

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)

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning _____, and ending _____

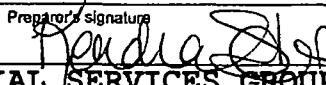
B Check if applicable	C Name of organization REFRIGERATING ENGINEERS AND TECHNICIANS ASSOCIATION (CHAPTERS)			D Employer identification number 45-3090804
<input checked="" type="checkbox"/> Address change	Doing business as Number and street (or P.O. box if mail is not delivered to street address) 1725 FERRY STREET SW			E Telephone number 541-497-2955
<input type="checkbox"/> Name change	Room/suite			
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code ALBANY OR 97322-3912			F Gross receipts\$ 78,869
<input type="checkbox"/> Final return/terminated				
<input type="checkbox"/> Amended return				G H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending				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) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				J Website: ► WWW.RETA.COM
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation: 10
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)	3 108	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 108	
Expenses	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 0	
	6 Total number of volunteers (estimate if necessary)	6 0	
Net Assets or Fund Balances	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	
		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	78,518	61,215
	9 Program service revenue (Part VIII, line 2g)	2,030	17,616
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35	38
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,336	-6,535
Net Assets or Fund Balances	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,247	72,334
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0	0	0
Revenue	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	48,355	51,067
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,355	51,067
Expenses	19 Revenue less expenses. Subtract line 18 from line 12 RECEIVED 10 IRS-OC	26,892	21,267
	20 Total assets (Part X, line 16)	380	240,944
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	380	0
	22 Net assets or fund balances. Subtract line 21 from line 20	0	240,944
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	380	240,944	262,211
21 Total liabilities (Part X, line 26)	380	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	0	240,944	262,211

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	 JIM BARRON Type or print name and title			7/17/18
Paid Preparer Use Only	Print/Type preparer's name KENDRA STEPH	Preparer's signature 	Date 07/16/18	Check <input type="checkbox"/> if PTIN self-employed P00874061
	Firm's name ► ACUMEN FINANCIAL SERVICES GROUP, PC		Firm's EIN ► 20-0745610	
	317 FIRST AVENUE WEST, SUITE 301			
	Firm's address ► 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.
DAA

Form 990 (2017)

6/30/18

Part III Statement of Program Service AccomplishmentsCheck 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 ►

OG

Form 990 (2017) **REFRIGERATING ENGINEERS AND**
Part IV Checklist of Required Schedules

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1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete *Schedule A* 1 2 3 4 5 6 7 8 9 10 11a 11b 11c 11d 11e 11f 12a 12b 13 14a 14b 15 16 17 18 19

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

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* 3

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* 4

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* 5

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* 6

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* 7

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

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* 9

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* 10

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* 11a

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* 11b

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* 11c

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* 11d

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete *Schedule D, Part X* 11e

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* 11f

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

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 12b

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

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

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* 14b

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* 15

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* 16

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) 17

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* 18

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* 19

Form 990 (2017) **REFRIGERATING ENGINEERS AND**
Part IV Checklist of Required Schedules (continued)

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		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization 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	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2017)

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
1b	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	
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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	X
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)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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).		
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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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? Note. See the instructions for additional information the organization must report on Schedule O	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

		Yes	No
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 108	
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 108	
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	13 <input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	14 <input checked="" type="checkbox"/>
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	15a <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>

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 **1725 FERRY STREET SW**
ALBANY **OR 97322-3912 541-497-2955**

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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) JOHN MURDAUGH (ARIZONA)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(2) MIKE THRAEN (ARIZONA)	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(3) KEN FENNEMA (ARIZONA)	2.00								
TREASURER	0.00	X	X				0	0	0
(4) JORGE GARCIA (ARIZONA)	2.00								
SGT AT ARMS	0.00	X	X				0	0	0
(5) KEITH ELLIS (CAROLINAS)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(6) BENJIE BRANHAM (CAROLINAS)	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(7) DONNA DUMAS (CAROLINAS)	2.00								
SECRETARY	0.00	X	X				0	0	0
(8) JEFF WIGGINS (CAROLINAS)	2.00								
TREASURER	0.00	X	X				0	0	0
(9) BILL DOHM (CHICAGO)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(10) BILL TIPPERREITER (CHICAGO)	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(11) TED KLAUS (CHICAGO)	2.00								
FIRST VP	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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(12) ROBERTO VALENZUELA SECRETARY	(CHICAGO) 2.00 0.00	X	X				0	0	0
(13) JAMES DUFFY TREASURER	(CHICAGO) 2.00 0.00	X	X				0	0	0
(14) TOM LEMAR SGT AT ARMS	(CHICAGO) 2.00 0.00	X	X				0	0	0
(15) TYSON FREIBURGER PRESIDENT	(FT WAYNE) 2.00 0.00	X	X				0	0	0
(16) GORDY RASCOE VICE PRESIDENT	(FT WAYNE) 2.00 0.00	X	X				0	0	0
(17) PETE HUNTER FIRST VP	(FT WAYNE) 2.00 0.00	X	X				0	0	0
(18) MATT MAPES SECRETARY	(FT WAYNE) 2.00 0.00	X	X				0	0	0
(19) DAN HUELSENBECK TREASURER	(FT WAYNE) 2.00 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

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		X
4		X
5		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

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

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

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
		Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(20) KEN HUGHES (FT WAYNE)	2.00								
SGT AT ARMS	0.00	X	X				0	0	0
(21) ROBERT ELLISON (GREATER RALEIGH)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(22) KEVIN DOVE (GREATER RALEIGH)	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(23) RAUL GARCIA (GREATER RALEIGH)	2.00								
SECRETARY	0.00	X	X				0	0	0
(24) JASON HAHN (GREATER RALEIGH)	2.00								
TREASURER	0.00	X	X				0	0	0
(25) SCOTT MARKHAM (HIGH PLAINS)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(26) MARCUS D. HARRISON (HIGH PLAINS)	2.00								
SECRETARY/TREASURER	0.00	X	X				0	0	0
(27) VIRGIL RUNGE (MADISON)	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 ►									

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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(28) JASON WAACK VICE PRESIDENT	(MADISON) 2.00 0.00	X		X			0	0	0
(29) STEVE KERN SECRETARY/TREASURER	(MADISON) 2.00 0.00	X		X			0	0	0
(30) JOE ZINKEL PRESIDENT	(MILWAUKEE) 2.00 0.00	X		X			0	0	0
(31) JOE BINS VICE PRESIDENT	(MILWAUKEE) 2.00 0.00	X		X			0	0	0
(32) DON ROBERSON SECRETARY	(MILWAUKEE) 2.00 0.00	X		X			0	0	0
(33) PHILLIP BEST TREASURER	(MILWAUKEE) 2.00 0.00	X		X			0	0	0
(34) MIKE WOEFEL SGT AT ARMS	(MILWAUKEE) 2.00 0.00	X		X			0	0	0
(35) ERIC GIRVEN PRESIDENT	(NEPA) 2.00 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		
4		
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.

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
		Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(36) BIL SAUER (NEPA)	2.00								
EXECUTIVE VP	0.00	X	X				0	0	0
(37) JIM WALKER (NEPA)	2.00								
SECRETARY	0.00	X	X				0	0	0
(38) RON ERICKSON (NEPA)	2.00								
TREASURER	0.00	X	X				0	0	0
(39) ERIC COOLBAUGH (NEPA)	2.00								
SGT AT ARMS	0.00	X	X				0	0	0
(40) THEODORE S. PRATCHIOS (N. FLORIDA)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(41) JASON WATERS (N. FLORIDA)	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(42) JARED BONE (NW ARKANSAS)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(43) JOSH LEE (NW ARKANSAS)	2.00								
EXECUTIVE 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 ►

	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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(44) KEITH HARPER	(NW ARKANSAS)								
	2.00								
SECRETARY	0.00	X	X				0	0	0
(45) ROGER BECKER	(NW ARKANSAS)								
	2.00								
TREASURER	0.00	X	X				0	0	0
(46) ERIC CHAVEZ	(NW ARKANSAS)								
	2.00								
SGT AT ARMS	0.00	X	X				0	0	0
(47) WYLIE POWERS	(OLD DOMINION)								
	2.00								
PRESIDENT	0.00	X	X				0	0	0
(48) BENJAMIN CLARK	(OLD DOMINION)								
	2.00								
SECRETARY	0.00	X	X				0	0	0
(49) JAMES L. CARVER	(OLD DOMINION)								
	2.00								
TREASURER	0.00	X	X				0	0	0
(50) PATRICK J. GRAVELINE	(S. FLORIDA)								
	2.00								
PRESIDENT	0.00	X	X				0	0	0
(51) JASON COLEMAN	(S. FLORIDA)								
	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 ►

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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(52) SUZANNE GRAVELINE (S. FLORIDA)	2.00								
TREASURER	0.00	X	X				0	0	0
(53) RICHARD VELOZ (S. NEVADA)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(54) RICHARD BARAHONA (S. NEVADA)	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(55) JIM BOYER (S. NEVADA)	2.00								
SECRETARY	0.00	X	X				0	0	0
(56) BRANDON PEARSON (S. NEVADA)	2.00								
TREASURER	0.00	X	X				0	0	0
(57) GARY ELK (SW ARIZONA)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(58) TOM AZZOPARDI (SW ARIZONA)	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(59) RICARDO RIVERA (SW ARIZONA)	2.00								
FIRST 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 ►

	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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(60) JACOB PEPPER	(SW ARIZONA) 2.00								
TREASURER	0.00	X	X				0	0	0
(61) TONY OSCAR ORTIZ SR.	(SW ARIZONA) 2.00								
SGT AT ARMS	0.00	X	X				0	0	0
(62) RAUL CAMPOS	(TREASURE VALLEY) 2.00								
PRESIDENT	0.00	X	X				0	0	0
(63) KENNY KEEPA	(TREASURE VALLEY) 2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(64) CHAD BELVOIR	(TREASURE VALLEY) 2.00								
SECRETARY	0.00	X	X				0	0	0
(65) ERIC YORK	(TREASURE VALLEY) 2.00								
TREASURER	0.00	X	X				0	0	0
(66) WILFRED THIELEMANN	(TRI-CITIES) 2.00								
PRESIDENT	0.00	X	X				0	0	0
(67) JAMES BANTA	(TRI-CITIES) 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 ►

	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
		Individual or director	Institutional trustee	Officer	Key employee	Highest compensated			
(68) TIM GOMINIAK (WESTERN NY)	2.00 0.00	X	X				0	0	0
PRESIDENT									
(69) BRAD BARRY (WESTERN NY)	2.00 0.00	X	X				0	0	0
EXECUTIVE VP									
(70) MIKE GROVER (WESTERN NY)	2.00 0.00	X	X				0	0	0
FIRST VP									
(71) PETER BERNHARD (WESTERN NY)	2.00 0.00	X	X				0	0	0
SECRETARY									
(72) STANLEY OLSZEWSKI (WESTERN NY)	2.00 0.00	X	X				0	0	0
TREASURER									
(73) BOB KILIJANSKI (WESTERN NY)	2.00 0.00	X	X				0	0	0
SGT AT ARMS									
(74) CHAD ROEHL (W. WISCONSIN)	2.00 0.00	X	X				0	0	0
PRESIDENT									
(75) STEVEN MESNER (W. WISCONSIN)	2.00 0.00	X	X				0	0	0
VICE PRESIDENT									
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
		Individual or director	Institutional trustee	Officer	Key employee	Highest compensated			
(76) MIKE CHASE (BAY AREA)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(77) JOHN SIMS (BAY AREA)	2.00								
VICE PRESIDENT	0.00	X	X				0	0	0
(78) KEN WILLIAMS (BAY AREA)	2.00								
SECRETARY	0.00	X	X				0	0	0
(79) STEVE MEYERS (BAY AREA)	2.00								
TREASURER	0.00	X	X				0	0	0
(80) JIM WALKER (PHILADELPHIA)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(81) WERNER PAULUS (PHILADELPHIA)	2.00								
TREASURER	0.00	X	X				0	0	0
(82) KENNY FULLER (AR RIVER VALLEY)	2.00								
PRESIDENT	0.00	X	X				0	0	0
(83) KEITH MCELROY (AR RIVER 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

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	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		
(84) RANDALL ADAY	(AR RIVER VALLEY)								
	2.00								
FIRST VP	0.00	X	X					0	0
(85) DANIEL TRAEN	KENSCHUH	(AR RVR VALLEY)							
	2.00								
SECRETARY	0.00	X	X					0	0
(86) WADE SCOTT	(AR RIVER VALLEY)								
	2.00								
TREASURER	0.00	X	X					0	0
(87) AARON ADAMS	(AR RIVER VALLEY)								
	2.00								
SGT AT ARMS	0.00	X	X					0	0
(88) JEREMY THARP	(NASHVILLE)								
	2.00								
PRESIDENT	0.00	X	X					0	0
(89) MICHAEL PAGE	(NASHVILLE)								
	2.00								
VICE PRESIDENT	0.00	X	X					0	0
(90) GREG TRAIL	(NASHVILLE)								
	2.00								
FIRST VP	0.00	X	X					0	0
(91) JONATHAN GILLIE	(NASHVILLE)								
	2.00								
SECRETARY	0.00	X	X					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		
4		
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.

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	
		Individual or director	Institutional trustee	Officer	Key employee	Highest compensated				
(92) SCOTT MEINERT	(NASHVILLE) 2.00 0.00			X	X			0	0	0
TREASURER										
(93) LONNIE VIA	(NE OHIO) 2.00 0.00									
PRESIDENT				X	X			0	0	0
(94) JOE ROBINSON	(NE OHIO) 2.00 0.00									
VICE PRESIDENT				X	X			0	0	0
(95) RICK SHEFELTON	(NE OHIO) 2.00 0.00							0	0	0
SECRETARY				X	X					
(96) BERNIE VITALLO	(NE OHIO) 2.00 0.00							0	0	0
TREASURER				X	X					
(97) CHRIS CLARK	(NE OHIO) 2.00 0.00									
SGT AT ARMS				X	X			0	0	0
(98) JOHN HILLEBRANT	(OMAHA) 2.00 0.00									
VICE PRESIDENT				X	X			0	0	0
(99) JASON HAGGERTY	(OMAHA) 2.00 0.00							0	0	0
SECRETARY				X	X					
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							►			

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
		Individual or director	Institutional trustee	Officer	Key employee	Highest compensated	Former			
(100) HEATHER KOCK	(OMAHA)									
	2.00									
TREASURER	0.00	X	X					0	0	0
(101) CHRIS BUBOLTZ	(COLORADO)									
	2.00									
PRESIDENT	0.00	X	X					0	0	0
(102) DARYL DAVIS	(COLORADO)									
	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
(103) SHANE DITTER	(COLORADO)									
	2.00									
SECRETARY	0.00	X	X					0	0	0
(104) IAN WELSH	(COLORADO)									
	2.00									
TREASURER	0.00	X	X					0	0	0
(105) ANDY EVERSOLE	(SALT LAKE CITY)									
	2.00									
PRESIDENT	0.00	X	X					0	0	0
(106) AMY WHETTON-JOLLEY	(SALT LAKE CITY)									
	2.00									
VICE PRESIDENT	0.00	X	X					0	0	0
(107) ED JOHNSON	(SALT LAKE CITY)									
	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							▶			

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		
		Former or director or trustee or director or trustee	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee			
(108) JIM SMITH (SALT LAKE CITY)	2.00 0.00	X	X						0	0
TREASURER										0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ►			

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

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

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

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.

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
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b 44,615			
	c Fundraising events	1c 15,250			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,350			
	g Noncash contributions included in lines 1a-1f	\$			
	h Total. Add lines 1a-1f	► 61,215			
Other Revenue	2a AMMONIA & REFRIG. SAFETY DAY	Busn. Code 611710	17,616	17,616	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	► 17,616			
	3 Investment income (including dividends, interest, and other similar amounts)	►	38		38
4 Income from investment of tax-exempt bond proceeds					
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 \$ 15,250 of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b 6,535				
c Net income or (loss) from fundraising events	►	-6,535			
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	►	72,334	17,616	0	38

Form 990 (2017) REFRIGERATING ENGINEERS AND
Part IX Statement of Functional Expenses

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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)	1,470			
12 Advertising and promotion				
13 Office expenses	2,277			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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	41,081			
b CH. START-UP / PROMOTION	5,800			
c DUES AND SUBSCRIPTIONS	439			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	51,067	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	240,944	1	262,211
	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)	240,944	16	262,211	
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	240,944	27	262,211
	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	240,944	33	262,211
	34 Total liabilities and net assets/fund balances	240,944	34	262,211

Form 990 (2017)

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	72,334
2 Total expenses (must equal Part IX, column (A), line 25)	2	51,067
3 Revenue less expenses. Subtract line 2 from line 1	3	21,267
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	240,944
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	262,211

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?	2a	<input checked="" type="checkbox"/>
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		
2b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
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		
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?	3a	<input checked="" type="checkbox"/>
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	3b	

Form 990 (2017)

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

2017Open to Public
Inspection

Name of the organization

**REFRIGERATING ENGINEERS AND
TECHNICIANS ASSOCIATION (CHAPTERS)**Employer identification number
45-3090804

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 GOLF OUTING (event type)	(b) Event #2 _____	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts 10,118			10,118
	2 Less Contributions 10,118			10,118
	3 Gross income (line 1 minus line 2)			
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses 6,535			6,535
	10 Direct expense summary Add lines 4 through 9 in column (d)			6,535
	11 Net income summary Subtract line 10 from line 3, column (d)			-6,535

Part III. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	Yes % No	Yes % No	Yes % No
	7 Direct expense summary Add lines 2 through 5 in column (d)			
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities.

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain

Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain

Yes No

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount of gaming revenue retained by the third party ►\$

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ►\$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ►\$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

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

Employer identification number

45-3090804

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

ORGANIZATION HAS 47 CHAPTERS, 27 ARE INCLUDED IN THIS GROUP RETURN, THE OTHER 20 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) (2017)

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) (2017)