreign postal code  
**ALBANY OR 97321**

D Employer identification number  
**45-3090804**

E Telephone number  
**541-497-2955**

G Gross receipts **90,220**

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? ☒ Yes ☐ No

H(b) Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

**SEE STMT 1**

H(c) Group exemption number **9475**

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) ( **6** ) (insert no) ☐ 4947(a)(1) or ☐ 527

Website: **WWW.RETA.COM**

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>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>87</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>87</b>
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>0</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g)	<b>55,285</b>	<b>66,096</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0</b>	<b>24,092</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>37</b>	<b>32</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0</b>	<b>-5,471</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>55,322</b>	<b>84,749</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0</b>	<b>0</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	b Total fundraising expenses (Part IX, column (D), line 25) <b>0</b>		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>42,718</b>	<b>66,701</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>42,718</b>	<b>66,701</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>12,604</b>	<b>18,048</b>
Net Assets or Fund Balances	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	<b>0</b>	<b>0</b>
	<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.

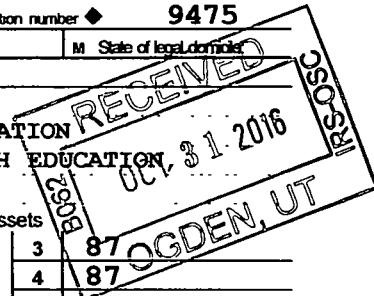
Sign Here	Signature of officer <b>JIM BARRON</b>	Date		
	Type or print name and title <b>EXECUTIVE DIRECTOR</b>			
Paid Preparer Use Only	Print/Type preparer's name <b>KENDRA STEPH</b>	Preparer's signature	Date <b>07/19/16</b>	Check <input type="checkbox"/> if PTIN self-employed <b>P00874061</b>
	Firm's name <b>ACUMEN FINANCIAL SERVICES GROUP, PC</b>	Firm's EIN <b>20-0745610</b>		
	Firm's address <b>317 FIRST AVENUE WEST, SUITE 301 ALBANY, OR 97321</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.

Form **990** (2015)

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