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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning January 01 **, 2009, and ending** December 31 **, 20** 09

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
International Union, UAW Howard County CAP Council

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
P. O. Box 2528

City or town, state or country, and ZIP + 4
Kokomo, IN 46904-2528

D Employer identification number
35-1150236

E Telephone number
765-454-1421

F Group Exemption Number ▶ 0427

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting Method: ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☑ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 27365

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	27295
	3	Membership dues and assessments		3	0
	4	Investment income		4	70
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ 0)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	27365
Expenses	10	Grants and similar amounts paid (attach schedule)		10	1000
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	63
	16	Other expenses (describe ▶ See Attached Worksheet)		16	15484
	17	**Total expenses.** Add lines 10 through 16 ▶		17	16547
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	10818
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	38173
	20	Other changes in net assets or fund balances (attach explanation)		20	(725)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	48266

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	25659	22	36477
23	Land and buildings	11789	23	11789
24	Other assets (describe ▶ Give-A-Ways: Yardsticks, rulers, combs, balloons, etc.)	1500	24	0
25	**Total assets**	38948	25	48266
26	**Total liabilities** (describe ▶ None at the end of this time period)	775	26	0
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	38173	27	48266

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **LABOR ORGANIZATION**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	**To develop, promote and implement policies and programs that will enrich the quality of American life and improve the economic and social conditions of 5,307 members and their families.** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	N/A
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	N/A
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	N/A
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	N/A
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	N/A

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Richard L. Ward **2492 North 600 East; Kokomo, IN 46901**	**Chairperson, 3.9**	**0**	**0**	**0**
Georgia Ziegler **3608 Caynon Drive; Kokomo, IN 46902**	**Vice-Chairperson, 2.2**	**0**	**0**	**0**
Tina Duram **2300 Grey Twig Drive; Kokomo, IN 46902**	**Recording Secretary, 2.3**	**0**	**0**	**0**
William M. Kendrick III **4678 South 200 West; Kokomo, IN**	**Financial Sec-Treas, 4.7**	**0**	**0**	**0**
Bill A. Friskey **17 West Pvt Road 250 South; Logansport, IN**	**Trustee Chairperson, 2.5**	**0**	**0**	**0**
Royal Grant **4700 Pumpkin Vine Drive; Kokomo, IN 46902**	**Trustee, 2.4**	**0**	**0**	**0**
Monica McTaggart **8054 West Division Road; Tipton, IN 46072**	**Trustee, 0.5**	**0**	**0**	**0**
Glen Rodgers **800 Ridge Road; Kokomo, IN 46901**	**Trustee, 0.5**	**0**	**0**	**0**

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ **Indiana**

42a The organization's books are in care of ▶ **William M. Kendrick III** Telephone no. ▶ **765-454-1421**

Located at ▶ **4678 South 200 West, Kokomo, IN** ZIP + 4 ▶ **46902-9560**

			Yes	No
b	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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ **N/A** See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ **N/A**	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ William M. Kendrick III — Signature of officer — Date: 05-07-10

▶ **William M. Kendrick III, Financial Secretary-Treasurer** — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no. ▶	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

International Union, UAW, Howard County CAP Council, EIN 35-1150236, State registration number = W0029584730017

The Three Tests for 990EZ Balance-If on the same line of this Three Tests (1)thru(3) are equal, the "WORKSHEET IS BALANCED"

1) Line 9 + Line 5(b) + Line 6(b) +Line (7b) Must Equal LM-3 Line 44	Line 9	Lines 5b+6b+7b	Total	LM-3 Line 44
.. . 5b, 6b & 7b must be zero	$27,364.72	$0.00	$27,364.72	$27,364.72
2) 990 EZ Line 27A MUST Agree with Line 19 Plug-in from LM-3 37(C)	990 EZ Line 27A	Line 19 From LM-3 37(c)		
... Line 19 Beware of Canceled Checks from Previous Years	$38,172.71	$38,172.71 <<<--Must Be Equal		
3) Line 21 990 EZ is Calculated Sum of 18+19+20 must = 990 EZ Line 27B Must = LM-3 37(D)	990 EZ Line 21	Line 990 EZ Line 27B		LM-3 37(D)
	$48,266.16	$48,266.16	<Must Be Equal>	$48,266.16

Part I Revenue, Expenses and Changes in Net Assets or Fund Balances

	Exact Amounts		Rounded Amounts
Contributions, Gifts and Grants ->> Line 1	$0.00		$0.00
Program Service Revenue "Plug-in" Total Per Capita Taxes >> Line 2	$27,295.21		
Dues of All Kinds ->> Line 3	$0.00		
Investment Income (Interest on Savings Investments) > Line 4	$0.00		
Checking Interest Line 4	$69.51		
CD Interest Line 4	$0.00		
All Interest Line 4	$0.00		
Sale of Assets But Not Inventory Line 5	$0.00		
Special Events and activities Line 6	$0.00		
7a Gross sales of inventory, less returns and allowances	$0.00		
7b Less cost of goods sold	$0.00		
Gross Profit or Loss of sales of Inventory Items Line 7c = 0	$0.00		
Other Revenue Line 8 – Sale of Labor Day Rally Tee Shirts = 0	$0.00		
Other Revenue Line 8 – Reimbursement Hotel Room = 0	$0.00		
TOTAL OTHER REVENUE LINE 8	$0.00	$0.00	
Total Revenue Line 9	**$27,364.72**	Must=LM-3 Line	**$0.00**
990 EZ Line 9 + Line 5b + Line 6b + Line 7b = ——————>>>>>>>>>>	**$27,364.72**	**<<--Must Be Equal**	
LM-3 Line 44	**$27,364.72**	**<<--Must Be Equal**	
990 EZ Line 7b is the cost of goods sold ---->>>>>	$-		
Line 1 Contributions, Gifts and Grants			
. Donations For Labor Day Rally	$0.00		

Expenses				
Line 10 – Grants - Awards or Scholarships- Howard County CAP Annual Scholarship	$1,000.00		$0	
Line 11 – Benefits paid to or for members -	$0.00		$0	
Line 12 – Salaries & other compensation	$0.00		$0	
Line 13 – Professional Fees & Other payments to independent contractors	$0.00		$0	
Line 14 – Occupancy, rent, utilities, and maintenance	$0.00		$0	
Line 15 – Printing, publications, postage, and shipping	$63.00		$0	
Line 16 – Other expenses (describe	$15,483.71	All Exp From C4	Line 17 - C4	Worksheet
Line 17 Total Expenses See Tot Expense Reconcile Worksheet Line 17	**$16,546.71**	**$16,546.71**	**$0.00**	**$16,546.71**
	$16,546.71	**Worksheet**		

Line 16 – Other expenses (describe			
.. Reimbursed Expenses	$5,094.64		
.. Administration & Meeting Expense	$62.58		$0.00
.. Postage	**Blank**		**Blank**
.... Pure Postage – Goes to Line 15 of this 990EZ	**Blank**		**Blank**
.. . Post Office Box Rental	$208.00		$0.00
.. Bank Service Charge	$269.50		$0.00
.. Donations and Sponsorships	$1,950.00		$0.00
.. Registration Fees	$800.00		$0.00
.. Advertising	$873.00		$0.00
.. Labor Rally Expenses	$4,770.99		$0.00
.. **Dinners and Refreshments**	$500.00		$0.00
.. Training & Education	$955.00		$0.00
.. Scholarship Prize – Goes to Line 10 of this 990EZ	**Blank**		**Blank**
			$0.00
Total ——>>>	**$15,483.71**		**$0.00**

Net Assets				
Line 18 Excess Or Deficit For Year Calculation (Line9 Minus Line 17)	**$10,818.01**		$0	
Line 19 Plug In Form LM-3 37C<>Line 19MustAgree w/990 Line 27B PreviousYear	**$38,172.71**	Line 19=Checks	$0	
Line 19 Must Agree with Line 27B of "Previous Year", Unless Checks From Previous Year	Previous Year 27B-->>	**$38,172.71**	<-Previous Year	
Line 20 Other Changes In Net Assets(attach explanation) WORKSHEET	-$724.56	<Must Be EQUAL>	($725)	
Line 21 Lines Must Be Equal–Line21 Is a Direct Calculation=(Line18+Line19+Line20	$48,266.16	<Must Be EQUAL>	$0	$0.00
3 Lines Must Be Equal Line 21 = Plug-In LM-3 37(D)	**$48,266.16**	<Must Be EQUAL>	$0	
3 Lines Must Be Equal Current 990EZ Line 27B	**$48,266.16**	<Must Be EQUAL>	$0	

Part II Balance Sheets

	(A) Begin Year	(B) End Year	
Line 22 Cash Savings and Investments	$25,658.95	$36,476.96	
Line 23 Land and buildings	$11,789.20	$11,789.20	
Line 24 Other Assets:balloons,yardsticks,rulers,combs,bags,oven jockeys, etc	$1,500.00	$0.00	Give-A-Ways-rulers, yardsticks, combs
Line 25 Old 990 EZ Instructions Plug In LM-3 31(A) and LM-3 31(B)	$38,948.15	$48,266.16	cont'd bags, balloons, oven jockeys, etc
Line 26 Change From Old 990 EZ Instructions	$775.44	$0.00	
Line 27 Change From Old 990 EZ Instructions	**$38,172.71**	**$48,266.16**	**<<Must Be EQUAL**
Line 27(B) Must agree with Line 21	**Line 21 --->>**	**$48,266.16**	**<<Must Be EQUAL**
		$0.00	

- Line 5(b) Cost or other basis and sales expenses

LINE 17 - TOTAL EXPENSES RECONCILIATION 2008	**FORM 990EZ**	**EIN 35-1150236**	
UAW Howard County CAP Council			
Gross Disbursements			**$16,546.71**
(LM-3 Line 55)			
Deductions from Gross Disbursements:			
Deductions Revenue on			
FORM 990EZ Part I, Page 1			
- Line 5(b) Cost or other basis and sales expenses		$0.00	
- Line 6(b) Direct expenses (fund-raising)		$0.00	
- Line 7(b) Cost of goods sold		$0.00	
Total Deductions		**$0.00**	
Gross Disbursements Less Total Deductions (Place on Line 17 of Form 990EZ			**$16,546.71**

UAW FORM 990EZ LINE 20 WORKSHEET ** KEY TO BALANCE 990 IS THROUGH LINE 20 BELOW

Line 20 Other Changes In Net Assets or Fund Balances (Attach Explanation)	Start Period	End Period	
NON-CASH ASSETS - NON-CASH ASSETS - NON-CASH ASSETS	(A)	(B)	
————Void Checks from Previous Years	N/A		
LM-3 26. Loans Receivable LM-3 26.	$0.00	$0.00	
LM-3 27. U.S. Treasury Securities LM-3 27.	$0.00	$0.00	
LM-3 28. Investments LM-3 28.	$0.00	$0.00	
LM-3 29. Fixed Assets LM-3 29	$11,789.20	$11,789.20	
LM-3 30. Other Assets LM-3 30.	$1,500.00	$0.00	
(X) = Total Non-Cash Assets	$13,289.20	$11,789.20	
LIABILITIES - LIABILITIES - LIABILITIES - LIABILITIES	(C)	(D)	
LM-3 32. Accounts Payable LM-3 32.	$775.44	$0.00	
LM-3 33. Loans Payable LM-3 33.	$0.00	$0.00	
LM-3 34. Mortgages Payable LM-3 34.	$0.00	$0.00	
LM-3 35. Other Liabilities LM-3 35	$0.00	$0.00	
LM-3 36.(Y) Total Liabilities LM-3 36	$775.44	$0.00	
NET NON-CASH ASSETS (X-Y) - NET NON-CASH ASSETS (X-Y)	**$12,513.76**	**$11,789.20**	
(X) - (Y) Assets at End of Period - Liabilities at End of Period	$11,789.20	Formulas Verified	
(X) - (Y) Assets at Begin Period - Liabilities Begin Period	$12,513.76	Formulas Verified	
Assets - Liabilities End Period - Assets - Liabilities Begin Period Line 20>>	-$724.56	**<< Line 20**	**<< Line 20**
This Worksheet Will Cause 990EZ to "BALANCE"	**Any adjustments must be explained in ATTACHMENT**		
LM-3 32(D) Accounts Payable End of Report Period	$0.00		
Howard-Tipton Counties CLC	$0.00		
UAW Local 1166	$0.00		
Total –>>	**$0.00**		

EXPLANATION OF -$724.56 ADJUSTMENT ON LINE 20

LM-3 30. Other Assets LM-3 30.	$1,500.00	$0.00	-$1,500.00
. All Give-A-Ways were given away "and not replaced" .ie. Balloons,			
.. yardsticks, rulers, combs, bags, oven jockeys, etc. were given away.			
LM-3 36.(Y) Total Liabilities LM-3 36.	-$775.44	$0.00	$775.44
.. There were no liabilities at the end of the reporting period			
Total Adjustment is the sum of the changes ————————>>>			-$724.56