

14641

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 1999 calendar year, OR tax year period beginning 1999, and ending

- B Check if: Change of address Initial return Final return Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Associated Builders and Contractors Rhode Island Chapter ABC
Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3200 Post Road
City or town, state or country, and ZIP+4 Warwick RI 02886

D Employer identification number 05-0461806
E Telephone number 401-732-3020
F Check if exemption application is pending

G Type of organization - Exempt under section 501(c)(6) (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? Yes No
(b) If "Yes," enter the number of affiliates for which this return is filed.
(c) Is this a separate return filed by an organization covered by a group ruling? Yes No
I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) 1695
J Accounting method: Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.
Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

Table with 21 rows and 4 columns: Description, Sub-column, Line number, Amount. Includes Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Handwritten amounts include 71,647, 4,450, 76,105, 86,125, 19,000, 8,203, 19,591.

SCANNED JAN 05 2010

RECEIVED NOV 17 2009 ACS SUPPORT CLERICAL

RECEIVED 11102009 IRS-PHILA, PA 385

\* under-reported prior year payroll taxes

0866309193

917

Associated Builders and Contractors Rhode Island Chapter ABC  
ID# 05-0461806

Form 990 (1999)

Page 2

**Part II** Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses (itemize): a Insurance, b Utilities, c Property taxes, d Dues & subscriptions, e Office Expense, 44 Total functional expenses (add lines 22 through 43). Total for (A) is 86185.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III** Statement of Program Service Accomplishments (See Specific Instructions on page 22.)

What is the organization's primary exempt purpose? Trade Association for Merit Shop Contractors  
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Table for Program Service Accomplishments with 2 columns: Description, Program Service Expenses. Rows a-f: a-d (Grants and allocations \$), e Other program services (attach schedule) (Grants and allocations \$), f Total of Program Service Expenses (should equal line 44, column (B), Program services).

Associated Builders and Contractors Rhode Island Chapter ABC

ID# 05-0461806  
Form 990 (1999)

**Part IV** Balance Sheets (See Specific Instructions on page 22.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	32,489	45	21,396
	46 Savings and temporary cash investments . . . . .		46	
	47a Accounts receivable . . . . .		47a	
	b Less: allowance for doubtful accounts . . . . .		47b	840
	47c		47c	
	48a Pledges receivable . . . . .		48a	
	b Less: allowance for doubtful accounts . . . . .		48b	48c
	48c		48c	
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a Other notes and loans receivable (attach schedule) . . . . .		51a	
	b Less: allowance for doubtful accounts . . . . .		51b	51c
	51c		51c	
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .		53	550
	54 Investments—securities (attach schedule) . . . . .		54	
	55a Investments—land, buildings, and equipment: basis . . . . .		55a	
	b Less: accumulated depreciation (attach schedule) . . . . .		55b	55c
55c		55c		
56 Investments—other (attach schedule) . . . . .		56		
57a Land, buildings, and equipment: basis . . . . .	3,320	57a		
b Less: accumulated depreciation (attach schedule) . . . . .		57b	57c	
57c	3,320	57c	3,320	
58 Other assets (describe ► ) . . . . .		58		
59 Total assets (add lines 45 through 58) (must equal line 74) . . . . .	35,819	59	26,166	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	2,152	60	1,906
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .	41,870	62	43,951
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65 Other liabilities (describe ► ) . . . . .		65	
66 Total liabilities (add lines 60 through 65) . . . . .	44,022	66	45,757	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .		67	
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	<8,203>	72	<19,591>
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) . . . . .	<8,203>	73	<19,591>	
74 Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . .	35,819	74	26,166	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Associated Builders and Contractors Rhode Island Chapter ABC

ID# 05-0461806

Form 990 (1999)

**Part IVA** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 24.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	76,105
b	Amounts included on line a but not on line 12, Form 990:	b	
	(1) Net unrealized gains on investments . . . \$ _____		
	(2) Donated services and use of facilities \$ _____		
	(3) Recoveries of prior year grants . . . \$ _____		
	(4) Other (specify): ..... ..... \$ _____		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	
d	Amounts included on line 12, Form 990 but not on line a:	d	
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____		
	(2) Other (specify): ..... ..... \$ _____		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	76,105

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ▶	a	86,185
b	Amounts included on line a but not on line 17, Form 990:	b	
	(1) Donated services and use of facilities \$ _____		
	(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$ _____		
	(3) Losses reported on line 20, Form 990 . . . \$ _____		
	(4) Other (specify): ..... ..... \$ _____		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	
d	Amounts Included on line 17, Form 990 but not on line a:	d	
	(1) Investment expenses not included on line 6b, Form 990. . . \$ _____		
	(2) Other (specify): ..... ..... \$ _____		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . ▶	e	86,185

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employa benefit plans & deferred compensation	(E) Expense account and other allowances
Eileen Kelly 3280 Post Rd Warwick RI	Executive Director 40 hours	30,000-	-0-	-0-
Ned Evans Jamestown RI	President 1 hour	-0-	-0-	-0-
Kevin Ayres Johnston RI	Board member 1 hour	-0-	-0-	-0-
David Campbell Esq Providence RI	Board member 1 hour	-0-	-0-	-0-
Richard Taylor Johnston RI	Board member 1 hour	-0-	-0-	-0-
David Edington Behoboth MA	Board member 1 hour	-0-	-0-	-0-
Jeff Janton Warwick RI	Board member 1 hour	-0-	-0-	-0-
Lynn Kent CPA Foster RI	Treasurer 1 hour	-0-	-0-	-0-

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see Specific Instructions on page 25.



