Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2007

Inter	rnal Reve	nue Service	The organization may have to		is return to		state reporting require	ments	s (C	pen to Publ	c Inspection
A			year, or tax year beginning	, and en							
<u>B</u> _	Check if ap		C Name of organization					D		dentificatio	
	Address ch	hange use IRS label or	Industrial Mutua	1 Associ	Lation	ı			38-0	67790	0
П	Name char		of Flint					Ε	Telepho	ne numbe	r
님		type.	Number and street (or P O box if mail	is not delivered to	street addre	ess)	Room/suite		<u>810-</u>	742-2	168
님	Initial retur	566	6045 Davison Rd						Accounti	ng method:	Cash
Ш	Terminatio	Specific Instruc-	City or town, state or country, and ZIP	+ 4				X	Accrual	Oth	er (specify)
	Amended i	return tions.	BURTON	MI	48509						
П	Application	n pendina	Section 501(c)(3) organizations and 4947	7(a)(1) nonexemp	t charitable	e Han	d I are not applicable to s	ection !	527 organ	nizations	
_		·· p ··· ·· · · · · · · · · · · · · · ·	trusts must attach a completed Schedul	e A (Form 990 or	990-EZ).	H(a)	Is this a group return fo	r affiliat	tes?	Y€	s X No
G	Website	e: 🤨 N/A				H(b) If "Yes," enter number of	of affilia	ites 🕨		
J	Organia	zation type			<u> </u>	H(c	Are all affiliates include	d?		Ye	es 🗌 No
	(check	only one) 🕨 🗶	501(c) (4) ∢ (insert_no)	4947(a)(1) or	527		(If "No," attach a list. See ins	structions	s)		_
ĸ	Check he	ere D if th	e organization is not a 509(a)(3) supporting of	organization and its	s aross	☐ H(d) Is this a separate return	n filed b	y an		
••			ore than \$25,000 A return is not required, bu	-	-		organization covered b	y a groi	up ruling?	· Ye	s No
	-	eturn, be sure to file	·	. II also organizacion	. 0.100303		Group Exemption N	umbei	r▶		
	10 1110 4 1		a complete return			м	Check ▶ X if th	e orga	nızatior	is not red	uired
Ļ	Gross r	eceipts Add line	s 6b, 8b, 9b, and 10b to line 12▶	2,4	36,99	9	to attach Sch B (Fo	rm 99	0, 990-E	EZ, or 990	·PF)
P	art I	Revenue	, Expenses, and Changes in N	let Assets o	r Fund E	Balanc	es (See the instri	uctio	ns.)		
	1		ifts, grants, and similar amounts receiv								
	a	. •	donor advised funds			1a			ł		
	b		oport (not included on line 1a)			1b	•	7			
	c		upport (not included on line 1a)			1c		7	ŀ		
	ď	•	ntributions (grants) (not included on line	. 1a\		1d		┪			
					oncash \$	iu j		\dashv .	٦		٥
	e		1a through 1d) (cash \$		·	OO		10		1 // 2	9,853
	2	=	e revenue including government fees ai	iu contracts (iro	iii Part VII,	, ine 93)	_		1,42	3,033
	3	•	es and assessments					3			1 2/2
	4		ngs and temporary cash investments					4		A	$\frac{1,243}{2,301}$
	5		nterest from securities		1	1 . 1		5	-	4	8,391
	6a	Gross rents				6a	-				
	b	Less rental exp	enses			6b		4			
	С	Net rental incom	ne or (loss) Subtract line 6b from line 6	a				6			<u>.</u>
<u>a</u>	7	Other investmen	nt income (describe►	· <u>··</u> ·)				<u>' </u>		
Revenue	8a	Gross amount fr	rom sales of assets other	(A) Secui			(B) Other	_			
ě		than inventory			<u>0,253</u>	8a	<u>79,5</u> 0	<u>6</u>			
Œ	b	Less cost or oth	ner basis and sales expenses		<u>5,282</u>	8b		_			
	c	Gain or (loss) (a	ittach schedule)	5	4,971	8c	79,50	6			
S	d	Net gain or (loss	s) Combine line 8c, columns (A) and (E	See	Stmt	1	See Stmt 2	_8	d	13	4,477
\mathcal{Q}	9	Special events a	and activities (attach schedule). If any a	amount is from g	jaming, ch	eck her	▶ 🗌	-	1		
	a	Gross revenue (of				j			
SCANNED		contributions rep	ported on line 1b)	<u> </u>		9a			1		
П	Ь		enses other than fundraising expenses			9b					
	С	•	oss) from special events Subtract line					9	С		
130	10a		nventory, less returns and allowances	-		10a	595,24	1			
–	b	Less cost of go	•			10b	198,36				
.	c	-	loss) from sales of inventory (attach sc	hedule) Subtrac	t line 10b			Ĩ 10	c	39	6,878
7	11		from Part VII, line 103)	,				1			2,512
3	12		Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	Oc. and 11				1	_		3,354
<u></u>	13		es (from line 44, column (B))	00, and 11				1	_		8,227
Expenses 8000	14	-	nd general (from line 44, column (C))			LCE	IVED	1	_		2,341
ŠĽ	15	-	m line 44, column (D))	1				1			
χ	15			1	96 00	T 1	3 2008 Ö	1	-		
Ш			iliates (attach schedule)	- 1	ল ত		5 2008 O	_	-	2.07	0,568
	17		. Add lines 16 and 44, column (A)					1	$\overline{}$		$\frac{0,308}{7,214}$
set	18		et) for the year Subtract line 17 from lin		QC	BDE	√, UT ¯=	1	-		3,358
As	19		nd balances at beginning of year (from		(/\/)			1			
Net Assets	20		n net assets or fund balances (attach e	•		e St	catement 4	_	0		5,465
	21 Privaci	Net assets or fu	nd balances at end of year. Combine li	nes 18, 19, and	20		 <u> </u>	2	1		0,679
ins	truction	y not and rapert is.	work Reduction Act Notice, see the s	charate						Form	990 (2007)
υAA	٠										

	d each	complete column (A). I	columns (B), (C), and i	(D) are required for sec it optional for others (S	tion 50 f(c)(3) and (4) See the instructions)
Turiottoriai Exponded	I Secti	T			
Do not include amounts reported on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.			Services	and general	
22a Grants paid from donor advised funds (attach schedule)					
(cash\$non-cash \$)					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)					
(cash \$ cash \$)					
If this amount includes foreign grants, check here	22b	_			
23 Specific assistance to individuals (attach	1				
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors,					
key employees, etc listed in					
Part V-A	25a_				
b Compensation of former officers, directors,			1		
key employees, etc listed in					
Part V-B	25b				
c Compensation and other distributions, not included above,	1 1			j	
to disqualified persons (as defined under section					
4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				·
26 Salaries and wages of employees not included	1				
on lines 25a, b, and c	26	790,169	553,485	236,684	
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a – 27	28	312,616	133,380	179,236	
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	40,404	33,127	7,277	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	23,870	23,870		
37 Equipment rental and maintenance	37	250,744	242,069	8,675	
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	45,318	7,163	38,155	<u>.</u>
42 Depreciation, depletion, etc (attach schedule)	42	149,889	140,512	9,377	
43 Other expenses not covered above (itemize)					
a See Statement 5	43a	457,558	394,621	62,937	
b	43b				
С	43c				
d	43d				
e	43e				
f	43f				
q	43g				
44 Total functional expenses. Add lines 22a					
through 43g (Organizations completing					
columns (B)-(D), carry these totals to lines					
13-15)	44	2,070,568	1,528,227	542,341	0
Joint Costs. Check ▶ ☐ If you are following SOP 98-2.		_, _, _, _	<u> </u>		
Are any joint costs from a combined educational campaign and	d fundr	aising solicitation repo	rted in (B) Program ser	vices?	Yes X No
If "Yes," enter (i) the aggregate amount of these joint costs\$	- 1011011	•	int allocated to Program se		
(iii) the amount allocated to Management and genera\$			unt allocated to Fundraisin		•
City and amount andounce to management and general		, and (iv) the amou	an anocated to I undialant	- · · · · · · · · · · · · · · · · · · ·	

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

(Grants and allocations \$

orr	m 990 (2007) Inc	dustrial 1	Mutual Assoc:	iation	<u> 38-0677900</u>		Page 3
Р	art III Stater	ment of Progr	am Service Accom	plishments (See	the instructions.)		
art n 11	ticular organization	How the public per please make sure	rceives an organization in	such cases may be d	or sole source of information determined by the information describes, in Part III, the o	ion presented	
ll c f cl	organizations must of lients served, public anizations and 4947 Provide i including	describe their exentations issued, etc (a)(1) nonexemptorecreations g golf, s	opportunition op	s in a clear and concis hat are not measurable o enter the amount of for member key, basket	se manner State the num e. (Section 501(c)(3) and (grants and allocations to c s and communi- ball, chess,	(4) others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
		vices ope	rated at recions and cat	reation fac		check here ▶ ☐	1,146,375
С	(Grants and allocate	ons \$	<u>)</u>	If this amou	int includes foreign grants	, check here 🕨 🗍	381,852
	(Grants and allocati	ons \$,	If this amou	int includes foreign grants	check here	
d	toranio and anocali	опо ф	l	n uns antou	int moluues Toreigh grants	, originality	
	(Grants and allocati	ons \$)	If this amou	int includes foreign grants	, check here 🕨 🗌	

If this amount includes foreign grants, check here

1,528,227 Form 990 (2007)

DAA

_	n 990 (ciation 38	-0677900		Page 4
_	art IV	Balance Sheets (See the instructions.)		(4)		(B)
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	nin the description	(A) Beginning of year		(B) End of year
	45	Cashnon-interest-bearing		558,592	45	22,598
	46	Savings and temporary cash investments		419,113	46	75,703
			l.			
	47a	Accounts receivable	47a 47,957	31,946	47-	47,957
	b	Less: allowance for doubtful accounts	47b	31,340	4/C	47,337
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable	[408]	 	49	
	50a	Receivables from current and former officers, directors	s, trustees, and			
		key employees (attach schedule)	,		50a	
	b	Receivables from other disqualified persons (as define	ed under section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att. sched	ule)		50b	
	51a	Other notes and loans receivable (attach				
S		schedule)	51a			
Assets	b	Less: allowance for doubtful accounts	51b		51c	
Ä	52	Inventories for sale or use		77,292	52	86,001
	53 54a	Prepaid expenses and deferred charges Investments—publicly-traded securities See Statement		67,681		53,724
	b			868,611	$\overline{}$	1,567,912
		Investments—other securities (attach schedule)	Cost FMV		54b	
	55a	Investments—land, buildings, and	55a			
	ь	equipment. basis Less: accumulated depreciation (attach	558			
		schedule)	55b		55c	
	56	Investments—other (attach schedule)	000		56	
	57a	Land, buildings, and equipment basis	57a 3,826,559			
	b	Less accumulated depreciation (attach				
		schedule) See Statement 7	57ь 2,308,955	1,505,759	57c	1,517,604
	58	Other assets, including program-related investments				
		(describe ▶)		58	
	59	Total assets (must equal line 74) Add lines 45 throug	h 58	3,528,994	59	3,371,499
	60	Accounts payable and accrued expenses		146,287	60	129,323
	61	Grants payable	- Gh-h	36 365	61	20 001
	62	Deferred revenue Se	e Statement 8	36,265	62	29,981
es	63	Loans from officers, directors, trustees, and key emplo	byees (attach		63	
Liabilities	64a	schedule) Tax-exempt bond liabilities (attach schedule)			64a	
<u> </u>	b	Mortgages and other notes payable (attach schedule)		<u> </u>	64b	
	65	Other liabilities (describe > See Statemen	it 9	653,084		601,516
			,			
	66	Total liabilities. Add lines 60 through 65		835,636	66	760,820
	Orga	nizations that follow SFAS 117, check here ▶ X a	nd complete lines			
		67 through 69 and lines 73 and 74.				
Ses	67	Unrestricted .		2,693,358	$\overline{}$	2,610,679
<u>a</u>	68	Temporarily restricted			68	·
ŭ	69	Permanently restricted			69	
	Orga	nizations that do not follow SFAS 117, check here	· 🔲 and			
Assets or rund balances	70	complete lines 70 through 74			70	
S	70 71	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipn	nent fund		70	
SSE	72	Retained earnings, endowment, accumulated income,			72	
et A	73	Total net assets or fund balances. Add lines 67 throu			-	
ž		70 through 72 (Column (A) must equal line 19 and co	•			
		equal line 21)	\—/ ···	2,693,358	73	2,610,679
	74	Total liabilities and net assets/fund balances. Add in	nes 66 and 73	3,528,994		3,371,499

Form	990 (2007)	Industrial Mutual Associat:	ion	38	-06779	00			Page 5
	rt IV-A	Reconciliation of Revenue per Audited Fi instructions.)	inancial Stat	ement	s With Re	venue per	Retu	ırn (See tl	he
—— а	Total revenu	e, gains, and other support per audited financial stateme	ents				a	2,	063,354
b		luded on line a but not on Part I, line 12:							
1		ed gains on investments		b1					
2		vices and use of facilities		b2					
3	Recoveries of	of prior year grants		b 3					
4	Other (specif	fy)							
				b4		_		Ì	
	Add lines b1	through b4					b	<u> </u>	
С	Subtract line	b from line a					С	2,	063,354
d	Amounts inc	luded on Part I, line 12, but not on line a:							
1	Investment e	expenses not included on Part I, line 6b		d1					
2	Other (specif	fy)·				·			
				d2					
	Add lines d1	and d2					d		
е	Total revenu	ue (Part I, line 12) Add lines c and d				▶ [е	2,	063,354
Pa	art IV-B	Reconciliation of Expenses per Audited I	Financial Sta	temen	ts With E	xpenses pe	er Re	eturn	
а	Total expens	ses and losses per audited financial statements					а	2,	<u>070,568</u>
b	Amounts inc	luded on line a but not Part I, line 17:							
1	Donated sen	vices and use of facilities		b1					
2	Prior year ad	ljustments reported on Part I, line 20		b2					
3	Losses repo	rted on Part I, line 20		b3					
4	Other (specif	fy)·						1	
				b4					
	Add lines b1	through b4					b		
С	Subtract line	b from line a					С	2,	070,568
d	Amounts inc	luded on Part I, line 17, but not on line a:							
1	Investment e	expenses not included on Part I, line 6b		d1					
2	Other (specif								
				d2		0			
	Add lines d1	and d2			_		d		
е	Total expen	ses (Part I, line 17) Add lines c and d				>	е	2,	070,568
Pa	rt V-A	Current Officers, Directors, Trustees, and					n offi	cer, director,	trustee,
		or key employee at any time during the year even if the	ey were not com	pensated	d.) (See the	instructions)			
		(A) Name and address		Title and av	(B)	(C) Compensate (If not paid, ent	on (D) Contributions to mployee benefit lans & deferred	(E) Expense account and other
		(A) Name and address		week devo	erage hours per ted to position	-0)	cor	lans & deferred npensation plans	allowances
Se	e attached	schedule							
	.			0			-	0	<u>0</u>
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	990 (2007)	Industrial				38-0677					age 6
		Current Officers,								Yes	No
75a		al number of officers, d	irectors, and tru	stees permitted to	vote on organ	nization business at l	board		l		
L	meetings			ee listed in Form	000 Bod V A		اسمغما				
D	•	ers, directors, trustees, sted in Schedule A, Pa				• .	saled			1	
		sted in Schedule A, Pa		•		•					
		? If "Yes," attach a stat			_	•			75b		x
	•					, , ,					
C	Do any office	ers, directors, trustees,	or key employe	es listed in Form 9	990, Part V-A,	or highest					
		d employees listed in S	•								
	•	contractors listed in Sc			•	•	_				
	-	s, whether tax exempt of		are related to the o	organization?	See the instructions f	for		-		~ X
		of "related organization of statement that inc		ation described in	the instruction				75c		
d		janization have a writte			i ine mshucioi	15.			75d		x
		Former Officers, I			(ev Employ	ees That Recei	ved Compe	ensation or C		Ben	
		If any former officer, di					•				
	ļ	person below and enter	the amount of	compensation or o	other benefits i	n the appropriate co					
		(A) Name	and address			(B) Loans and Advances	(C) Compensation (if not paid,	 (D) Contributions to employee benefit plans & deferred 		E) Expe	
						(_)	enter -0-)	compensation plans		llowan	
	LLIAM CRIC			JRTON					_		_
60	45 DAVISON	ROAD	MI	48509	-	0	0	6,28	<u> </u>		0
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				<u>-</u>							
				<u></u>					↓		
		04h	(Cas the in	otructions \					٠	14	
<u>Pa</u> 76		Other Information			nducting activi	tips? If "Vps " attach	а			Yes	No
, 0	•	ement of each change	o in no activities	or methods of co	iladoling activi	aos a res, allacit	u		76		x
77		anges made in the org	anızıng or gove	rning documents t	out not reported	d to the IRS?			77		x
	•	ch a conformed copy o		J	•			•			
78a	Did the organ	nization have unrelated	business gross	income of \$1,000	or more durin	ng the year covered I	ру				
	this return?						•		78a	Х	
		it filed a tax return on F		•		•			78b	Х	
79		liquidation, dissolution,	, termination, or	substantial contra	action during th	ne year? If "Yes," atta	ach				v
00-	a statement	zation rolated (ather-th-	an hu acasa	um vanida en ministrativado		organization) the	ah.		79		<u> </u>
ova	=	zation related (other tha mbership, governing bo	-				ji i				
	organization	_	Juica, 11451885,	omoers, etc., to di	ny ounce exemp	or nonexempt			80a		x
b	•	er the name of the orga	nızatıon▶								 _
	-,,	:			and check who	ether it is 🗍 exem	pt or non	exempt			
81a	Enter direct a	and indirect political exp	penditures (See				11a	0			
<u>b</u>	Did the organ	nization file Form 1120	-POL for this ye	ar?				<u></u> _	81b	لــــــا	<u>x</u>

_	990 (2007) Industrial Mutual Association 38-06/7900			Page 7
	rt VI Other Information (continued)		Yes	No
82a				
_	or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)		**	l
_	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	_	W.
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
05-	gifts were not tax deductible? N/A	84b		х
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		x
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	-	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
_	received a waiver for proxy tax owed for the prior year Dues, assessments, and similar amounts from members 85c 0			
c d	Section 162(e) lobbying and political expenditures 85d 0	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 0			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 0			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		1
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	009		
••	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	•		
	following tax year?	85h		
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities	1		
87	501(c)(12) orgs Enter: a Gross income from members or shareholders			ł
b	Gross income from other sources (Do not net amounts due or paid to other]		
	sources against amounts due or received from them)			}
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
С	Enter. Amount of tax imposed on the organization managers or disqualified			
_	persons during the year under sections 4912, 4955, and 4958 Enter Amount of tax on line 89c, above, reimbursed by the organization			
ď				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	89e		x
	transaction?	89f		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	831		- 32
g	supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	at any time during the year?	89g		x
90a	List the states with which a copy of this return is filed None	009		
b	Number of employees employed in the pay period that includes March 12, 2007 (See			
_	instructions)			18
91a	The books are in care of ▶ Donna Raney Telephone no ▶ 810-	742	-21	.68
-	6045 Davison Rd.			
	Located at ▶ Burton, MI ZIP+4▶ 48509			
ь	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		Yes	No
	account)?	91b		X
	If " Yes," enter the name of the foreign country▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
	and Financial Accounts.			_

Form	990 (200	on Industrial Mut	ual Associ	ation	38-06	77900	1		Pag	8
	rt VI	Other Information (con							Yes N	_
С	At any ti	me during the calendar year, did th		ain an office outs	side of the United S	tates?		91c		
	If "Yes,"	enter the name of the foreign cour	ntry 🕨							
92	Section	4947(a)(1) nonexempt charitable to	rusts filing Form 990	in lieu of Form 1	041—Check here				>	П
	and ente	er the amount of tax-exempt interes	st received or accrue	d during the tax y	/ear		▶ 92			
Pa	ırt VII	Analysis of Income-Pro	ducing Activitie	s (See the in	structions.)					_
Note	: Enter gr	oss amounts unless otherwise			usiness income	Excluded b	by section 512, 513, or 514		E)	_
ındıc	ated.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	-	téd or function	
93	Program	service revenue		Business code	Amount	code	Amount	•	ome	
а	See	Statement 10			183,413		28,431	1,21	18,00	9
b										
C						[]				
d										
e		<u> </u>			<u></u>					
f	Medicar	e/Medicaid payments								
g	Fees an	d contracts from government agen	icies							
94	Member	ship dues and assessments								
95	Interest	on savings and temporary cash in	vestments .			14	1,243			
96	Dividend	ds and interest from securities				14	48,391			_
97	Net rent	al income or (loss) from real estate	e:							
а	debt-fina	anced property								_
b		-financed property	ļ							_
98	Net rent	al income or (loss) from personal p	property							
99		vestment income								_
100		(loss) from sales of assets other th	nan inventory			14	79,506		54,97	1
101		me or (loss) from special events			24.5.222		1=0 010			
102		rofit or (loss) from sales of inventor	ry	722210	216,929	3	179,949			—
103		venue a				-	·-		2 0/	_
b		n on disposal of	assets	541610	40 710	<u> </u>			3,80	U
C	ACII	inistrative		341610	48,712				-	—
d							-			—
e	0.1.1.1.	1/(0) (0)			449,054	 	337,520	1,27	76 79	<u></u>
104		I (add columns (B), (D), and (E))	(E))		227,032	LL	337,320	2 01	53,35	.
105		dd line 104, columns (B), (D), and		O Doubl				2,00	,,,,	<u>'</u>
	rt VIII	5 plus line 1e, Part I, should equal Relationship of Activiti			f Evernt Purn	0000 (\$	ee the instruction	16 /		—
	ne No.	Explain how each activity for w				-				_
_	▼	of the organization's exempt p					tantily to the accomplis	Similorn		
	<u>Y</u>	See Statement 11					- -			_
				·						_
				· · · · · ·						_
				-						_
Pa	rt IX	Information Regarding	Taxable Subsid	liaries and D	isregarded Ent	ities (Se	ee the instruction	s.)		_
		(A)	(B) Percentage of		(C)		(D)	(E)	_
r	Name, ad partner	dress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interes		ure of activities	ŀ	Total income	End-òf ass	-year ets	
	N/A			%						_
				%		<u> </u>				_
				%						_
				%						
Pa	ırt X	Information Regarding	Transfers Asso	ciated with F	Personal Benef	it Contr	acts (See the ins	struction	ıs.)	_
		e organization, during the year, red							I==I	lo
		ie organization, during the year, pa						Ye	s 🗶 I	Ю
		es" to (b), file Form 8870 and For								_
					<u> </u>			Form	990 (20	07)

Form 990 (2			<u> 38-067790</u>				Page	9
Part XI	Information Regarding Transfer			lete onl	y if the	organization	1	
	is a controlling organization as d	etined in section 512(b)	(13).				-1	_
100 5 1			540(b)(40) = 6			Ye	s No	_
	the reporting organization make any transfers to	· · · · · · · · · · · · · · · · · · ·	in section 512(b)(13) of				_~	
T the C	Code? If "Yes," complete the schedule below for		(0)				X	_
	(A) Name, address, of each	(B) Employer ID	(C) Descriptior	of		(D)		
	controlled entity	Number	transfer	101		Amount of	transfe	er:
								-
a								
<u> </u>						ļ		_
b								
c								_
	Totals							_
						Ye	s No	_
107 Did t	the reporting organization receive any transfers	from a controlled entity as def	ined in section					_
5120	b)(13) of the Code? If "Yes," complete the sche	dule below for each controlled					X	_
	(A)	(B)	(C)			(D)		
	Name, address, of each	Employer ID	Description			Amount of	transfe	er
+	controlled entity	Number	transfer			<u> </u>		—
1								
a								
+								
ь								
						-		_
С								
	Totals							_
						v	s No	_
108 Did 1	the organization have a binding written contract	in effect on August 17, 2006, o	covering the interest,				<u> </u>	_
rents	s, royalties, and annuities described in question	107 above?						_
	Under penaltes of perjury, I declare that I have exe	mined this return, including accomp	panying schedules and state	ments, and	to the best	of my knowledge		
Please	and belief, it is true, correct, and complete Deglara	ition of preparer (other than officer)	is based on all information of	of which prej	parer has a	ny knowledge		
Sign	Shulyna W	uly			10/	10/08		_
Here	Signature of officer	. /			Date			
	Sherwinn Zver	'uj						_
	Type or print name and title			Charles 4		Preparer's SSN	or PTIN	_
Paid	Preparer's SIGNATURE CHAWNA FERRY		Date	Check if self-		(See Gen Instr	X)	
Preparer's	C V DIMINIA I BIALL	MODGAN CD3 50	8/28/08	employed		P00181		F
Use Only	Firm's name (or yours \ TAYLOR &	MORGAN, CPA, PC			EIN	▶ 38-240) T Z Q	<u> </u>
•		EBRIDGE DRIVE, 48532-5491	ם אודחחדום	1	Phone	810-230-	-820	ი

_{Form} 4562

Depreciation and Amortization(Including Information on Listed Property)

isted Property)

OMB No 1545-0172

Internal Revenue Service Sequence No 67 ► Attach to your tax return. ► See separate instructions. Business or activity to which this form relates Identifying number Name(s) shown on return 38-0677900 **Industrial Mutual Association of Flint** Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 \$125,000 Maximum amount. See the instructions for a higher limit for certain businesses. . . . 1 2 Total cost of section 179 property placed in service (see instructions). 2 3 \$500,000 Threshold cost of section 179 property before reduction in limitation 3 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 8 9 9 Tentative deduction. Enter the **smaller** of line 5 or line 8. 10 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶ 13 | Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see 14 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2007 . . . If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here \triangleright Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (business/investment use (e) Convention (f) Method (c) Depreciation deduction only—see instructions) service 3-year property 19a b 5-year property 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. ММ S/L h Residential rental 27.5 yrs. property ММ S/L 39 yrs. ММ S/L Nonresidential real MM S/L Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs. ММ S/L Summary (see instructions) 21 Listed property. Enter amount from line 28 . . .

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . .

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.

149,889

Amortization of costs that began before your 2007 tax year. . . Total. Add amounts in column (f). See the instructions for where to report

Form	4562 (2007)														Page 2
Pa		Property (In							, cellul	ar tele	phone	s, certa	ain con	nputer	s, and
	24a, 24	For any vehicle 1b, columns (a) through (d	of Se	ction A	A, all of	Sectioi	n B, and	d Section	n C ıf	applica	ble.			e only
Sec	tion A—Depre	ciation and O	ther Inforn	nation	(Cautio	on: See	the ins	truction	ns for lii	nits for	passe	nger au	tomobil	es.)	
24a	Do you have evid	ence to support t	the business/i	nvestme	nt use cl	aimed?	☐ Yes	□ No	24b l	f "Yes,"	is the e	vidence	written?	☐ Ye	s□No
Тур	(a) be of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use		(d) t or other basis		siness/in	oreciation vestment	(f) Recover	у Ме	(g) ethod/ vention	Depr	(h) eciation luction	Ele secti	(i) ected on 179
25		I ince for qualifie						ed in se		uring th		-			ost
		used more than					6 (266	mstruc	tions).		. 25	<u> </u>			
<u> 26</u>	Property used	more than 50		1	usines	s use:						γ		-1	
			%									ļ			
			%	<u> </u>					ļ						
			%						L						
27	Property used	50% or less	in a qualifie	d busii	ness us	se:									
			%							S/L					
			%							S/L	-			╛.	
			%							S/L	_			ì	
28	Add amounts	in column (h),	lines 25 th	rough 2	27. Ent	er here	and or	line 21	l, page	1	28				. 1
29		in column (i),											. 29)	
			Se	ection	B—Info	ormatio	n on U		/ehicle:						
Com	nplete this secti	on for vehicles									owner.	" or rela	ated pe	rson.	
	provided vehicles														vehicles
					۵۱		h)	· ,			ط/	Τ ,	a)		
30	during the year (investment mile do not include co	ommuting		a) Icle 1		b) cle 2		c) icle 3	•	d) cle 4		e) cle 5	(1 Vehi	
24															
31	-	miles driven durin	-					·							
32	•	ersonal (noncor													
33	Total miles driv		ear Add		1		ı — 		1						
34	Was the vehicluse during off-	e available for duty hours? .	-	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehice more than 5% of	ele used primate owner or related													
36		cle available for													
Ansı		Section C—Qu	uestions fo											ovees w	/ho are
	more than 5%							J						•	
37	Do you mainta	aın a written po	olicy staten	nent tha	at proh	bits all	-				luding	commu	tıng,	Yes	No
38	•	a written policy		nat proh	ıbıts per	sonal us	e of veh	ıcles, ex	cept con	nmuting	by you	r employ	ees?		
		ions for vehicles	•	•											
39		all use of vehic										• •			
40	the use of the	le more than f vehicles, and	I retain the	ınform	ation re	eceived	?					oyees al	bout	_	
41		e requirements													
		nswer to 37, 38	8, 39, 40, oi	r 41 is "	Yes," a	o not co	omplete	Section	n B for	ne cov	ered ve	nıcles.			L
Pa	rt VI Amor	tization		_								 -		_	
	(a) Description	of costs	Date am	b) ortization gins		Amor	c) tizable ount		Cc	d) ode tion	Amor per	(e) tization od or entage		(f) rtization his year	for
42	Amortization of	f costs that beg	ains durina	vour 20	07 tax	vear (se	e instru	ctions):							
				,	1	, \-									
			+		_										
43	Amortization of	of costs that b	egan befor	e vour	2007 ta	ax vear				-		43			

INDUSTRIALM Industrial Mutual Association 38-0677900 FYE: 12/31/2007	ial Mutual Associa		Federal Statements	ements	:		8/28/20	8/28/2008 4:31 PM
	Statement 1 - For	Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities	8c - Sale of A	Assets Oth	er Than Inven	tory - Securities	(0)	
	Desc							•
	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
Publicly Traded Sec	Securities				\$ 230,253	\$ 175,282 \$		\$ 54,971
Total					230,253	175,282	0	
	Statement 2 - Form 990, Part I		ne 8c - Sale o	f Assets O	Line 8c - Sale of Assets Other Than Inventory - Other	entory - Other		
	Desc							
— ш		Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
Capital Gains Reinvested Total	es ted				\$ 79,506			\$ 79,506
								1-2

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INDUSTRIALM Industrial Mutual Association

. 38-0677900

Federal Statements

FYE: 12/31/2007

Statement 3 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	cogs	Gross Profit
Brookwood Golf-Unrelated Brookwood Golf-Excluded Grill & Catering-Unrelated Grill & Catering-Excluded Recreation	\$ 6,273 50,751 294,436 229,846 13,935	42,828 78,521 66,728	\$ 1,014 7,923 215,915 163,118 8,908
Total	\$ 595,241	\$ <u>198,363</u>	\$ 396,878

Statement 4 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	_	Amount
Book / Tax Deprec Difference	\$	149,889
Unrealized losses on investments		-75,465
Book/Tax depreciation adjustment	_	-149,889
Total	\$_	-75,465

INDUSTRIALM Industrial Mutual Association
38-0677900 Federal Statements

38-0677900

FYE: 12/31/2007

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Duralward Calf Unvalated	\$ \$	Ş	3	\$
Brookwood Golf-Unrelated Contracted Services	68	68		
Utilities	3,414	3,414		
Insurance	4,622	4,622		
Miscellaneous	2,203	2,203		
Advertising	2,034	2,203		
Bad Debts	2,031	2,031		
Taxes/Licenses	4,615	4,615		
Brookwood Golf-Exempt				
Contracted Services	532	532		
Utilities	26,682	26,682		
Insurance	36,131	36,131		
Misc	17,219	17,219		
Advertising	15,899	15,899		
Bad Debts	14	14		
Taxes/Licenses	36,075	36,075		
Catering-Unrelated				
Contracted Services	2,394	2,394		
Utilities	19,561	19,561		
Insurance	12,392	12,392		
Misc	821	821		
Advertising	5,768	5,768		
Taxes/Licenses	30,400	30,400		
Catering-Excluded				
Contracted Services	780	780		
Utilities	8,834	8,834		
Insurance	6,193	6,193		
Misc	597	597		
Advertising	1,749	1,749		
Taxes/Licenses	17,382	17,382		
Recreation Programs Contracted Services	56,550	56,550		
Utilities	7,477	7,477		
Insurance	10,072	10,072		
Program Activity	16,752	16,752		
Misc	200	200		
Advertising	150	150		
Taxes/Licenses	4,347	4,347		
Park Management Fees '				
Utilities	9,880	9,880		
Insurance	14,070	14,070		
Contracted Services	4,713	4,713		
Misc	10,976	10,976		
Advertising	449	449		
Taxes/Licenses	2,604	2,604		
Administrative				

INDUSTRIALM Industrial Mutual Association

Federal Statements

FYE: 12/31/2007

38-0677900

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Contracted Services	\$ 6,952 \$		\$ 6,952	
Utilities	18,316		18,316	
Insurance	11,433		11,433	
Misc	4,263		4,263	
Advertising	2,173		2,173	
Taxes/Licenses	19,800		19,800	
Total	\$ 457,558 \$	394,621	\$ 62,937	\$ <u>0</u>

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INDUSTRIALM Industrial Mutual Association

· 38-0677900

Federal Statements

FYE: 12/31/2007

Statement 6 - Form 990.	Part IV, Line 54a - Publici	v Traded Securities

Description	Beginning of Year	End of <u>Year</u>	Basis of Valuation
Corporate Stock	\$ 868,611	\$ _1,567,912	Market
Total	\$ 868,611	\$ 1,567,912	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description				
	Beginning of Year	Accum Depr	End of Year	Accum Depr
Buildings & Improvements	\$ 2,299,932 \$		\$ 2,379,937	\$
Furniture & Equipment	985,634		992,019	
Vehicles	92,503		82,828	
Accumulated Depreciation		2,242,515		2,308,955
Land	370,205		371,775	
Total	\$ 3,748,274 \$	2,242,515	\$ 3,826,559	\$ 2,308,955

Statement 8 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	_	End of Year
	\$ 36,26	5 \$	29,981
Total	\$ 36,26	5 \$ <u> </u>	29,981

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

Description	 Beginning of Year		End of Year
Line of Credit Capital Lease Bank Loans Hockey Boosters Fund	\$ 550,100 34,484 63,496 5,004	\$	485,000 71,175 40,337 5,004
Total	\$ 653,084	\$	601,516

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. 38-0677900

Federal Statements

FYE: 12/31/2007

Statement 10 - Form 990, Part VII, Line 93 - Program Service Revenue

Description	Business Code	_	Unrelated Amount	Exclusion Code	_	Exclusion Amount	_	Related Income
Brookwood Golf-Unrelated Brookwood Golf-Exempt	713910	\$	89,675		\$		\$	700,960
Catering-Unrelated Catering-Excluded	722320		93,738	3		28,431		·
Recreation Programs Park Management Fees		_			_		_	156,319 360,730
Total		\$_	183,413		\$_	28,431	\$_	1,218,009

Statement 11 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93b	Golf fees to contribute to maintenance of golf course for members' enjoyment and recreation programs.
93e	Fees for recreation programs provide for maintenance of fields, payments for officials, rental of facilities, equipment and supplies for recreation programs.
103b	GOlf fees contribute to maintenance of golf course for members' enjoyment and recreation.
93a	Park management fees provide for maintenance of parks and fields used for recreation programs.

Industrial Mutual Association of Flint

38-0677900 、 FYE. 1,2/31/07

Part V-A

rait V-M				
(<u>A) Name/Address</u> John Mahoney 6045 Davison Rd., Burton, MI 48509	(B) Title/Hrs President 3	(C) Compensation None	(D) Contrib to Emp <u>Benefits/Def Comp</u> None	(E) Allowances None
John Matonich 6045 Davison Rd., Burton, MI 48509	Vice President 2	None	None	None
Larry Chopp 6045 Davison Rd., Burton, MI 48509	Past President 2	None	None	None
William Fitzgerald 6045 Davison Rd., Burton, MI 48509	Treasurer 2	None	None	None
Kelli Sproule 6045 Davison Rd , Burton, MI 48509	Secretary 2	None	None	None
Gary Bates 6045 Davison Rd., Burton, MI 48509	Director 2	None	None	None
Deborah Cherry 6045 Davison Rd., Burton, MI 48509	Director 2	None	None	None
Sherlynn Everly 6045 Davison Rd., Burton, MI 48509	Executive Directo 40	or \$ 82,265	\$ 2,579	\$ 4,251
Ted Hammon 6045 Davison Rd., Burton, MI 48509	Director 2	None	None	None
Ralph LaDuke 6045 Davison Rd., Burton, MI 48509	Director 2	None	None	None
Jeff Houck 6045 Davison Rd., Burton, MI 48509	Director 2	None	None	None
Gary Isham 6045 Davison Rd., Burton, MI 48509	Director 2	None	None	None
Joe Niedzwiecki 6045 Davison Rd., Burton, MI 48509	Director 2	None	None	None
Dan Smith 6045 Davison Rd., Burton, MI 48509	Director 2	None	None	None
Tom Svitkovich 6045 Davison Rd , Burton, MI 48509	Director 2	None	None	None