INDUSTRIALM 08/10/2009 10 01 AM

Department of the Treasury

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)

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

OMB No 1545-0047 2008 Open to Public

Form **990** (2008)

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<u>A</u>	For the	2008 cal		ear, or tax year beg			, and end				_		
В	Check if app		Please use IRS	C Name of organizatio			Mutual	Assoc	ciatio	on	D E	mploy	yer identification number
\sqcup	Address ch	nange	label or		of Fli	.nt		 			⊣ "	0 (0677000
	Name chan	nge	print or	Doing Business As				_		1			<u>0677900</u>
	Initial return	n	type. See	,	or PO box if mail is no		reet address)			Room/suite			one number -742-2168
X	Termination	,	Specific		vison Ro					L			
一		1	Instruc-		te or country, and 2	IP + 4	MI	48509			G Gros	s receir	<u> 18 \$</u>
닏	Amended re	ľ	tions.	BURTON		···	MT	40303				e thie a	group return for
\sqcup	Application	pending	r nam	e and address of prin	cipal officer						1	affiliates	·
											H(b) /		affiliates
											i		attach a list (see instructions)
_	Tay-eyer	mpt status	X	501(c) (4)	◀ (insert no.)	49476	a)(1) or	527			- '	,	2.00.000
 .i		e: N		- 1	4 (11100111110.)		<u> </u>	1			H(c) (Group e	exemption number
	Type of org		X Co	rporation Trust	Association	Other ►			L	Year of formation		-	M State of legal domicile
	art I		mma							-			
	7			the organization's	mission or most	significant	activities:						
a		-		recreation		_					·		
ŭ							•						
ĵ.	'												
Activities & Governance	2 C	Check the	s box	▶ 🗶 if the orga	nization discont	inued its op	erations or	disposed of	more thar	n 25% of its as	sets		
ಶ	3 N	lumber o	of voting	g members of the	governing body	(Part VI, line	e 1a)				<u> </u>	3	
es	4 N	lumber o	of indep	endent voting me	mbers of the go	verning bod	y (Part VI, I	ne 1b)			<u> </u>	4	
₹	5 T	otal num	nber of	employees (Part \	√, line 2a)						_	5	
Act	1			volunteers (estima							<u> </u>	6	
	1	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)										7a	
	b N	Net unrelated business taxable income from 50m, 990-7 line 34										7b	Current Year
ത	۱ . ر	Contributions and grants (Part VIIII line 1h)										-+	Current rear
9	8 0	1 4								29,85	53		
₹	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								•		84,1		
(re-2009)	11 0			Part VIII, column (•			49,39		···
		otal rev	enue (i	add lines 8 throug	ր 1060	dead Viii.	column (A).	line 12)	•		63,35		
d d d S	13 (ar amounts paid (*		
				or for members (F			-,				_		
Cases	15 S	•		ompensation, em			umn (A), lin	es 5–10)		1,1	02,78	35	
Se	‡ ≇ 16a P			draising fees (Par			, ,		•				
9	⋛ ьт	otal fund	draising	expenses (Part I	X, column (D), lı	ne 25) 🕨			•			\dashv	
Ж	∯ 17 C	Other exp	enses	(Part IX, column (A), lines 11a-11	d, 11f-24f)					67,78		
ď	¶" 18 T	otal exp	enses.	Add lines 13-17 (r	must equal Part	IX, column	(A), line 25)			2,0	70,50	_	
_	19 R	Revenue	less ex	penses Subtract	line 18 from line	12				Do alasti	-7,2 :	14	End of Year
Net Assets or			4. (5.	-t V - 15 40\							ng of Year 71,49	امما	Ella of Tear
Asse Relea	20 1		•	rt X, line 16)					• •		60,82		
E SE	21 T		•	Part X, line 26) nd balances. Subt	ract line 21 from	line 20					10,6	_	0
	Part II			re Block	ract line 21 nom	11116 20	-						
÷	CAIL II			Ities/of,perjury, I deci	are that I have exa	mined this ret	turn including	accompanyin	na schedule	s and statement	s, and to th	ne bes	st of my knowledge
		and	belief, i	t is true, corregt, and	complete Deplara	ton of prepar	er (other than	officer) is bas	sed on all in	formation of whi	ch prepare	r has	any knowledge
Sig	an		V	Mulya	in In	ulu	.						8.13.09
He	_		Signati	re of officer	0,		P	1	$\overline{\chi}$. 1		Date	
			5	iherlyni	1 Zverl	4	(_)	(ecuti	've D	irector	<u> </u>		
_			Type o	r print name and title]							
		Pre	parer's						Date		eck if		Preparer's identifying number (see instructions)
Pa		sign	nature	SHAWNA	FERRY				8/1	.0/09 self	- ployed ▶		P00181565
	eparer		n'n ====	TZ	YLOR & 1	MORGAN	, CPA	PC	•		EII	N	▶ 38-2401965
Us	e Only		n's name elf-emple	or yours	302 STON				ILDIN	G D		one	
				7 11	LINT, MI		2-5491	•			no	•	810-230-8200
Ma	y the IR	S discus	s this r	eturn with the prej	parer shown abo	ve? (see in	structions)						X Yes No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	Industrial Mutual		3-0677900	Page 2
	tatement of Program Serving the the organization's mission:	ce Accomplishments (see instru	ctions)	
•	recreation oppor	tunities.		
	•	•		
_		program services during the year which wer	e not listed on	
	m 990 or 990-EZ? cribe these new services on Sched	tule O	•	Yes X No
•		e significant changes in how it conducts, ar	y program	
services?	oribo thogo changes on Cabadula (Yes X No
	cribe these changes on Schedule (e exempt purpose achievements for	o. r each of the organization's three largest pr	ogram services by expenses.	
		and section 4947(a)(1) trusts are required to		
allocations t	o others, the total expenses, and re	evenue, if any, for each program service rep	ported.	
4a (Code) (Expenses \$	including grants of \$) (Revenue \$	
		ities for members and , hockey, basketball,		
	g, soccer, karate		Chess,	
_				
			•	
		·		
				•
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
Food se	rvices operated a	t recreation faciliti		
includi	ng concessions an	d catering services.		•
		·	••	•
		•		
			•	
4 (0)	\/r) (Davido 6	_
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
		•		
			_	
	•	• •	·	
				•
				•
4d Other progra	am services (Describe in Schedule	0)		
(Expenses		iding grants of \$) (Revenue \$)
4e Total progra	am service expenses 🕨 \$	(Must equal Part IX	Line 25, column (B))	Form 990 (2008

Part IV Checklist of Required Schedules

			Yes	No
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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	L	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19_		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete		į l	
	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 questions		ļ l	
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١		
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	\vdash	<u> </u>
25a				
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				₹.
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
_	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			.
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV	Chècklist of	Required	Schedules	(continued)

	Checklist of Required Schedules (continued)		Yes	No.
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		162	NO
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
a	employee), or an indirect business relationship through ownership of more than 35% in another entity			:
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
_	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	204	_	
b	·	28b		X
	complete Schedule L, Part IV	200		
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			X
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		
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, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
	vi ·		990	

<u> </u>	rt V Statements Regarding Other IRS Filings and Tax Compliance			,	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	portable			17
2-	gaming (gambling) winnings to prize winners?		1c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year and reported by this return.	20			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return	2a	2 _b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	115 :	20		
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			
	this return?	,	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 a	authonty			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other fin	ancial			
	account)?		<u>4</u> a		X
b	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			
	and Financial Accounts				
	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 transact	tion?	5b		<u> </u>
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity		_ '	1 1	
6-	Regarding Prohibited Tax Shelter Transaction? Did the organization solicit any contributions that were not tax deductible?	•	5c 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ine or	- Oa		
_	gifts were not tax deductible?	113 01	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than			
	\$75?		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	S			
	required to file Form 8282?	, I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e_		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	`	7g		X
h	required?	, d5	7h	ļj	x
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon				
	organization, have excess business holdings at any time during the year?	•	8_] 	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	·			
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9Ь		
10	Section 501(c)(7) organizations. Enter:	1 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
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:	المدا			
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	11b			
12a	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	·2a		
				990	(2008)

INDUSTRIALM 08/10/2009 10 01 AM 38-0677900 Form 990 (2008) Industrial Mutual Association Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions Enter the number of voting members of the governing body 1b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? b X Does the organization have local chapters, branches, or affiliates? 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 9b affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 X 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies No X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:

а	The organization's CEO, Executive Director, or top management official?	15a	 X
b	Other officers or key employees of the organization?	15b	X
	Describe the process in Schedule O. (see instructions)		
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	 X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		
	the organization's exempt status with respect to such arrangements?	16b	
Sec	tion C. Disclosure		

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 8 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.

Own website | Another's website | Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Merline Kurian 6045 Davison Rd.

organization: Merline Kurian 6045 Davison Rd.

Burton MI 48509

810-742-2168

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

(A)	(B)	T		(0	;)		trustee, or key employee (D)	(E)	(F)
Name and Title	Average hours per week	n Individual trustee o or director		Officer	all t	Highest compensated employee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
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Par	t VII Section A	. Officers, Directors, Trus	tees	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)					
	(A) `	(B)	_			C)			(D)	(E)		(F)			
	Name and title	Average hours per				_	hata _l Ior⊤		Reportable compensation	Reportable compensation		mated			
		week	hours per Key employ Cofficer Instituti						from	from related		ther			
			Key employee Key employee Officer Institutional trustee or director weeek					Former	the	organizations (W-2/1099-MISC)		ensatio m the	n		
			trus	<u> 원</u>		оуее	omp		organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)		nızatıor	1		
			tee	stee			Highest compensated employee	ŀ				related			
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				ļ	ļ		ļ								
			40)					<u> </u>	- \$100,000 in reportable	annonceton from the					
2	organization ► 0	ividuals (including those in	ia)	wno	rece	ivea	mor	e m	an \$100,000 in reportable o	compensation from the					
	organization P C											Ye	s No		
3									oyee, or highest compensa	ted			x		
4	employee on line 1a	a? If "Yes," complete Sched sted on line 1a, is the sum.	dule of re	J for	suc able	com	ilvidu inens	ual satio	on and other compensation	from	3	-	1		
•	the organization and	d related organizations great	ater	than	\$15	0,00	0? If	"Ye	s," complete Schedule J fo	r such			.		
5	Individual	nd on line 1a receive or acc	пе	comi	nens	ation	n fron	n ar	ny unrelated organization fo	or	-	+	X		
		the organization? If "Yes,											X		
	tion B. Independent														
1	Complete this table compensation from	the organization.	ensa	ited i	ınde	pend	lent o	cont	ractors that received more						
		(A) Name and business address						ļ	Descrip	(B) otion of services		Compe	nsation		
								T							
								\vdash							
										· · · · · · · · · · · · · · · · · · ·					
2	Total number of ind compensation from		uding	tho	se ır	1 1) v	who r	ece	ived more than \$100,000 ir	1 		0			
DAA											F	om 9 9	90 (2008)		

Pa	rt V	III Statement of Re	<u>venue</u>				T	(0)	
		`				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1.	Fodorated campaigns	1a				TOVERIGE		312, 313, 01 314
트	la L	Federated campaigns							
흔	D	Membership dues	1b						
ra ts	С	Fundraising events	1c						
<u>gʻë</u>	d	Related organizations	1d						
Siris	е	Government grants (contributions)	10						
iệ a	f	All other contributions, gifts, grants,							
들힘		and similar amounts not included above	1f						
털	g	Noncash contributions included in lines	1a-1f \$						
Q @	h	Total. Add lines 1a-1f			<u> </u>	······································			
Program Service Revenue Contributions, gifts, grants					Busn. Code				
ᇹ	2a								
&	b	·							
.၌	С						-		
, j	d								
Ē	e								
- E	f	All other program service re	venue						
됩	q								
		Investment income (includir	a dividei	nds. intere	est, and				
		other similar amounts)	Ŭ		•				
	4	Income from investment of	tax-exem	pt bond p	roceeds >			****	
	5	Royalties			•				
		(ı) Rea	ıl	(II) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss)		<u> </u>	•				
	7a	I (I) Secur	ties	(11)	Other				
		sales of assets other than inventory							
1	b	Less cost or other							
i		basis & sales exps							
	С	Gain or (loss)	•						
	d	Net gain or (loss) .			•				
	8a	Gross income from fundraising e	events						
ne		(not including \$							
Ven		of contributions reported on line	1c)						
Re		See Part IV, line 18	а						
Other Revenue	b	Less direct expenses	b						
ᅙ	С	Net income or (loss) from fu	ındraisin	events					.,,
	9a	Gross income from gaming activ	rities						
		See Part IV, line 19	а						
	b	Less direct expenses	b			., .,,,,,			
		Net income or (loss) from g		tivities .	▶				
	10a	Gross sales of inventory, les	ss						
		returns and allowances	а						
		Less cost of goods sold	b						
3	<u> </u>	Net income or (loss) from sa		ventory					
		Miscellaneous Reve	nue		Busn. Code				
l	11a								
	b								
Ì	C	A. 11							
	d	All other revenue							
	40	Total. Add lines 11a–11d	L 0- 1	4 5 6 : -	7-1 0-				
	12	Total Revenue. Add lines 1	n, 2g, 3,	4, 5, 6d, 7	ra, 8c,	_		_	
		9c, 10c, and 11e	•			0	0	0	000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

7. b. b. 9b, and 10b of Part VIII. 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 carts and other assistance to individuals in the U.S. See Part IV, line 22 darks and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 13 darks and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 13 darks and 16 dar	Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
1 Genits and other assistance to governments and organizations that U.S. See Part IV, Imiz 2 control and other assistance to individuals in the U.S. See Part IV, Imiz 2 control and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Imiz 15 and 16 compensations, and individuals outside the U.S. See Part IV, Imiz 15 and 16 compensation of current officers, directors, trustees, and key employees compensations of current officers, directors, trustees, and key employees compensation of current officers, directors, trustees, and key employees control and persons described assicinal 458(0)(file) and section 458(0)(file) and section 458(0) employee contributions) of the resistance and wages for a section 458(0) employee contributions) of the resistance and wages for a section 458(0) employee contributions) of the resistance and wages for services (non-employees): a Management be Legal		•	Total expenses	Program service expenses		
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b c d e f All other expenses Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		-				
b c d e f All other expenses Total functional expenses. Add lines 1 through 24f Joint Costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		5% of total expenses snown on line 25 below.)				
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	a					
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	D					
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	C				<u> </u>	
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	a					
25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		All other expenses				
26 Joint Costs. Check here Difficiency if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		•••				
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and						
from a combined educational campaign and		SOP 98-2. Complete this line only if the				
		organization reported in column (B) joint costs				

P	art >	Balance Sheet							
					(A) Beginning of year		(B) End of	-	
	1	Cash—non-interest bearing			22,598	1		-	
	2	Savings and temporary cash investments			75,703				
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net		•	47,957	4			
	5	Receivables from current and former officers, directors, t	rustee	s, key					
	ļ	employees, or other related parties. Complete Part II of S				5			
	6	Receivables from other disqualified persons (as defined	under	section					
		4958(f)(1)) and persons described in section 4958(c)(3)(l	B) Cor	mplete					
		Part II of Schedule L				6			
ţ	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use			86,001	8			
As	9	Prepaid expenses and deferred charges			53,724	9			
	10a	Land, buildings, and equipment cost basis	10a						
	b	Less: accumulated depreciation Complete							
		Part VI of Schedule D	10b		1,517,604	10c			
	11	Investments—publicly traded securities			1,567,912	11			
	12	Investments—other securities See Part IV, line 11				12	ļ		
	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)		3,371,499	_	_		0
	17	Accounts payable and accrued expenses			129,323				
	18	Grants payable .			00 001	18	 		
	19	Deferred revenue		29,981	19	 			
w	20	Tax-exempt bond liabilities				20			
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D				21			
ij	22	Payables to current and former officers, directors, trustee	-	1					
į		employees, highest compensated employees, and disqu	alified						
		persons Complete Part II of Schedule L				22	-		
	23	Secured mortgages and notes payable to unrelated third	partie	S		23	 		
	24	Unsecured notes and loans payable			601,516	24	 		
	25	Other liabilities. Complete Part X of Schedule D			760,820		+		0
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X	7		700,820	26			
Jces			and						
an	27	complete lines 27 through 29, and lines 33 and 34.			2,610,679	27	1		
Balar		Unrestricted net assets Temporarily restricted net assets			2,010,013	28			
D E	28 29	Permanently restricted net assets				29	-		
Fund	23	Organizations that do not follow SFAS 117, check her	ا 🏎	<u> </u>					
F		and complete lines 30 through 34.							
s or	30	Capital stock or trust principal, or current funds				30	İ		
Assets	31	Paid-in or capital surplus, or land, building, or equipment	fund	•		31			
\ss	32	Retained earnings, endowment, accumulated income, or		funds .		32			
it A	33	Total net assets or fund balances			2,610,679				0
Net	34	Total liabilities and net assets/fund balances		•	3,371,499	34			0
P	art >	······································							
								Yes	No
1	Ac	counting method used to prepare the Form 990:	ash	X Accrual	Other				
28		ere the organization's financial statements compiled or rev			intant?		2a		X
Ł		ere the organization's financial statements audited by an ir		•		•	. 2b		X
(Yes" to lines 2a or 2b, does the organization have a comm			ty for oversight of	•			
		audit, review, or compilation of its financial statements a					2c		<u> </u>
3a	a As	a result of a federal award, was the organization required	to und	lergo an audit or audits as	s set forth in				
	the	Single Audit Act and OMB Circular A-133?					3a		X
<u>t</u>) If "	Yes," did the organization undergo the required audit or a	udits?				3b_		

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(Form 990 or 990-EZ) SCHEDULE N

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

1545-004	80
OMB No	20

Open to Public Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line Inspection Employer identification number To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. 38-0677900 Attach certified copies of any articles of dissolution, resolutions, or plans. ► Attach to Form 990 or 990-EZ. Name of the organization Industrial Mutual Association of Flint Department of the Treasury Internal Revenue Service Part 1

	(g) IRC Code section	of recipient(s) (if	tax-exempt) or type	of entity				
	(t) Name and address of recipient							
	(e) EIN of recipient	_						
מח.	(d) Wethod of	determining FMV for	asset(s) distributed or	transaction expenses				
iai space is rieed	(c) Fair market value of	asset(s) distributed or	amount of transaction asset(s) distributed or	expenses				
טוווס יישורא	(b) Date of	distribution						
ou obe ochiedule IV-1 il additional space is liegued	(a) Description of asset(s)	distributed or transaction	expenses paid					

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

æ

Become an employee of, or independent contractor for, a successor or transferee organization? ۵

Become a direct or indirect owner of a successor or transferee organization? v

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? b

if the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

Schedule N (Form 990 or 990-EZ) 2008

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Yes

2a **2**b 20 29

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

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Form	ndustria	Industrial Mutual As	Association	38-	38-0677900	Page 2	7
Part I Liquidation, Termination, or Dissolution (continued)	nation, or Di	ssolution (confin	ned)			⊢	i
Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-	ed all of its asse	ts during the tax year,	then Form 990, Part	X, column (B) should	equal -0-	Yes No	ام
3 Did the organization distribute its assets in accordance with its governing instruments(s)? If "No," describe in Part III	assets in accord	dance with its governin	ig instruments(s)? If	"No," describe in Part	=	3	ļ
4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?	sceive a determi	nation letter from EO [Determinations that t	he organization's exem	npt status was terminated?	4a	-
b (If "Yes," provide the date of the letter ▶	etter ▶						
5a Is the organization required to notify the attorney general or other appropria	tufy the attorney	general or other appro		f its intent to dissolve,	te state official of its intent to dissolve, liquidate, or terminate?	5a	1
b If "Yes," did the organization provide such notice?	ide such notice	٠.				5b	١
6 Did the organization discharge or pay all liabilities in accordance with state laws?	pay all liabilities	s in accordance with st	ate laws?			9	- [
7a Did the organization have any tax-exempt bonds outstanding during the year?	k-exempt bonds	outstanding during the	year?			7a	Į
b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	defease tax-ex	empt bond liabilities in	accordance with the	Internal Revenue Cod	te and state laws?	7b	- 1
c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III	the organization	defeased or otherwise	settled these liability	ies If "No," explain in F	Part III		-1
Part II Sale, Exchange, Disposition, or Other Transfer of "Yes" to Form 990. Part IV line 32 or Form 990-EZ	sposition, o	r Other Transfer 32 or Form 990-	of More Than 2 EZ_line 36. Use	5% of the Organia Schedule N-1 if	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990. Part IV line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.	on answered	
1 (a) Description of asset(s)	(b) Date of	(c) Fair market value of	(d) Method of	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of	Γ_
distributed or transaction	distribution	asset(s) distributed or	determining FMV for			recipient(s) (if	
expenses paid		amount of transaction	asset(s) distributed or			tax-exempt) or type	
		expenses	transaction expenses			of entity	T
					IMA Recreation Association		
	4 / 60	2 610 670	0.1 cm	38-3303EE7			
TOOK Waser Transier	T/ 0T/ 03	6/9/079/2	חחסע אמדתב	100000			Т
							T
							T
						Yes No	اہ ا
 Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization? 	ustee, or key en a successor or tr	iployee of the organiza ansferee organization?	rtion:			2a X	
	pendent contrac	tor for, a successor or	transferee organiza	tion?		2b X	
c Become a direct or indirect owner of a successor or transferee organization?	er of a successo	r or transferee organiza	ation?				. ا.
 d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? e if the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III 	compensation or	· other similar payment questions in this line, p	s as a result of the control of the	organization's significar The person involved an	nt disposition of assets? d explain in Part III	Zd X	ال
	`				Schedule N (Form 990 or Form 990-EZ) 2008	r Form 990-EZ) 20	8

Schedule N (Form 990 or 990-EZ) 2008

990 or 990-EZ) 2008 Industrial Mutual Association 38-0677900 Supplemental Information. Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

*INDUSTRIALM Industrial Mut 38-0677900 FYE: 1.2/31/2008	tual Association Federal Stateme	nts	8/10/2009 1	0:01 AM
	Taxable Interest on Inves	tments		
Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
Interest Income	\$		14	
Total	\$0			
	Taxable Dividends from Se	ecurities		
Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
Dividends	\$		14	
Total	\$0			