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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

Α	For th	ne 2009 calendar year, or tax year beginning and ending	<u> </u>	
В	Check i	Please use IRS C Name of organization	D Employer identific	cation number
	Add	ess label of DI INCHERG C. CORRANGE TOWNER C. LOCAL INITIAL 153	,	
Ė	lonam Nam onam	e type D :		560994
	linitia retur	n See Number and street (or P.U. box it mail is not delivered to street address) Hoom/s	suite E Telephone numbe	
	Term	Specific Instruc- 8801 EAST MILNER AVENUE	(812	
L	Amer	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,236,748.
	_Appl _tion	LERRE HAUTE, IN 4/003	H(a) Is this a group re	etum
	pend	F Name and address of principal officer:DONNIE RITTER	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
J.	Tax-ex	cempt status: X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527	if "No," attach a	list. (see instructions)
J	Webs	ite: ▶ N/A	H(c) Group exemption	
			Year of formation: 1896 N	
	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities: LABOR UN	ION	
ĕ	1			
Ē	2	Check this box I if the organization discontinued its operations or disposed of r	nore than 25% of its net as	sets.
8	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
88	5	Total number of employees (Part V, line 2a)	5	23
Ę	6	Total number of volunteers (estimate if necessary)	6	0
Activities & Governance	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
60	8	Contributions and grants (Part VIII, line 1h)		
Ž	9	Program service revenue (Part VIII, line 2g)	2,760,137.	2,204,915.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,145.	12,004.
æ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,459.	1,196.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,814,741.	2,218,115.
<u>:</u> —	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	112,815.	46,535.
í		Benefits paid to or for members (Part IX, column (A), line 4)	112/0131	10/3331
, s	15	Salanes, other compensation, employee benefits (PRID Control (A), ines 5-10)	1,131,740.	1,214,288.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2/202//200	2/221/2001
: ğ	ı	Total fundraising expenses (Part IX, column) (D), line 25)		
ŭ			1,587,600.	1,318,608.
5 .		Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25)	2,832,155.	2,579,431.
וַ	l.	Revenue less expenses Subtract line 18 from line 18 from Line	<17,414.	
Net Sets of The Fund Balances		GUEN, UT	Beginning of Current Year	End of Year
ESE Back	20	Total assets (Part X, line 16)	2,060,705.	1,694,594.
2 222		Total liabilities (Part X, line 26)	6,737.	1,942.
25		Net assets or fund balances Subtract line 21 from line 20	2,053,968.	1,692,652.
Pa	rt II	Signature Block	2,033,300.	1,002,002.
		Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowledg	e and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	odge	
Sigr		John B Strange	1 3-17	-/0
Here		Synature of officer	Date	
1101	-	Tour B STORICE FLORING	3-17. Date SECRETARY-TRE	A SULPE D
		Type or print name and title	SCURE THEY - THE	HOURE
		A Down / /	Check if Preparer	's identifying number
Paid		signature Masacon Masammala M	Self- (see inst	ructions)
Prep	arer's	Firm's name (or LEGACY PROFESSIONALS LLP	employed	-
Use	Only	yours if Self-employed), 30 N LASALLE, SUITE 4200	EIN ►	-
		address, and ZIP+4 CHICAGO, IL 60602	Dhons == N 21	2-368-0500
NA	the If		I ⊬lione no. ► 3 1	<u> </u>
iviay	uite it	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

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)?			Ì
	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	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<u> </u>	İ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	 -	 	<u> </u>
3	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_	x	1
		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_	1	
_	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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
_				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	1		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	i	ŀ	
	and program service activities outside the United States? 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	ļ	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	j	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_= - -
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		
10				v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	į		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ŀ	•	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			3.5
••	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	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No", go to line 25	24a		<u> </u>
	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 to defease	040		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
		24d		
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	J	
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		J	
	Schedule L, Part I	25b	. Ì	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ĺ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		l	
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		İ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		ļ	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ŀ	
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		- 1	
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ļ	
	Schedule N, Part II	32		<u>X</u>
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	-i	<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?	[., l	
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	25	İ	v
26	If "Yes," complete Schedule R, Part V, line 2	35	\dashv	<u>X</u>
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	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	

			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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			İ
	(gambling) winnings to prize winners?	_1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 23			ì
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u> </u>
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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited		ı	
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	<u> </u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year		ŀ	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	7e		
T _	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u>j</u>	
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
л 8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h_		
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
			İ	X
9	at any time during the year?	8		
	Did the organization make any taxable distributions under section 4966?	9a	-	X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:	<u>~</u>		
	Initiation fees and capital contributions included on Part VIII, line 12	l		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ĺ		
1	Section 501(c)(12) organizations. Enter:	ļ		
-	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against		- 1	
	amounts due or received from them.)	1		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

35-0560994 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body								
ь	Enter the number of voting members that are independent 1b 10		1	ĺ					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ĺ	ĺ					
	officer, director, trustee, or key employee?	2		х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
•	of officers, directors or trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X					
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?	5 6	Х	X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	-							
, a	governing body?	7a	X	ĺ					
.	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X						
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	7.6							
0	by the following:	ĺ							
_	The governing body?	0-	х	i					
a		8a	X						
D	Each committee with authority to act on behalf of the governing body?	8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1						
40	Describe association have been been been been been as office to 0		Yes	No					
_	Does the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with those of the organization?	10b							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х						
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	. !	l						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_ <u>X</u> _					
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	.							
	to conflicts?	12b							
С	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		<u>X</u>					
14	Does the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ľ	į						
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>					
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	ł	į						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ļ							
	taxable entity duning the year?	16a		<u> </u>					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	ŀ	- 1						
	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 ►IN								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	or							
	public inspection. Indicate how you make these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d finar	ncial						
	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	on.							
	JOHN B. STRANGE - 812-877-1531	-							
	8801 E. MILNER AVE., TERRE HAUTE, IN 47803								
		Form	990 (2	2009)					

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employees."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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)				C)	,		(D)	(E)	(F)
Name and Title	Average	,,,	heck		itior			Reportable	Reportable	Estimated
	hours per		lecr	an	Inai	app	yıy) T	compensation	compensation from related	amount of other
	week	individual trustee or director	ł		1	L		the	organizations	compensation
		90 01				az E	ı	organization	(W-2/1099-MISC)	from the
	1	Duste	al trus		8	E C		(W-2/1099-MISC)		organization
	<u> </u>	rd ea	Institutional trustee	ļ Ņ	Key employee	Highest compensated employee	늘			and related organizations
		find	퇄	Officer	ž.	皇皇	Former			Organizations
JOHN B. STRANGE								1		
SECRETARY TREASURER	40.00			X				94,991.	0.	43,269.
MICHAEL PLEASANT									•	
BUSINESS MANAGER - PAST	40.00			X	<u> </u>		_	51,192.	0.	26,757.
DONNIE RITTER					Ì					
BUSINESS MANAGER - NEW	40.00	_		X			L	51,058.	0.	21,936.
DONNIE RITTER		١.				Ì			_	
BUSINESS AGENT - PAST	40.00	Н		X	_		_	45,644.	0.	21,935.
WILBUR CROUCH III	40 00							40.000		10 010
BUSINESS AGENT - NEW	40.00			X	<u></u>			48,890.	0.	18,212.
ROBERT SWEARINGEN PRESIDENT	1 00			v				707		0
MICHAEL SHAW	1.00	\vdash		X		<u> </u>	┝	787.	0.	0.
VICE PRESIDENT	1.00			x				0.	0.	0.
GREGORY SEWARD	1.00	\vdash	\dashv	^			-	0.	<u> </u>	<u> </u>
INSIDE GUARD	1.00			x				0.	0.	0.
MARK LINDLEY	1.00			-					···	<u> </u>
RECORDING SECRETARY	1.00			\mathbf{x}				0.	0.	0.
JEFFREY EHRLICH	_ : :		\dashv							
EXECUTIVE BOARD	1.00			\mathbf{x}				0.	0.	0.
JEFFREY LINDLEY										
EXECUTIVE BOARD	1.00			x				0.	0.	0.
DARRELL PICKETT										
EXECUTIVE BOARD	1.00			X				0.	0.	0.
THOMAS HUSS			- 1							
FINANCE COMMITTEE	1.00		_	X		[0.	0.	0.
KENNETH THOMPSON			ļ	Ī	ı					
FINANCE COMMITTEE	1.00	_	_	X		_		0.	0.	0.
MARK SWANER		ļ			ļ				_	_
EXAM BOARD	1.00	-		X	_	_		0.	0.	0.
RICHARD CHEEVER	1 00			_						•
EXAM BOARD	1.00	\dashv	-	X				0.	0.	0.
CHARLIE WILDE	1 00			_				_	_	•
EXAM BOARD	1.00			X				0.	0.	0.

932007 02-04-10

Form 990 (2009)

10040309 769095 01570X

\$100,000 in compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

1 a Foderated campagns		rt V			LEAME I TT	ERS LUCAL (NITON 12/	35-0560	1994 Page 9
2 a MEMBERSHIP DUES & ASSE Business Code 900099 2,204,915.			otatoment of Neve				Related or exempt function	Unrelated business	excluded from tax under sections 512.
2 a MEMBERSHIP DUES & ASSE Business Code 900099 2,204,915.	nts ats	1 a	a Federated campaigns	1a		_			
2 a MEMBERSHIP DUES & ASSE Business Code 900099 2,204,915.	y ar	ı	Membership dues	1b	<u> </u>	1			
2 a MEMBERSHIP DUES & ASSE Business Code 900099 2,204,915. 2,204,915.	s, g	•	Fundraising events	1c		_			
2 a MEMBERSHIP DUES & ASSE Business Code 900099 2,204,915.	ag a		d Related organizations	1d		_]			
2 a MEMBERSHIP DUES & ASSE Business Code 900099 2,204,915.	S.E	•	 Government grants (contribution) 	tions) 1e		_	-		l
2 a MEMBERSHIP DUES & ASSE Business Code 900099 2,204,915.	e s	f	All other contributions, gifts, gran	nts, and					
2 a MEMBERSHIP DUES & ASSE Business Code 900099 2,204,915.	흡		similar amounts not included abo	ove 1f		_			
2 a MEMBERSHIP DUES & ASSE Business Code 900099 2,204,915. 2,204,915.	50	ç	Noncash contributions included in lines	s 1a-1f \$					
2 a MEMBERSHIP DUES & ASSE 900099 2,204,915. 2,204,915. 1 All other program service revenue 1	<u>Š</u> ē		Total. Add lines 1a-1f						
B						-			
Total. Add lines 2a2f	<u>8</u>	2 a	MEMBERSHIP DUES	S & ASSE	900099	2,204,915.	2,204,915.		
Total. Add lines 2a2f	2 6	b	·						
Total. Add lines 2a2f		C	·	_ 					
Total. Add lines 2a2f	E S	C	i						
Total. Add lines 2a2f	č	e	•						
12,004. 12,0	<u></u>	f	. •	enue .	L	2 204 015			
12,004. 12,004. 12,004.						2,204,915.			
Securities Sec		3		aiviaenas, intere	est, and	12 004			12 004
Second Company Second Company Second			, .	v avamnt hand n	raasada	12,004.			12,004.
(i) Personal (ii) Personal (iii) Person				x-exempt bond p	proceeds				-
6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		3	noyalties	(i) Pool	(ii) Porcenal				
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C Rental Income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net gain or (loss) d Netgain or (loss) d	- 1		• • •			1			
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To a Gross amount from sales of assets other than inventory b. Less: cost or other basis and sales expenses c. Gain or (loss)			, , ,	<u> </u>		∠10 873	L I		∠10 Q73 \
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) from fundraising events d Netgain or (loss) from fundraisi	ļ		• •	(i) Securities	(ii) Other	\10,075.			<u> </u>
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3000					. [2 204 015		13 200
	32009		TOTAL TETERIOR. OCC MISH OCHORS.			<u> </u>	4,404,713.	<u>U•</u>	

Part IX Statement of Functional Expenses

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

	Section 501(c)(3) All other organizations must comp	and 501(c)(4) organizat			d (D)
		(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	43,644.			
2	Grants and other assistance to individuals in	1			
	the U.S. See Part IV, line 22	2,891.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	İ			
	See Part IV, lines 15 and 16	·			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		ľ		
	trustees, and key employees	682,157.			
6	Compensation not included above, to disqualified			İ	
	persons (as defined under section 4958(f)(1)) and	ĺ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	296,055.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	110,312.			
9	Other employee benefits	60,528.		···	
10	Payroli taxes	65,236.	<u>.</u> .		
11	Fees for services (non-employees):			1	
а	Management				
b	Legal	28,971.			
С	Accounting	28,895.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	2 726			
f	Investment management fees	2,736.			. <u>.</u>
9	Other	44 400			
12	Advertising and promotion	41,109.			
13	Office expenses	154,418.			
14	Information technology				
15	Royalties	40.000			
16	Occupancy	48,982.			
17	Travel	27,784.			
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials	24 524			
19	Conferences, conventions, and meetings	31,531.			
20	Interest	F04 001			
21	Payments to affiliates	584,221.			
22	Depreciation, depletion, and amortization	52,754.			
23	Insurance	32,727.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below.)	155 602			
a	MARKET RECOVERY PICNIC EXPENSE	155,603. 42,701.			
Þ					
C 	EQUIPMENT & RENTAL MAIN	33,968.			
ď	DUES & SUBSCRIPTIONS	15,572.			·
e	AWARDS TO MEMBERS	12,644.			
1	All other expenses	23,992.			
<u>25</u>	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ☐ If following	4,513,431.			· -
26	- 1			1	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	25,650.	1	17,641
2	Savings and temporary cash investments	1,323,420.	2	1,019,466
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II		1 1	
1	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			-
- 1	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
2 7	Notes and loans receivable, net		7	
7 8 8	Inventones for sale or use		8	
^t 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,065,898.			
b	Less: accumulated depreciation 106 1,410,168.	676,138.	10c	655,730
11	Investments - publicly traded securities	35,497.	11	1,757
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	· · · · -
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,060,705.	16	1,694,594
17	Accounts payable and accrued expenses	6,737.	17	1,942
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	·	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	6 5 5 5	25	1 0 4 0
26	Total liabilities. Add lines 17 through 25	6,737.	26	1,942.
	Organizations that follow SFAS 117, check here			
27 28 29 30 31 32	lines 27 through 29, and lines 33 and 34.	2 042 506		1 600 145
27	Unrestricted net assets	2,043,506.		1,682,145
28	Temporanty restricted net assets	10,462.	28	10,507
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here and			
200	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	2 052 060	32	1 600 650
33	Total leb it as and and an art for a distance .	2,053,968.	33	1,692,652.
34_	Total liabilities and net assets/fund balances	2,060,705.	34	1,694,594

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	r (6) organizations: Complete Part III.			
Name of organization				loyer identification number
	PLUMBERS & STEAMFITTER			35-0560994
Part I-A Complete	e if the organization is exempt un	der section 501(c)	or is a section 527 c	organization.
 Provide a description 	of the organization's direct and indirect polit	ical campaign activities in	n Part IV.	
2 Political expenditures			▶\$	S
3 Volunteer hours				
Part I-B Complete	if the committee in account	d	<u> </u>	·
	e if the organization is exempt un		-	
	ny excise tax incurred by the organization ur	•••		
	ny excise tax incurred by organization mana-	•	. •	
-	urred a section 4955 tax, did it file Form 472	o for this year?	•	Yes No
4a Was a correction mad		•		☐ Yes ☐ No
b If "Yes," describe in Part I-C Complete	art IV. • if the organization is exempt un	dor costion E01(a)	avant sastion 501/	(-)(0)
				
	ctly expended by the filing organization for s	•	••	
	e filing organization's funds contributed to o	other organizations for sec	ction 527	
exempt function active	ties		▶\$	
<u>-</u>	expenditures Add lines 1 and 2. Enter here	and on Form 1120-POL,		
line 17b			▶\$	
	on file Form 1120-POL for this year?			└ Yes └ No
	esses and employer identification number (E			
	listed, enter the amount paid from the filing o			
	d directly delivered to a separate political org		arate segregated fund or a	a political action committee
(PAC). If additional spa	ice is needed, provide information in Part IV.	SEE PART IV	FOR CONTINUA	ATION
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate political organization.
				If none, enter -0
UA 157 POLITIC	AL TERRE HAUTE, IN			
ACTION COMMITT		35-0560994	0.	41,559.
	22 1,000		•	41,333.
				
				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	PLUMBERS 8	STEAMFITT	ERS LOCAL UN	ION 15735-	056099 4 Page 2
Part II-A Complete if the or	_	mpt under section	on 501(c)(3) and file	ed Form 5768	
(election under se					
, —	ation belongs to an aff	= :			
B Check ► if the filing organiz	ation checked box A a	ing "limited control" pr	ovisions apply.		
	nits on Lobbying Expe aditures" means amo		L)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	fluence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to inf	fluence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and 1b)				<u> </u>
d Other exempt purpose expenditu	res .		[
e Total exempt purpose expenditur	es (add lines 1c and 1	d)			
f Lobbying nontaxable amount. En	ter the amount from th	e following table in bo	th columns.		
If the amount on line 1e, column (a)	or (b) is: The lot	bying nontaxable an	nount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00	00,000 \$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
- Crossrots postsychla amount (s	-A 050/ -61 46				
g Grassroots nontaxable amount (e h Subtract line 1g from line 1a. If ze	•	•		· · ·	 -
i Subtract line 1f from line 1c. If zer	•	••			
j If there is an amount other than ze		 line 1. did the organiz			
reporting section 4911 tax for this		inie ii, did the organiz	ation no Form 4720		Yes No
reporting section 4511 tax for this		eraging Period Under	Section 501/h)		
	zations that made a s	ection 501(h) electio	n do not have to comples 2a through 2f on pag		
		nditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2006	(ь) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					ļ
e Grassroots ceiling amount					
(150% of line 2d, column (e))					ļ
f Grassroots lobbying expenditures					
			L		<u> </u>

Schedule C (Form 990 or 990-EZ) 2009

Schedula C (Form 990 or 990-EZ) 2009 PLUMBERS & STEAMFITTERS LOCAL UNION 15735-0560994 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	1 (a)	(b)
	Yes	No	`	ount
During the year, did the filing organization attempt to influence foreign, national, state or	-			
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?		[
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	L			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(5), or se	ction	
301(0)(0).		-	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	•	3		Х
"Yes." 1 Dues, assessments and similar amounts from members	<u>.</u>	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
expenses for which the section 527(f) tax was paid).				
a Current year		. 2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and i	oolitical			
expenditure next year?	•••	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; are	nd Part II-B,	line 1i. Also	, complete	this par
or any additional information PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INF	ORMAT]	ON:		
JA 157 POLITICAL ACTION COMMITTEE				
8801 E. MILNER AVENUE TERRE HAUTE, IN 47803				
IN 157 DOLTMICAL ACMION COMMITMED WAS BORNEL TOURS BOR	MEMBE	מסט שר		
VA 157 POLITICAL ACTION COMMITTEE WAS ESTABLISHED FOR	MEMBE	UT CAL		
OLUNTARILY CONTRIBUTE \$.02 PER HOUR OF THEIR WAGES.	THE I	OCAL (COLLEC	TS
	Schedul	e C (Form	990 or 990	-EZ) 20

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Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

		TTERS LOCAL UNION 15'	
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		· · · · · · · · · · · · · · · · · · ·
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		mod motorio diraditaro
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	nod conservation contribution in the form	or a conservation easement on the last
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	` ' '	2d
3	Number of conservation easements modified, transferred, re		
	year >	readed, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements in	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	•	
8	Does each conservation easement reported on line 2(d) above	•	· · · · · · · · · · · · · · · · · · ·
•	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements	tion 5 infancial statements that describes	the organization's accounting for
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	plance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these in		one solvies, provide, in rail viv, and text or
ь	If the organization elected, as permitted under SFAS 116, to		co sheet works of art, historical treasures
	or other similar assets held for public exhibition, education, o		
	these items:	Toolar of milatine and of public service	, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	·· · · · · · · · · · · · · · · · · · ·	
	If the organization received or held works of art, historical trea	asures or other similar assets for financial	nain provide
	the following amounts required to be reported under SFAS 1:		gain, provide
	Revenues included in Form 990, Part VIII, line 1	ro relating to these items.	*
	Assets included in Form 990, Part X	· ······ · ·	•
IJ	rassus muluutu in Funn 550, Fall A		▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3			RS & STEAME							560994	
check all that apply . a Debt exhibition d Loan or exchange programs Part XIV.	Pa										
a Public exhibition d Loan or exchange programs b Scholarly research Cither c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrive and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X No b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year e Distributions during the year e Distributions during the year e Distributions during the year e Distributions during the year 1 Ending balance Amount 1 Ending balance Amount 2 Ending balance Amount 3 Ending balance Amount 4 Ending balance Amount 5 End organization include an amount on Form 990, Part X, line 21? 5 End organization include an amount on Form 990, Part X, line 21? 6 Define organization include an amount on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 5 Contributions Amount 6 Contributions Amount 7 Administrative expenses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 8 Grant or scholarships (a) Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four ye	3		sion, and other recor	ds, ched	ck any of the	following th	at are a	significant	use of its	collection	rtems
b Scholarly research c Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be maintained as part of the organization's collection?					l						
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization's collection of art, historical treasures, or other similar assets 1 to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrive and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21. Is it he organization an agent, furstee, ousfodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it he organization an agent, furstee, ousfodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. Is it he organization an agent, furstee, ousfodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. Is it he organization that a further year is the organization of the part XIV. Inc. 10 Inc.	а	E	•	╸└┤	Loan or exc	hange prog	rams				
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Part V Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	sures, or ot	her sımıla	ar assets			
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Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 I										162	
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Description of investment	4										
basis (investment) basis (other) depreciation 1a Land 331,804. 331,804. b Buildings 955,856. 775,333. 180,523. c Leasehold improvements 236,406. 174,437. 61,969.	Par	t VI Investments - Land, Building	s, and Equipme	ent. Se	e Form 990,	Part X, line	10.				
1a Land 331,804. 331,804. b Buildings 955,856. 775,333. 180,523. c Leasehold improvements 236,406. 174,437. 61,969.		Description of investment	1 '				(c) A	ccumulate	d	(d) Book	/alue
b Buildings 955,856. 775,333. 180,523. c Leasehold improvements 236,406. 174,437. 61,969.			basis (investr	nent)	basıs (other)	de	preciation			
b Buildings c Leasehold improvements d Equipment 955,856. 775,333. 180,523. 236,406. 174,437. 61,969.	1a	Land			33	1,804.				331	,804.
c Leasehold improvements 236,406. 174,437. 61,969.	b	Buildings			95	5,856.		775,33	33.		
	С	Leasehold improvements									
	đ	Equipment			23	6,406.		174,43	37.	61	,969.
	е	Other .									
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			qual Form 990, Part	X, colun							

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 PLUMBERS &	STEAMFITTERS	LOCAL UN	ION 157	35-0560994 F
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12	2.		
(a) Description of security or category (including name of security)	(b) Book value			of valuation: ear market value
Financial derivatives				
Closely-held equity interests				
Other		<u> </u>		
				·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related. s	See Form 990, Part X, line 1	3		
(a) Description of investment type	(b) Book value			of valuation:
(4)	(-,		Cost or end-of-y	ear market value
	<u> </u>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		l		
Part IX Other Assets. See Form 990, Part X, line				
(a)	Description			(b) Book value
				
	 ·			
				
			<u>.</u>	
	· · · · · · · · · · · · · · · · · · ·	·		
				
				
				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)	··	·	<u> </u>
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Amount		
Federal income taxes		- · · · - · · · · · · · · · · · · · · ·		
			_	
			4	
			4	
			_	
			_	
			_	
			_	
			_	
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.1			
	23/			
2. FIN 48 Footnote. In Part XIV, provide the text of the foo		financial stateme	nts that reports	the organization's liability for
		financial statemen	nts that reports	the organization's liability for

	dule D (Form 990) 2009 PLUMBERS & STEAMFITTERS LOCAL UNION	<u> 157 </u>		0560994	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,218	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		2,579	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		<361	,316.
4	Net unrealized gains (losses) on investments	4			
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net). Add lines 4 through 8	9		261	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 † XII Reconciliation of Revenue per Audited Financial Statements With Rever	10	Oturn		316.
	Total revenue, gains, and other support per audited financial statements	ide per i	1	2,439	036
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		1	4,433	.030.
2	Net unrealized gains on investments 2a				
a	Donated services and use of facilities 2b		1		
b	Recovenes of prior year grants 2c		1		
C		0,966.	1		
ď	Add lines 2a through 2d	0,500.	2e	220	966.
е 3	Subtract line 2e from line 1		3	2,218,	070
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		-	2,210,	, 0 , 0 .
a	Investment expenses not included on Form 990, Part VIII, line 7b				
- b	Other (Describe in Part XIV.)	45.	1		
c	Add lines 4a and 4b	4.5	4c		45.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,218,	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per			
1	Total expenses and losses per audited financial statements		1	2,800,	397.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• •			
a	Donated services and use of facilities 2a				
b	Prior year adjustments 2b		1		
c	Other losses 2c		1		
d	· · · · · · · · · · · · · · · · · · ·	0,966.	1 1		
е	Add lines 2a through 2d		2e	220,	966.
3	Subtract line 2e from line 1		3	2,579,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)]		
c	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,579,	431.
Par	t XIV Supplemental Information				
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	rt IV, lines 1	b and 2	b; Part V, line	4, Part
X, line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro-	vide any ad	ditional	information	
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
DEV	TAL AND VISION MEMBER RECEIPTS: 202333.				
D EV.	M PYDENCEC NEMMED WIMU CDACC DENMC. 10622				
ᄯᄗ	T EXPENSES NETTED WITH GROSS RENTS: 18633.				
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:				
DIA	STER RELIEF INCOME: 45.				
			C-L-4	.I. D. /E 00	2000

Schedul Part)	e D (Form 9 (IV Supp	90) 2009 lemental i n	PLUM formation	BERS & (continued)	STEAME	ITTERS	LOCAL	UNION	157	35-0560994	Page 5
PART	XIII,	LINE 2	D - OTH	ER ADJ	USTMENT	s:					
DENT	AL AND	VISION	MEMBER	RECEI	PTS: 20	2333.					. <u>.</u>
RENT	EXPEN	SES NET	TED WIT	H GROS	S RENTS	: 1863	3			 	
								 		· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE			Č					OMB No 1545-0047	7.
(rorm 990)			Government	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	89		2009	
Department of the Treasury Internal Revenue Service		Compl	Complete if the organizatio	ganization answered "Yes" on Form 990, Part IV, line 21 or 22, ▶ Attach to Form 990.	on Form 990, Par m 990.	t IV, line 21 or 22.		Open to Public	o
Name of the organization	PLUMBERS	& STEAMFITTERS	TTERS LOCAL	i .	7			Employer identification number	age c
Part I General Int	General Information on Grants and Assistance	nd Assistance						50000-CC	77
1 Does the organiza	Does the organization maintain records to substantiate the amount of	o substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
	criteria used to award the grants or assistance?	tance?	. ,	:			:	X Yes	Š
Part II Grants	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	foring the use of grant	funds in the United	States.				
_	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	nization answered "\	/es" to Form 990, Part	IV, line 21, for any	
1 (a) Name and add	1(a) Name and address of organization (h) Ein	(A) EIN	S DOX II NO ONB FECIDIEN	received more th	an \$5,000. Use Pa	rt IV and Schedule I:	(Form 990) if addition	al space is needed	
or gov	or government	(a)	rf applicable	(d) Amount or cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNITED WAY OF WABASH VALLEY	ASH VALLEY								
2901 OHIO BLVD, P.O. TERRE HAUTE, IN 47803	.O. BOX 3094 7803	35-1008531	501C(3)	10 500	c				
	ATER LAFAYETTE &				2			CHARLIABLE DONALION	
TIPPECANOE COUNTY, INDIANA, INC.	, INDIANA, INC								
1114 EAST STATE ST	STATE STREET, SUITE 200								
- LAFAYETTE IN 47905-1219	7905-1219	35-0891621	501C(3)	5,000.	0			CHARITABLE DONATION	
LOCAL 157 BENEFIT FUND,	FUND, INC.							SPONSOR T-SHIRTS TO	
-	AVENUE				i			MEMBERS ATTENDING ANNUAL	JAL
NOSEDALE, IN 9/0/4		32-0096448	5010(5)	969 9	0			LABOR DAY PARADE.	
-									
	1								
	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations						2
~	Enter total number of other organizations							•	듸
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	8002

(f) Description of non-cash assistance (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. ALL RECORDS REGARDING THE DISBURSEMENT OF FUNDS THE USE OF APPROVAL IS GRANTED THE EXECUTIVE BOARD CAREFULLY REVIEWS ALL REQUESTS FOR DONATIONS AND ONLY TO REPUTABLE ORGANIZATIONS WHO HAVE SATISFIED THE BOARD'S DUE (d) Amount of non-cash assistance THE BOARD PERFORMS NO SUBSEQUENT MONITORING OF (c) Amount of cash grant GRANTS PRIOR TO THEIR APPROVAL AND DISBURSEMENT (b) Number of recipients ARE MAINTAINED AT THE LOCAL'S OFFICE (a) Type of grant or assistance THE DONATION OR GRANT. DILIGENCE. Part IV

Schedule I (Form 990) 2009

23

932 102 02-02-10

Page 2

35-0560994

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

PLUMBERS & STEAMFITTERS LOCAL UNION 157

Schedule I (Form 990) 2009

Part

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

PLUMBERS & STEAMFITTERS LOCAL UNION 157

Employer identification number 35-0560994

FORM 990, PART VI, SECTION A, LINE 6: THE LOCAL CONSISTS OF JOURNEYMEN,

APPRENTICES, AND RETIREES WHO ARE CONSIDERED TO BE MEMBERS AS LONG AS ALL

OF THEIR DUES AND ASSESSMENTS HAVE BEEN PROPERLY PAID.

FORM 990, PART VI, SECTION A, LINE 7A: THE LOCAL CONSISTS OF MEMBERS WHO

ARE ELIGIBLE TO VOTE FOR BOARD MEMBERS WHEN THE TIME COMES FOR ELECTION.

ELEGIBLE MEMBERS ARE ALLOWED TO VOTE FOR EVERY OFFICER OF THE LOCAL.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS REQUIRING MEMBERSHIP

APPROVAL ARE PRESENTED TO THE MEMBERS AT THE REGULARLY SCHEDULED MEMBERSHIP

MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS PROVIDED

TO THE ENTIRE EXECUTIVE BOARD / FINANCE COMMITTEE OF THE LOCAL. THE

EXECUTIVE BOARD AND THE FINANCE COMMITTEE REVIEW AND DISCUSS THE FORM. UPON

FULLY UNDERSTANDING THE COMPLETED FORM 990, THE FORM IS SIGNED BY BUSINESS

MANAGER AND SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 15B: OFFICER COMPENSATION IS DETERMINED PRIOR TO THE ELECTION OF THE OFFICERS. FIRST THE SALARIES ARE SET AND APPROVED BY THE MEMBERSHIP. ONCE THE APPROVAL OF THE MEMBERSHIP HAS BEEN OBTAINED, THE LOCAL WILL HOLD ELECTIONS FOR ALL OPEN POSITIONS OF THE BOARD. ONCE THE MEMBERS ELECTED AS OFFICERS ARE SWORN INTO THIER POSITION, THEY WILL THEN EARN THE SALARY THAT WAS APPROVED BY THE MEMBERSHIP PRIOR TO THE ELECTION.

Schedule O (Form 990) 2009

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PLUMBERS & STEAMFITTERS LOCAL UNION 157

Employer identification number 35-0560994

EMPLOYEE COMPENSATION IS DETERMINED BY THE EXECUTIVE BOARD. ONCE THE
EXECUTIVE BOARD HAS MADE THEIR RECOMMENDATIONS FOR EMPLOYEE SALARY, THE
AMOUNT WILL BE PRESENTED TO THE MEMBERS. THE MEMBERSHIP WILL APPROVE OR
DENY ANY SALARY RECOMMENDATIONS FROM THE EXECUTIVE BOARD. IF APPROVED, THE
EMPLOYEE WILL BE EARNING THE APPROVED SALARY.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE LOCAL'S OFFICE.

2009 Open to Public Inspection Employer identification number OMB No 1545-0047 Direct controlling 35-0560994 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets **®** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) PLUMBERS & STEAMFITTERS LOCAL UNION 157 ▶ Attach to Form 990. Primary activity Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part Part

Schedule R (Form 990) 2009			%	ce, see the Instructions for Form 990.	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instru
			-		
W/B					
4		527	INDIANA	ACCOUNT	HAUTE IN 47803
				MEMBER VOLUNTARY PAC	35-0560994, 8801 E, MILNER AVENUE, TERRE
					UA 157 POLITICAL ACTION COMMITTEE -
entity	status (if section 501(c)(3))	section	foreign country)		of related organization
Orect controlling	Public charity	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN
(4)	9	9	②	(q)	(a)

932161 02-04-10 Schedule R (Form 990) 2009 PLUMBERS & STEAMFITTERS LOCAL UNION 157

35-0560994 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

(a) Name, address, and EIN Primary activity		(C)	(d) Direct controlling	(e)		(f) Share of total			(h)	(i) Code V:UB	(J) General or
of related organization		(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)		псоше	Ф			amount in box 20 of Schedule K·1 (Form 1065)	managing le partner?
									2		
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											<u>-</u>
		•									
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							_		-		
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				_							
Part IV Identification of Related Organizations treated as a corr	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	oration or 1 year.)	rust (Complete if the	he organizatic	on answered "	Yes" to Form	1 990, Part IV	V, line 34 b	ecause it h	ad one or mor	e related
(a)			(p)	(0)	<u>(</u>		<u>©</u>	9		(B)	E
Name, address, and EIN of related organization	z _	 Pri	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		Type of entity (C corp, S corp, or trust)	Share of total income		of /ear ts	Percentage ownership
						-			+		
		—								•	
					i	<u> </u>			-		
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							_				

Schedule R (Form 990) 2009

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932162 02-04-10

Schedule R (Form 990) 2009 PLUMBERS & STEAMFITTERS LOCAL UNION 157

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	٠	ta X
b Gift, grant, or capital contribution to other organization(s)		th X
c Gift, grant, or capital contribution from other organization(s)		ot X
• Loans or from quarantees by other organization(s)	•	*
		1
f Sale of assets to other organization(s)		×
g Purchase of assets from other organization(s)	-	
i Lease of facilities, equipment, or other assets to other organization(s)	:	
j Lease of facilities, equipment, or other assets from other organization(s)		×
k Performance of services or membership or fundraising solicitations for other organization(s)	•	1k X
1 Performance of services or membership or fundraising solicitations by other organization(s)		11 X
m Sharing of facilities, equipment, mailing lists, or other assets		T mt
n Sharing of paid employees		t X
o Reimbursement paid to other organization for expenses	:	10 X
p Reimbursement paid by other organization for expenses		Tp X
d Other transfer of cash or property to other organization(s)		to t
	saction thresholds.	
1-7	14	1-7
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(9)		
932163 02-04-10	Schedu	Schedule R (Form 990) 2009

35-0560994

Page 4

Schedule R (Form 990) 2009 PLUMBERS & STEAMFITTERS LOCAL UNION 157

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(a)	(q)		<u> </u>		E	(8)	Ξ
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V.UBI	General or managing
			Yes No		Yes No		
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Schedule R (Form 990) 2009