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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Form 990 (2009)

Department of the Treasury Internal Revenue Service

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

and ending A For the 2009 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable Please USE INS THEATRICAL STAGE EMPLOYEES UNION LOCAL Address change label or print or Name change type 36-0906745 Doing Business As Initial Room/suite See Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Specific 400 Termin-ated (312)705-2020216 S. JEFFERSON Instruc-Amended tions City or town, state or country, and ZIP + 4 971 G Gross receipts \$ Applica CHICAGO, IL 60661 H(a) Is this a group return pending Yes X No F Name and address of principal officer THOMAS CLEARY for affiliates? 60661 H(b) Are all affiliates included? Yes No 216 S. JEFFERSON STREET CHICAGO, Tax-exempt status X 501(c) (5) (insert no) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.IATSELOCAL2.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > . Year of formation: f 1887 f M State of legal domicile: f ILPart I | Summary 1 Briefly describe the organization's mission or most significant activities THE THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 2 PROTECTS Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 8 Number of voting members of the governing body (Part VI, line 1a) SCANNED JUL 19 2010 Revenue | Activities & Co. 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** RECEIVED 1,634,530. 1,679,328. Contributions and grants (Part VIII, line 1h) 8 263,275. 256,177. Program service revenue (Part VIII, line 2g) OSC 212,745 73,994. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,971,799. 2,148,250 Total revenue · add lines 8 through 11 (must equal-Part, VIII...column (A)-line 12 Grants and similar amounts paid (Part IX, column (A), 17,500 10,000. Benefits paid to or for members (Part IX, column (A), line 4) 14 1,014,435 1,152,657. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 648,591 650,186. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,812,843. 1,680,526. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 467,724. 158,956. Revenue less expenses Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year 4,866,134 5,410,299. 20 Total assets (Part X, line 16) 3,415. 73. 21 Total liabilities (Part X, line 26) Net/ 862,719. 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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. Declarating of preparer (other than officer) is based on all information of which preparer has any knowledge. 5/12/10 Sign Signature of officer Here THOMAS CLEARY, ∖SECRETARY/TREASURER Type or print name and title Check if Preparer's identifying number (see instructions) Preparer's Paid selfsignature employed Preparer's Firm's name (or BANSLEY AND KIENER, L.L. EIN ▶ Use Only yours if self-employed), SUITE 200 8745 W. HIGGINS ROAD Phone no \triangleright (312)263-2700 CHICAGO, IL 60631 X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

36-0906745 Page 2 Form 990 (2009) Part III Statement of Program Service Accomplishments Briefly describe the organization's mission THE THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 2 PROTECTS AND PROMOTES THE INTERESTS OF THE MEMBERS BY BARGAINING COLLECTIVELY WITH THEIR EMPLOYERS TO SECURE BETTER WORKING CONDITIONS, WAGES AND SIMILAR BENEFITS. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ including grants of \$) (Revenue \$ RENEGOTIATING EXPIRING COLLECTIVE BARGAINING AGREEMENTS, ALL AGREEMENTS ARE LONG-TERM IN NATURE.) (Revenue \$) (Expenses \$ including grants of \$ 4b (Code) (Revenue \$ (Code) (Expenses \$ including grants of \$ 4d Other program services (Describe in Schedule O) including grants of \$) (Revenue \$

Total program service expenses > \$

Par	t 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)?			x				
	If "Yes," complete Schedule A							
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	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	<u> </u>	X				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4						
5								
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		X				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to							
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II							
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	Ī	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	1						
•	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		1					
•	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	1		}				
•	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			Ì				
	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	l				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?							
	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		X				
	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,							
	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			1				
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	L	X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals							
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Ì				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines							
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1						
	complete Schedule G, Part III	19	L	_X				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X				

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Form 990 (2009) NO. 2
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			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		x
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	Х	
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization minest any proceeds of tax exempt bonds beyond a temporary pointed sheapiton. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
С	any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		l	
2 5a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
р	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	Ì		
	Schedule L, Part I	25b		
oe	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		-	-
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
٠	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
-	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
- •	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	<u></u>
		Form	990	(2009)

Par	Statements Regarding Other IRS Filings and Tax Compliance				
		t i		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S Information Returns Enter -0- if not applicable	1a 16			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c	_X_	
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 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retui	ns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	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				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		<u>5b</u>		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		-
	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		X
	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 w	as required	7 .		х
	to file Form 8282?		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a parameter and the second of the second	Dersonal	70		X
	benefit contract?	root?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the organization file Form 8899 as required?		7f 7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		79 7h		X
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				<u> </u>
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc				
	at any time during the year?	ood Baamiood Helamige	8		
9	Sponsoring organizations maintaining donor advised funds.		Ť		
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		L
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Form	990	(2009)

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Form 990 (2009) 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	1a _		8		
b	Enter the number of voting members that are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fori	m 990	was filed?	4		X X X
5	Did the organization become aware during the year of a material diversion of the organization's assets			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more men	nbers	of the			
	governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	ons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken d	luring	the year			
	by the following					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such c	hapte	rs, 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 filling	ng the	e form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that coul	d give	rise			
	to conflicts?			12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes,"	describe			
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13		X
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 in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		_X_
b	Other officers or key employees of the organization			15b	_X_	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	ith a			
	taxable entity during the year?			16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu	uate it	s participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	nızatı	on's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) ava	ılable for		
	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, co	onflict	of interest pol	icy, and fina	ncıal	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books an	d rec	ords of the org	anization 🕨		
	THOMAS CLEARY - (312)705-2020					
	216 S. JEFFERSON ST., SUITE 400, CHICAGO, IL 6066	1				
				Form	990	(2009)

932008 02-04-10

Form 990 (2009) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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 employee."
- 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			Pos				Reportable	Reportable	Estimated	
	hours per	-	heci	(all 1	inat	арр	ly)	compensation from	compensation from related	amount of other	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
WILLIAM REILLY, JR.										· · · · · · · · · · · · · · · · · · ·	
EXECUTIVE BOARD	1.00	X					_	878.	0.	272	
JEFFREY SCHNOEBELEN											
EXECUTIVE BOARD	1.00	X						2,481.	0.	769	
RICHARD CONRAD									_		
EXECUTIVE BOARD	1.00	X				<u> </u>		2,089.	0.	648	
THOMAS KINSELLA									_		
EXECUTIVE BOARD	1.00	X	<u> </u>	_				1,912.	0.	593	
JOSEPH_HAACK	1							2.47		100	
TRUSTEE	1.00	X	-	_		ļ	<u> </u>	347.	0.	108	
ROBERT COUGHLIN	1 00		l					245		100	
TRUSTEE	1.00	X	 -	ļ				347.	0.	108	
RICHARD WREN	1 00	٠,						1 205	0	422	
SERGEANT-AT-ARMS	1.00	X	_			 		1,395.	0.	432	
MICHAEL ROBINSON	1 00	7						347.	0.	100	
TRUSTEE	1.00	^	\vdash	-		\vdash	_	347.	0.	108	
CRAIG CARLSON BUSINESS MANAGER	62.00			x				171,173.	0.	52,406	
THOMAS CLEARY	02.00	╁	 	^				1/+/+/3.		32,400	
SECRETARY/TREASURER	32.00			x				153,216.	0.	47,497	
THOMAS HERRMANN	32.00					 		133,210.		<u> </u>	
VICE-PRESIDENT	40.00			х				149,132.	0.	46,231	
DANIEL KELLY KERINS	120100										
PRESIDENT	1.00			Х				28,457.	0.	8,822	
JAMES SCHNOEBELEN, SR.											
FORMER PRESIDENT	20.00						X	72,541.	0.	0	
										Form 990 (200)	

NO	2

	t VII Section A. Officers, Directors, Tr	rustees. Kev Er	nplo	vee	s, aı	nd F	ligh	est	Compensated Employ			/ 4 /		ago e
	(A) Name and title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from	(E) Reportable compensation from related	n	(F) Estimated amount of other		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		com fr orga	pensa om the anizati d relate anizatio	ed
						-		-						
											į			
1b 2	Total Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	d at	oove	e) wh	no re	584,315. eceived more than \$100	,000 in reportable	0.	15	7,9	9 4. 3
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for		stee	, key	em	ploy	yee,	or h	nighest compensated en	nployee on		3	Yes	No X
4 5	For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or	50,000? <i>If</i> "Yes,	" co	mple	te S	Sche	edule	J f	or such individual	_		4	х	
Sec	the organization? If "Yes," complete Schetion B. Independent Contractors	-								 		5_		X
1	Complete this table for your five highest c the organization NONE	ompensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensa	ation f	rom	
	(A) Name and business address (B) Description of services							ervices	C	(C omper		n		
- 														
						_							-	
		<u> </u>												
2	Total number of independent contractors \$100,000 in compensation from the organ	-	ot lii	nited	d to		se lis)	ted	above) who received m	nore than				

	n 990 (36-0906	745 Page 9
Pa	rt VII	I' Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections 512,
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns Membership dues	1a 1b	1634530.		revenue	revenue	513, or 514
fts,	С	Fundraising events	1c					
igi.	d	Related organizations	1d					
ions	e f	Government grants (contributed All other contributions, gifts, grant and all other contributions.						
Per E	•	similar amounts not included abo						
E P	g	Noncash contributions included in lines	s 1a-1f \$					
<u>3 ₽</u>	h	Total. Add lines 1a-1f		>	1634530.			
Program Service Revenue				Business Code 900003	263,275.	263,275.		
le Se	b							
ž a	c d				•			
P. G.	e							
۾ ا	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>	263,275.			
	3	Investment income (including	dividends, inter	rest, and	50.004			
l	_	other similar amounts)			73,994.			73,994
İ	4 5	Income from investment of ta Royalties	x-exempt bond	proceeds				
	5	noyalties	(i) Real	(ii) Personal				
	6 a	Gross Rents	(y rour	(1) (5) 50 (1)				
	b	Less rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
	h	assets other than inventory Less cost or other basis		+				
	ь	and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		•				
<u>o</u>		Gross income from fundraisin	g events (not					
enc		including \$	of					
Bè		contributions reported on line	1c) See					
Other Revenue	L	Part IV, line 18 Less direct expenses	а					
ŏ		Net income or (loss) from fund	b draising events	'				
		Gross income from gaming ad	_					
		Part IV, line 19	а	1				
		Less direct expenses	b	· [
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less and allowances]				
	h	Less. cost of goods sold	a b					
		Net income or (loss) from sale		` 				
Ī		Miscellaneous Revenu		Business Code			- , ,	
	11 a							
	b							
	c	All all						
	d	All other revenue Total, Add lines 11a-11d						
	e 12	Total revenue See instructions.			1971799.	263,275.	0.	73,994.
93200 02-04	9				<u> </u>			Form 990 (2009)

NO. 2

36-0906745 Page 10

Form 990 (2009) Part IX Statement of Functional Expenses

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

	All other organizations must compl	and 501(c)(4) organizat ete column (A) but are	•		i (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	10,000.			
5	Compensation of current officers, directors,			İ	
	trustees, and key employees	755,908.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	238,674.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	62,886.			
9	Other employee benefits	29,664.			
10	Payroll taxes	65,525.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	38,207.			
С	Accounting	45,625.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	13,776.			
12	Advertising and promotion				
13	Office expenses	30,750.			
14	Information technology	26,832.			
15	Royalties		-		
16	Occupancy	7,070.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,430.			
20	Interest				
21	Payments to affiliates	95,785.			
22	Depreciation, depletion, and amortization	90,457.			
23	Insurance	16,869.			
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.)				
а	EDITOR DE LA COLOR	58,061.			
b	DONATIONS	48,090.			
c	OFFICE CONDO ASSOCIATIO	37,459.			
d	REAL ESTATE TAXES	31,077.			
e	MISCELLANEOUS	19,372.			
-	All other expenses	56,326.		1	
25	Total functional expenses Add lines 1 through 241	1,812,843.			
<u>25</u> 26	Joint costs Check here J if following	<u> </u>		1	
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	educational campaign and idituralsing solicitation			<u> </u>	Form 990 (200

	990 (t X	2009) · NO. 2 Balance Sheet			906745 Page 11
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	50,243.	_1	24,063.
	2	Savings and temporary cash investments	19,321.	2	141,462.
	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			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	•	8	
Ŝ	9	Prepaid expenses and deferred charges		9	·
	l	Land, buildings, and equipment cost or other			
	l loa	basis Complete Part VI of Schedule D 10a 2,512,921.		1 1	
	ь	Less accumulated depreciation 10b 424,824.	2,120,936.	10c	2,088,097
	11	Investments - publicly traded securities	2,394,277.	11	2,845,948
	12	Investments - other securities. See Part IV, line 11	2/3/1/2//	12	2/010/010
		Investments - program-related See Part IV, line 11		13	
	13			14	
	14	Intangible assets Other assets See Part IV, line 11	281,357.	15	310,729
	15	Total assets. Add lines 1 through 15 (must equal line 34)	4,866,134.		5,410,299
	16	Accounts payable and accrued expenses	3,415.	17	73
	17 18	Grants payable	5/ 413.	18	
	19	Deferred revenue		19	·
	_			20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D		21	
3	21	Payables to current and former officers, directors, trustees, key employees,			
Liabilities	22	highest compensated employees, and disqualified persons Complete Part II			
3		of Schedule L		22	
		Secured mortgages and notes payable to unrelated third parties	+	23	_
	23			24	
	24	Unsecured notes and loans payable to unrelated third parties		25	
	25	Other liabilities Complete Part X of Schedule D	3,415.		73
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete	J, 41J.	20	
Net Assets of Fund balances		lines 27 through 29, and lines 33 and 34. Unrestricted net assets	4,862,719.	27	5,410,226
<u>a</u>	27	· ·	4,002,119.	28	J, 410, 220
2	28	Temporarily restricted net assets Permanently restricted net assets		29	
2	29	·		29	
-					
j O		complete lines 30 through 34.		20	
Š	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	4,862,719.		5,410,226
-	33	Total net assets or fund balances			5,410,229
	34	Total liabilities and net assets/fund balances	4,866,134.	34	<u>5,410,499</u>

Form	990 (2009) NO. 2	6745	Pag	ge 12
Pai	t XI 'Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X_	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis X Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
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	3b		

932012 02-04-10

Schedule D

(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 2

Employer identification number 36-0906745

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line	e 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 advi-	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		used only			
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)				
	Preservation of land for public use (e.g., recreation or p		storically important land area			
	Protection of natural habitat	Preservation of a cer	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year					
			Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i	t holds?	└ Yes			
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year >			
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for			
	conservation easements					
Pa	t III Organizations Maintaining Collections o		other Similar Assets.			
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116, no					
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of			
	the footnote to its financial statements that describes these					
b	If the organization elected, as permitted under SFAS 116, to					
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, provide the following amounts relating to			
	these items					
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre		al gain, provide			
	the following amounts required to be reported under SFAS 1	16 relating to these items				
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$			
b	Assets included in Form 990, Part X		> \$			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 NO . 2								06745	
Par	t III † Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	<u>ar Asse</u>	ts (contin	ued)
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following that	at are a si	gnificant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	C			hange progr					
þ	Scholarly research	€	• []	Other				-		
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIV	
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or oth	er sımılar	assets	·	-	
	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		lete if org	ganization a	nswered "Ye	s" to Forr	n 990, Pa	ırt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets not	ıncluded		_	
	on Form 990, Part X?							L.	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	orm 990, Part	IV, line 1	0			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions						-			
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses			-						
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as		ı					
	Board designated or quasi-endowment		%							
	Permanent endowment									
	· · · · · · · · · · · · · · · · · · ·	<u></u>								
	Are there endowment funds not in the posse	. · ·	ation tha	at are held a	and administr	ered for th	ne organiz	ration		
Ja	by	obolon of the organiz	anon in	21 410 11014 6	ino administr	3,00 101 11	io organiz	ation	\(\sigma\)	es No
	(i) unrelated organizations								3a(ı)	<u>es 140</u>
	(ii) related organizations								3a(II)	
h	If "Yes" to 3a(ii), are the related organization:	e lietad ae roquirod (on Schoo	dulo P2					3b	
4	Describe in Part XIV the intended uses of the	•							30	
Par					Part X line	10				
	Description of investment	(a) Cost or o		· · · · · · · · · · · · · · · · · · ·	t or other	T	cumulate	. d	(d) Book	
	Description of investment	basis (investi		, , ,	(other)		reciation	,	(a) Book	/aiu o
4-	Land	320.0 (11.10011	,	24013	1,200.				1	,200.
	Land			2 01	$\frac{1,200.}{.9,491.}$		72,7	5.8	1,946	
Ь	Buildings			<u> </u>	. <u>, , , , , , , , , , , , , , , , , , , </u>		14,1		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
c	Leasehold improvements									
d	Equipment Other			// 0	2,230.		352,0	66	140	,164.
e	. Add lines 1a through 1e (Column (d) must e	agual Form 900 Part	X colur				, , , , , ,		2,088	
, otal	, ridd mied ra tinodgir to Toolamir (d) mast e	gaar cill ood, i are		, , , , , , , , , , , , , , , , ,	1 - 1 / /				<u> </u>	, , , ,

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48

932053 02-01-10

Sche	dule D (Form 990) 2009 NO . 2			36-	0906745	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Fina	ncial State	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,971,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,812,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			956.
4	Net unrealized gains (losses) on investments		4		396,	045.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			<u>494.</u> :
9	Total adjustments (net) Add lines 4 through 8		9			551.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	10	204		507.
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ients with nev	enue per F			250
1	Total revenue, gains, and other support per audited financial statements			1	2,360,	350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	د ا ا	06 045			
а	Net unrealized gains on investments		96,045.	+ 1		
b	Donated services and use of facilities	2b	·	- 1		
C	Recoveries of prior year grants	2c	<7,494.	- 1		
d	Other (Describe in Part XIV)	_2d	,494.</td <td>7 1</td> <td>200</td> <td>C C 1</td>	7 1	200	C C 1
е	Add lines 2a through 2d			2e	1,971,	551.
3	Subtract line 2e from line 1			3	1,9/1,	199.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV)	4b		ا ۱		^
С	Add lines 4a and 4b			4c	1,971,	0.
5 D2	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Stater	ments With Eyr	nenses ner			133.
	Total expenses and losses per audited financial statements	nonts with Exp	onses per	1	1,813,	836
1	Amounts included on line 1 but not on Form 990, Part IX, line 25				1,013	050.
2	Donated services and use of facilities	2a				
a	Prior year adjustments	2b		1		
b	Other losses	2c		1		
c	Other (Describe in Part XIV)	2d		1 1		
d	Add lines 2a through 2d			2e		0.
е 3	Subtract line 2e from line 1			3	1,813,	836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
т а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
h	Other (Describe in Part XIV)	4b	<993.	.		
	Add lines 4a and 4b	(,,,,,	4c	•	<993.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,812,	
	t XIV Supplemental Information		•			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4, l	Part IV, lines 1	b and	2b, Part V, line	4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also con					
,		. , ,				
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
<u>LO:</u>	SS ON TRADE-IN OF AUTO					
		.,,				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:		-,_,,,,			
TΔ	SS ON AUTO TRADE-IN					
יייי	ON VOIO INVESTIM					
PAI	RT XIII, LINE 4B - OTHER ADJUSTMENTS:					
				Sched	dule D (Form 9	90) 2009

16

SCHEDULE J · (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

NO. 2

➤ Attach to Form 990. ➤ See separate instructions. THEATRICAL STAGE EMPLOYEES UNION LOCAL

Employer identification number

36-0906745

Part	t I Questions Regarding Compensation			
			Yes	No
1a C	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Р	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		1		
b If	fany of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
re	eimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2 D	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
tr	rustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3 In	ndicate which, if any, of the following the organization uses to establish the compensation of the organization's			
0	CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
L	Form 990 of other organizations LX Approval by the board or compensation committee			
4 D	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
0	organization or a related organization			
a R	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c P	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
lf	f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	İ		
_				
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
	The organization?	5a 5b		
	Any related organization? f "Yes" to line 5a or 5b, describe in Part III	30		
		1		
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
		6a		
	The organization?	6b		
	Any related organization? f "Yes" to line 6a or 6b, describe in Part III	30		\vdash
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Ì
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		\vdash
	nitial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	}	
	f "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		
9 11	1 100 to line of the triganization also follow the resolution present procedure described in	9		

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

Schedule J (Form 990) 2009

36-0906745

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Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2	V-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C)	(Q)	(E)	(F)
(A) Name	<u>!</u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
NOS IGNO OTRAD	8	165,973.		5,200.		52,406.	223,579.	156,743.
	E E	150,616.		2,600.		47,497.	200,713.	148,283.
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Schedule J (Form 990) 2009

36-0906745

No. 2

Schedule J (Form 990) 2009

Part III | Supplemental Information

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CRAIG CARLSON, BUSINESS MANAGER, WAS COMPENSATED OVER
150,000 DURING THE YEAR-END, 2009, WHICH INCLUDES NONTAXABLE BENEFITS.
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(EAR-END, 2009, WHICH INCLUDES NONTAXABLE BENEFITS.
THOMAS HERRMANN, PRESIDENT, WAS COMPENSATED OVER \$150,000 DURING THE
ZEAR-END, 2009, WHICH INCLUDES NONTAXABLE BENEFITS.
Schedule J (Form 990) 2009

SCHEDULE O ·

Internal Revenue Service

(Form 990)

932211 02-03-10

Department of the Treasury

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

Name of the organization

THEATRICAL STAGE EMPLOYEES UNION LOCAL NO. 2

Employer identification number 36-0906745

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND PROMOTES THE INTERESTS OF THE MEMBERS BY BARGAINING
COLLECTIVELY WITH THEIR EMPLOYERS TO SECURE BETTER WORKING
CONDITIONS, WAGES AND SIMILAR BENEFITS.
FORM 990, PART VI, SECTION A, LINE 2: JAMES SCHNOEBELEN, FORMER
PRESIDENT, AND JEFFREY SCHNOEBELEN, EXECUTIVE BOARD MEMBER, ARE RELATED TO
EACH OTHER AS FATHER AND SON.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO THE
SECRETARY/TREASURER, WHO PRESENTS IT AT THE MONTHLY BOARD MEETING PRIOR TO
ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY
WAS APPROVED INITIALLY THROUGH THE BY-LAWS. IT IS UPDATED AS NEEDED.
FORM 990, PART VI, SECTION B, LINE 15B: THE COMPENSATION OF THE TOP
MANAGEMENT ARE APPROVED BY THE BODY OF MEMBERS ANNUALLY. THE
SECRETARY/TREASURER'S COMPENSATION IS DETERMINED VIA THE UNIONS
CONSTITUTION.
FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS ARE MADE AVAILABLE TO
THE PUBLIC
THE FINANCIAL STATEMENTS WERE AUDITED BY THE ACCOUNTING FIRM OF BANSLEY

), IL 60631. Schedule O (Form 990) 2009

AND KIENER, L.L.P., 8745 W. HIGGINS ROAD, SUITE 200,

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

CHICAGO,

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.

OMB No 1545-0047 **Open to Public** Inspection

Department of the Treasury Attach to Form 990. Internal Revenue Service THEATRICAL STAGE EMPLOYEES UNION LOCAL Name of the organization

Employer identification number 36-0906745

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FINANCIAL	STA	TEMEN'	TS ARE	ALW	AYS REV	IEWEI	BY	THE	SECE	RETAF	RY/TREASU	JRER AND
DISTRIBUTE	ED T	O THE	EXECU'	rive	BOARD.	THE	PROC	ESS	HAS	NOT	CHANGED	FROM
PRIOR YEAR	RS.											
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009 Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. THEATRICAL STAGE EMPLOYEES UNION LOCAL ► Attach to Form 990. Name of the organization

Employer identification number 36-0906745

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) NO. Part

Direct controlling 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 e Total income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
STAGEHANDS UNION LOCAL NO. 2 RETIREMENT FUND THE PLAN PROVIDES	THE PLAN PROVIDES				
- 36-6099766, 216 S. JEFFERSON STREET,	RETIREMENT BENEFITS TO				
CHICAGO, IL 60661	ELIGIBLE PARTICIPANTS,	ILLINOIS	401(A)		
STAGEHANDS UNION LOCAL NO. 2 ANNUITY FUND	THE PLAN PROVIDES ANNUITY				
36-3248809, 216 S. JEFFERSON STREET	BENEFITS TO PARTICIPANTS				
CHICAGO, IL 60661	W/TERMS OF THE CBA.	ILLINOIS	401(A)		
STAGEHANDS UNION LOCAL NO. 2 HEALTH &	THE PLAN PROVIDES HEALTH				
WELFARE FUND - 36-6565389, 216 S. JEFFERSON	BENEFITS COVERING ALL				
STREET, CHICAGO, IL 60661	ELIGIBLE PARTICIPANTS.	ITTINOIS	501(C)(9)		
STAGEHANDS UNION LOCAL NO, 2 JOURNEYMEN &	THE PLAN PROVIDES BENEFITS				
APPRENTICE TRAINING FUND - 26-1973, 216 S.	TO ALL MEMBERS THAT HAVE				
JEFFERSON STREET CHICAGO IL 60661	SATISFIED ELIGIBILITY RE	ILLINOIS	501(C)(5)		

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

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 NO. 2

Part III 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

36-0906745

1-7	1	[3]	5	3		9)	5	3	6	. 6
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(a) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	(9) Share of end-of-year assets	Oisproportionate allocations?	Code 20 of 8 K-1 (Fc	을 들 일 >
							1			
										-
Part IV Identification of Related Or.	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.)	poration or x x year)	frust (Complete if t	he organization	on answered "Ye	s" to Form 990	, Part IV, line	34 because r	t had one or mo	re related
(a) Name, address, and EIN of related organization	EIN Su	P _r	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp., S corp. or trust)		Share of total income	(g) Share of end-of-year assets	(h) Percentagi ownership
					,				•	
								_		
932162 02-04-10			24					8	Schedule R (Form 990) 200	990) 200

Page 3

36-0906745

Schedule R (Form 990) 2009 NO 2

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

				١
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No	0
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?				١ ١
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity		19	×	
b Gift, grant, or capital contribution to other organization(s)		1	X	ا
c Gift, grant, or capital contribution from other organization(s)		5	×	
		5	×	١.,
		<u>+</u>	×	١.,
				1
f Sale of assets to other organization(s)		=	×	١
g Purchase of assets from other organization(s)		19	×	١ا
		ŧ	X	١
		;=	×	۱ا
j Lease of facilities, equipment, or other assets from other organization(s)		Ţ	×	۱. ا
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	X	ا
l Performance of services or membership or fundraising solicitations by other organization(s)		11	X	ا. ا
m Sharing of facilities, equipment, mailing lists, or other assets		Ē	×	
n Sharing of paid employees		Ę	×	- 1
			1	
o Reimbursement paid to other organization for expenses		10	×	
p Reimbursement paid by other organization for expenses		10	×	
			_	
q Other transfer of cash or property to other organization(s)		19	×	
r Other transfer of cash or property from other organization(s)	:	+	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	volved	
(1) STAGEHANDS RETIREMENT FUND	ሷ	76	5,127	ا• ـ ا
(2) STAGEHANDS ANNUITY FUND	Ā	59	9,520.	<u>-</u> •
(3) STAGEHANDS HEALTH & WELFARE FUND	ሲ	129	129.872.	•
Contract of the Contract of th	f			l _
(4) STAGEHANDS JOURNEYMEN & APPRENTICE TRAINING FUND	Դ-		3,300.	•
(5)				-
(6)				
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THEATRICAL STAGE EMPLOYEES UNION LOCAL

Schedule R (Form 990) 2009 NO. 2

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

(a) Name, address, and EIN of entity	(b) Primary activity (st	(c) Legal domicile (state or foreign country)	(d) Are all partners section 50 1(c)(3) organizations?	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
							3
						Schedule R (Form 990) 2009	n 990) 2009

Current Year Deduction	7,335.	21,522.	10,184.	0	49,940.	1,476.	90,457.	
Current Sec 179							0	
Accumulated Depreciation	<4,715.>	243,576.	72,508.		22,818.	180.	334,367.	
Basis For Depreciation	41,929.	301,145.	134,397.	1,200.	2,019,491.	14,759.	2,512,921.	
Reduction In Basis							0.	
Bus % Excl								
Unadjusted Cost Or Basis	41,929.	301,145.	134,397.	1,200.	2,019,491.	14,759.	2,512,921.	
No o	16	16	16		16	0016		
Life	4.00	5.00	5.00		40.001	10.00		
Method				<u>.</u>	SL		_	
Date Acquired	042506SL	VARIESSL	VARIESSL	VARIESE	3070108	070108SL		
Description	AUTOMOBILE-2006 LINCOLN	1LINCOLN 2EQUIPMENT-COMPUTER OFFICE FURNITURE & 3FIXTURES		SCEMETARY LOTS	60FFICE CONDOMINIUMS070108SL	IMPROVEMENTS-CONDO	TOTAL 330 FAGE 10 DEPR	
Asset No	ਜ	27	€	Ŋ	Φ	7		

(D) - Asset disposed

928102 06-24-09

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

26.1