

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047 2009

Open to Public Inspection

<u> </u>	FUI tile 2009 Ca	nenual ye	ar, or tax year beginning , and ending			
В	Check if applicable	Please	C Name of organization		D Emplo	yer identification number
	Address change .	use IRS	LABORERS UNION LOCAL 1290			
	Name change	print or	Doing Business As		48-	0287794
	-	type	Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	one number
	Initial return	See	2600 MERRIAM LN		913	<u>-432-1930</u>
	Termination	Specific Instruc-	City or town, state or country and ZIP + 4		G Gross rece	ipts S 3,131,525
	Amended return	tions	KANSAS CITY KS 66106			
	Application pending	F Name	and address of principal officer		H(a) Is this	a group return for
	Application periong	MA	RK NIDIFFER		affiliate	
		26	00 MERRIAM LN		H(b) Are all include	
		KA	NSAS CITY KS 66206		If "No,"	attach a list (see instructions
ı	Tax-exempt state	us X	501(c) (5) ◄ (insert no) 4947(a)(1) or <u>527</u>			
J	Website ▶]				H(c) Group	exemption number
ĸ	Type of organization		poration Trust Association X Other ▶ Labor Org L Ye	ar of formation 1	940	M State of legal domicile KS
		umma		-		
<u> </u>			ne organization's mission or most significant activities			
	1		ent of wages, benefits & working conditions of m	embershir	.	
5 E						
naı		•				
Activities & Governance	2 Check th	nis box Þ	if the organization discontinued its operations or disposed of more than 25% of	of its net assets		
ဖိ	1		members of the governing body (Part VI, line 1a)	n its riet assets	3	7
ශ්		_	endent voting members of the governing body (Part VI, line 1b)		4	7
ite	l .	· · ·	employees (Part V, line 2a)		5	20
₹	i				6	
ĕ	i		/olunteers (estimate if necessary)			
	1		ated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unre	elated bu	siness taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year
	8 Contribu	itions and	d grants (Part VIII, line 1h)	6		36,837
ne					4,020	2,806,614
Revenue					7,931	287,784
æ			te (Fart VIII, Column (A), lines 3, 4, and 70)			290
			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,849	
			and mice of throught 11 (mast equal t and white colonial to the table)	3,42	9,972	3,131,525
	l .		ar amounts paid (Part IX column (A), lines 1-3)	44		·····
	14 Benefits	paid to d	or for members (Part IX column (A), line 4)		8,506	1 006 000
es	15 Salaries	other co	ompensation, employee benefits (Part IX) column (A) Intes \$ 10)	1,22	6,971	1,296,800
Expenses	16a Professi	ional tund	raising tees (Part IX, column (A), line 11e)			
ă	b Total fur	•	expenses (Part IX, column (D), line 25) ▶			
ш	17 Other ex	xpenses	(Part IX, column (A), lines 11a–11d, 11f–24f)		0,914	1,580,425
			Add lines 13–17 (must equal Part IX, column (A), line 25)		6,391	2,877,225
	19 Revenue	<u>e less ex</u>	penses Subtract line 18 from line 12		3,581	254,300
IS OF				Beginning of Cur		End of Year
MeLASsets or	20 Total as	-	-	10,28		10,511,126
3	21 Total lia	•	art X, line 26)		9,808	182
			d balances Subtract line 21 from line 20	10,25	6,646	10,510,944
⇛٢			re Block			
	1	nder penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and الإيانية correct, and complete. Declaration of preparer (other than officer) is based on all informa	statements and	to the best o	f my knowledge
⋽.	gn an	NN	1.401716	acon or winding pro	راميع ا	lalla
216	gn	, 44L	CALK WAYN			<u> </u>
He	ere	Signatu			Date	V
<u> </u>		·	Mark Nidister Business Manager			
3	ere Pr	Type or	print name and title			T
2	Pr	reparer's	Date	Check	ıf	Preparer's identifying number (see instructions)
Ŋа	iid , s	gnature	France F. Sillera 03/08	/10 self- employ	ed 🕨	P00274220
	eparer's		JAMES F. GILLESPIE, CPA, P.A.	<u></u>	EIN ▶	48-1223008
Us		rm's name self-emplo	7070 M 00mu man Cha 010		Phone	
	I	dress, an			l l	913-648-2130
Ma	v the IRS discu	ss this re	turn with the preparer shown above? (see instructions)		1 110	Yes No
	,		tam the property and the total foot matricellary			163 140

Part III	Statement of	of Program Service	Accomplishments

1 I	Briefly describe th	ne organization's miss		working con	nditions of	membership.		
	,							
2	the prior Form 99			s during the year which w	ere not listed on		Yes	X No
3	Did the organizate services?	on cease conducting	, or make significant cha	nges in how it conducts, a	any program		Yes	X No
4	Describe the exer Section 501(c)(3)	and 501(c)(4) organi	ments for each of the org zations and section 4947	ganization's three largest 7(a)(1) trusts are required or each program service r	to report the amount o			
4a	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4b	(Code) (Expenses S		including grants of \$) (Revenue \$)
4c	(Code) (Expenses S		ncluding grants of \$) (Revenue \$)
4d		rvices (Describe in S		C.				
4e	(Expenses \$ Total program se	ervice expenses >	including grants of	5) (Revenue \$)	

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any 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,"	•		1
	complete Schedule D, Part I	6		х
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 "	<u> </u>		
	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,			
	VII, VIII IX, or X as applicable	11	х	
	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 169 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 related 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			
	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 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144	-	
	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 or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-10		
	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 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?	10		
	If "Yes " complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		_ 20]	000	40000

19? Note. All Form 990 filers are required to complete Schedule O

UIII	1990 (2009) HABORERS ONION BOCKET 1290			<u> </u>
Pa	art IV Checklist of Required Schedules (continued)			
	Out the second of the second o		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24		x
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- 1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		х
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	١,,,		Х
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24-		x
	24b through 24d and complete Schedule K If "No," go to line 25	24a		
	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			37
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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 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,	Ì		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	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 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	1		
	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	_ 31	<u> </u>	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	ł		
	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		
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			1

<u> Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance				_	
				-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		•			
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u>	0	-		
b	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 report	able				
	gaming (gambling) winnings to prize winners?	1 1		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		20			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
2-	Instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	у		3a		x
.	this return?			3b		
b 4a	If "Yes" has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	ontu		35		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authover, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?	,iai		4a		х
ь	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 Bar	nk		'		
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi					
	Prohibited Tax Shelter Transaction?	Ū		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		X
b	If "Yes." did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
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 goo	ds				
	and services provided to the payor?			7a		
b	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?		1	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	·	4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal				
	benefit contract?			7e		
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	i		7.		
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			7h		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a	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					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter			1		
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			1		1
	amounts due or received from them)	11b]	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	417		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			L	
					000	

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

	Schedule O. See instructions					
Sec	tion A. Governing Body and Management					т
	•				Yes	No
1a	Enter the number of voting members of the governing body	1a_	7			
b	Enter the number of voting members that are independent	1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					٠,
_	any other officer, director, trustee, or key employee?			2	├ -	X
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	├ —	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	7		4	 	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	<u> </u>	X
6	Does the organization have members or stockholders?			6	ļ	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	X	_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?			8a	X	<u> </u>
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 reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
	tion B. Policies (This Section B requests information about policies not required by the Int	ernal				
Rev	venue Code)					
					Yes	No
10a	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	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
b	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		Х
14	Does the organization have a written document retention and destruction policy?			14		Х
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?					
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)			1.5.5		
16a						
	with a taxable entity during the year?			16a		х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1.00		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?			16b		ĺ
Sec	tion C. Disclosure			100		
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 onli	v)				
-	available 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, conflict of interes:					
13		ii				
20	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Local 1290 2600 Merriam Lo					
	Olugijizanom 🗲 10004 1430 – Znuu Merriam Un					

KS 66106

Kansas City

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 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

Check this box if the organization (A)	(B)	T .	uny () (2)	iicci,	unc	(D)	(E)	(F)
Name and Title	Average hours per			(chec	k all t	hat a		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Mark Nidiffer	40.00	1								
Bus Mgr/Sec/Treas	40.00	X		X		<u> </u>		107,491	0	
Carlton Young President	40.00	x		x				96,568	o	c
Mark Adkins						1				
VP	40.00	x		x	ĺ			96,228	o	C
Mitchell Rowley		1								
Trustee/Bus Agent	40.00	x						94,631	o	O
Richard Anderson										
Trustee/Bus Agent	40.00	X						63,156	0	C
Eddie Millbrook										
Trustee	1.00	X						2,200	o	0
William Marsh							_	•		
Rec Sec	1.00	X		X				1,800	0	0
Charlie Ikerd										
Trustee/retired	1.00	X						1,250	0	C
						_				
							-			
		 	_							
 ,										
		 -								
		 								
		-	<u> </u>	_		<u> -</u> -				
		<u> </u>		_						

А	0	_	Λ	2	O	7	7	a	4
4	×		1 1	_	×	•	•	ч	4

Part VII Section A. Officers	, Directors, Trus	tees	, Ke	y Em	ploy	ees,	an	d Highest Compensated E	mployees (continued)			
(A) Name and Title	(B) Average hours per			chec	C) k all t	hat ap		(D) Reportable compensation	(E) Reportable compensation	Esti	(F) mated ount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	o comp fro orga and	ther ensation m the nization related nizations	
					_							
		ļ 										
		 	 	-	! 	<u> </u>	 			<u> </u>		
		ļ	_									
		<u> </u>					_					
		ļ				-				 		
			-							-		
	-					_						<u></u>
						ļ						-
				-	-							_
1b Total	.L	J	<u>!</u>	1	L	1		463,324				_
2 Total number of individuals (in	cluding but not lin	nıted	-	ose	liste	d abo	ove)					
reportable compensation from	the organization	<u> </u>	1_		-						T _V	a Na
3 Did the organization list any fo employee on line 1a? If "Yes,"								ee, or highest compensated		3	Yes	s No X
For any individual listed on line the organization and related or	1a, is the sum o	f rep	ortat	ole co	omp	ensa	tion					
 individual Did any person listed on line 1 services rendered to the organ 										5		x
Section B. Independent Contract		00111	picto				<u> </u>	2011 person				
Complete this table for your five compensation from the organization.	zation	nsate	ed in	depe	nde	nt co	ntra					
Name and	(A) d business address						<u> </u>	Descri	(B) otion of services		(C) Compen	sation
							_					
						·	<u> </u>					
2 Total number of independent of	contractors (include	ding '	but n	not lie	niteo	l to "	1000	listed ahove) who received	<u> </u>			
more than \$100,000 in compe		-							·		0	2009

<u> Pa</u>	<u>rt V</u>	II Staten	nent of Reve	nue					·-····································	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
,a ,a				1.	-			revenue		512, 510, 61 514
Program Service Revenue Contributions, gifts, grants		Federated cam	=	1a				i		
등		Membership di		1b						
an,	¢	Fundraising ev	ents	1c						
ar Jar	d	Related organi	zations	1d		36,837				
ž, E	е	Government grants ((contributions)	1e						
r S	f	All other contribution	s gifts grants.				j			
로		and similar amounts		1f						
들이	a	Noncash contribution	ns included in lines 1a-		\$					
SE	-	Total. Add line		"	Ψ		36,837			
		Total. Add line	5 Ia-II			Duan Carla	30,037			
Ž	•					Busn Code	2,806,614	2,806,614		
ě	2a					} -	2,806,614	2,000,014		
ه ا ه	Ь									
울	С									
Se	d									
E	е									
ğ	f	All other progra	am service rever	nue						
ď.	g	Total. Add line	s 2a-2f				2,806,614			
	3		ome (including d	lividend	ls, interes	t and				
		other similar ai	=			•	287,784	287,784		
	4		vestment of tax-	.avamn	t hand nre					
	5	Royalties	ivestillent of tax-	cxcmp	t bond pit	Deceus				
	3	Royallies	(i) Bool		(4) 5	Personal				
			(ı) Real		(11)	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			>				
	7a	Gross amount from sales of assets	(i) Securities	s	(11)	Other				
		other than inventory								
	b	Less cost or other						i		
		basis & sales exps								
	c	Gain or (loss)						:		
	d	Net gain or (los	L			•				
			om fundraising ever	nte						
e	oa		on fulluraising ever	แร						
le l		(not including \$								
Re			eported on line 1c)							
Other Revenue		See Part IV, line		а						
듔		Less direct ex	•	b						
			(loss) from fund	-	events	•				<u> </u>
	9a	Gross income fro	om gaming activitie	s		1				
		See Part IV, line	19	а						
	b	Less direct ex	penses	b						
	С	Net income or	(loss) from game	ing acti	vities	•		· -		
		Gross sales of	-							
		returns and all	-	а						
	١ ,	Less cost of g		b						
							•	•		
	 -		(loss) from sales		entory	Buon Cada	· · · · · · · · · · · · · · · · · · ·			
	<u> </u>		ellaneous Revenue	•		Busn Code	222			
	11a	Other Rev	enue			—	290	290		
	b					 				
	С									
	d	All other reven	iue							
	е	Total. Add line	s 11a–11d			>	290			
	12	Total Revenu	e See instructio	ns		▶	3,131,525	3,094,688	0	0

Part IX Statement of Functional Expenses

Form 990 (2009)

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

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

	All other organizations must o				
	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	1			
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
٠	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors.				
•	trustees, and key employees	463,324			
6	Compensation not included above, to disqualified	103,321		1	
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		411,121			
7	Other salaries and wages	311,141			
8	Pension plan contributions (include section 401(k)	264,034			
^	and section 403(b) employer contributions)	90,369			
9	Other employee benefits	67,952			
10	Payroll taxes	01,952		-	
11	Fees for services (non-employees)				
a	Management	3 600		-	
b	Legal	3,690			
c	Accounting	5,125	.		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	50 170			
12	Advertising and promotion	50,179	 		
13	Office expenses	99,405			
14	Information technology				
15	Royalties	05.100			
16	Occupancy	97,199			
17	Travel	9,344			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20.046			
19	Conferences, conventions, and meetings	32,946			
20	Interest	200 040			
21	Payments to affiliates	829,040			
22	Depreciation, depletion, and amortization	134,885			
23	Insurance	28,112		-	
24					
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Contributions-Community	67,855			
b	Program expenses	63,517			
С	Dues	39,093			
d	Real estate taxes	30,317			
е	Automobile	29,053			
f	All other expenses	60,665			
25	Total functional expenses. Add lines 1 through 24f	2,877,225			
	Joint costs. Check here ▶ If following				·····
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA		L			Form 990 (200)

Form 990 (2009)

<u>P</u>	art X	Balance Sheet					<u> </u>
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing		ļ	9,367	1	377,720
	2	Savings and temporary cash investments			9,229,063	2	8,887,793
	3 ,	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors true	ustees	key			
		employees and highest compensated employees. Complete	ete Par	t II of			
	1	Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	nder se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Com	plete			
ıΛ		Part II of Schedule L		1		6	
Assets	7	Notes and loans receivable net			25,947	7	6,205
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or					
	ĺ	other basis Complete Part VI of Schedule D	10a	2,158,824			
	b	Less accumulated depreciation	10b	919,416	1,022,077	10c	1,239,408
	11	Investments—publicly traded securities				11	
	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)			10,286,454	16	10,511,126
	17	Accounts payable and accrued expenses			29,808	17	182
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	• •
S	21	Escrow or custodial account liability Complete Part IV of S	Schedu	le D		21	
Liabilities	22	Payables to current and former officers, directors, trustees	, key				
Ē	ŀ	employees, highest compensated employees, and disqual	ıfied				
<u>:</u> 2		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third p	arties			23	-
	24	Unsecured notes and loans payable to unrelated third part				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			29,808	26	182
S		Organizations that follow SFAS 117, check here ▶ X	and				
ည		complete lines 27 through 29, and lines 33 and 34					
<u>a</u>	27	Unrestricted net assets			10,248,646	27	10,508,994
Balance	28	Temporarily restricted net assets			8,000		1,950
Fund	29	Permanently restricted net assets				29	
<u>:</u>		Organizations that do not follow SFAS 117, check here	e ▶ ¯	-			
ř		and complete lines 30 through 34.	-	_			
S	30	Capital stock or trust principal, or current funds				30	
šet	31	Paid-in or capital surplus, or land, building, or equipment f	und			31	
SS	32	Retained earnings, endowment, accumulated income, or of		inds	- <u></u>	32	· · · · · · · · · · · · · · · · · · ·
Net Assets or	33	Total net assets or fund balances			10,256,646		10,510,944
ž	34	Total liabilities and net assets/fund balances			10,286,454		10,511,126

Form **990** (2009)

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule Ò			
2a	Wère 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	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
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 Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			j
	the Single Audit Act and OMB Circular A-133?	3a		
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	Ì	Ĺ

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

► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

• Section 501(c)(4), (5), or (6) organizations. Complete Part III

Name of organization LABORERS UNION	TOCAL 1290		Employer identific	
	n is exempt under section 501(c)	or is a section		
Provide a description of the organization's direct Political expenditures Volunteer hours				2 <u>1</u> , <u>1</u> 82
Part I-B Complete if the organization	n is exempt under section 501(c))(3).		
1 Enter the amount of any excise tax incurred by t	the organization under section 4955		▶ s	
2 Enter the amount of any excise tax incurred by	organization managers under section 4955		▶ \$	
3 If the organization incurred a section 4955 tax, or	did it file Form 4720 for this year?			Yes No
4a Was a correction made?				Yes No
b If "Yes" describe in Part IV		\	- F04(-)/2)	·
	n is exempt under section 501(c)		on 501(c)(3).	
1 Enter the amount directly expended by the filing activities	organization for section 527 exempt function	n	▶ ¢	21,182
2 Enter the amount of the filing organization's fund	ds contributed to other organizations for sec	tion		
527 exempt function activities	as contributed to other organizations for sec		▶ \$	
3 Total exempt function expenditures Add lines 1	and 2 Enter here and on Form 1120-POL,		- .	
line 17b			▶ \$	21,182
4 Did the filing organization file Form 1120-POL f	for this year?			X Yes No
5 Enter the names, addresses and employer iden	ntification number (EIN) of all section 527 pol	litical organizations t	o which payments	
were made. For each organization listed, enter	the amount paid from the filing organization'	s funds Also enter t	he amount of political	
contributions received that were promptly and d	lirectly delivered to a separate political organ	nization, such as a s	eparate segregated	
fund or a political action committee (PAC) If ad				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of politica. contributions received and promptly and directly delivered to a separate political organization if none enter -0-
Local 1290 PAC	Merriam	•		
2600 Merriam Ln	KS 66106	48-0287794	21,182	<u> </u>
				. , <u>-</u> .,
			_	
		+		

g Grassioots nontaxable amount (enter 25% of line 11)

- h Subtract line 1g from line 1a If zero or less, enter -0-
- i Subtract line 1f from line 1c If zero or less, enter -0-
- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes		No
-----	--	----

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lo	bbying Expenditu	res During 4-Yea	r Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount		·			
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	iled F	orm	5768		
(election under section 501(h)).	(a	a)	(b)	
•	Yes	No	Amo	unt	
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	ļ				
referendum, through the use of	1				
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?	L	$ldsymbol{ld}}}}}}}}}$			
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	<u></u>				
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 other means?					
Other activities? If "Yes," describe in Part IV					
j Total Add lines 1c through 1i		ļļ			
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					
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), section 501(c))(5), (or sec	ction		
501(c)(6).				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	1.00	
			2		<u> </u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to corrected lobbying and political expenditures from the prior year?			3	 	-
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	1(5)	or sec		<u> </u>	!
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I "Yes."					
Dues, assessments and similar amounts from members		1			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
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					
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and political 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, and Part II-B line	11				

Also, complete this part for any additional information

Part IV Supplemental Information (continued)

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.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

L	ABORERS UNION LOCAL 1290			287794		
	rt I Organizations Maintaining Donor Advised Fu the organization answered "Yes" to Form 990,	nds or Other Similar Funds or Ac Part IV, line 6.	counts.	Comple	te if	- -
		(a) Donor advised funds	(b) I	Funds and ot	her 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 advised				
	funds are the organization's property, subject to the organization's exclu	sive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in v	vriting that grant funds can be				
	used only for charitable purposes and not for the benefit of the donor or					
	purpose conferring impermissible private benefit?	<u> </u>	_		Yes	No
Pa	irt II Conservation Easements. Complete if the org	anization answered "Yes" to Form	990, Pa	irt IV, line	e 7	
1	Purpose(s) of conservation easements held by the organization (check					
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land	area		
	Protection of natural habitat	Preservation of certified historic str	ructure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conser-	vation contribution in the form of a conservati	ion			
	easement on the last day of the tax year					
				Held at the i	End of the 1	ax 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 structure inclu-	ided in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/0	06	2d			
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organization	during			
	the taxable year					
4	Number of states where property subject to conservation easement is lo	ocated >				
5	Does the organization have a written policy regarding the periodic monit	oring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ng conservation easements during the year				
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing continuous	onservation easements during the year				
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section				
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?				Yes	No
9	In Part XIV, describe how the organization reports conservation easeme	•				
	balance sheet, and include, if applicable, the text of the footnote to the o	organization's financial statements that descri	ıbes			
	the organization's accounting for conservation easements					
	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to		imilar A	ssets.		
1a	If the organization elected, as permitted under SFAS 116, not to report i	n its revenue statement and balance sheet w	orks of			
	art, historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance of pub	olic service	,		
	provide, in Part XIV, the text of the footnote to its financial statements the	at describes these items				
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet works	s of art,			
	historical treasures, or other similar assets held for public exhibition, editional	ucation, or research in furtherance of public s	service,			
	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		>	\$ <u> </u>		
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, provide	e the			
	following amounts required to be reported under SFAS 116 relating to the					
а	Revenues included in Form 990, Part VIII, line 1		>	\$		
b			>	\$ <u> </u>		

Sche		JNION LOCAL 1				8/194		Page 2
_Pa	rt III Organizations Maintaining	Collections of Art,	Historical Treas	sures, c	or Other S	<u>Similar Asse</u>	ets (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following	that are a	significant i	use of its		
а	Public exhibition	d Loan	or exchange program	ns				
b	Scholarly research	e Other	·			_		
С	Preservation for future generations	_				•		
4	Provide a description of the organization's colle Part XIV	ctions and explain how th	ey further the organiz	zation's ex	kempt purpo	se in		
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	eceive donations of art, his e maintained as part of th	storical treasures, or le organization's colle	other simection?	ılar		Yes	No.
Pa	irt IV Escrow and Custodial Arra IV, line 9, or reported an am			ation ar	swered "	Yes" to Forr	n 990, Part	
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other	assets n	ot			
	included on Form 990, Part X?	•					Yes	No
b	If "Yes," explain the arrangement in Part XIV an	nd complete the following t	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 Form	n 990, Part X, line 21?					Yes	No
	If "Yes," explain the arrangement in Part XIV							110
	rt V Endowment Funds. Comple	ete if organization ai	nswered "Yes" to	o Form	990. Parl	IV. line 10		
		(a) Current year	(b) Prior year	T	years back	(d) Three years	back (e) Four yea	ars back
1a	Beginning of year balance			1 '				
b					· · · · · · · · · · · · · · · · · · ·			
-	Net investment earnings, gains,			1				
_	and losses			1				
d	Grants or scholarships			 				
	Other expenditures for facilities			 				
·	and programs							
	Administrative expenses			 				
	End of year balance			 				
g 2	•			٠		l		
	Provide the estimated percentage of the year el Board designated or quasi-endowment							
	<u> </u>	%						
	Permanent endowment ►							
Ja	Are there endowment funds not in the possessi	on of the organization that	t are neid and admini	isterea to	rtne		[<u>v.</u>	. 1
	organization by						Ye	s No
	(i) unrelated organizations						3a(ı)	
	(ii) related organizations						3a(ii)	
, D	If "Yes" to 3a(ii), are the related organizations lis						3b	
<u> </u>	Describe in Part XIV the intended uses of the or art VI Investments—Land, Buildir			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or ot	1	• •	cumulated	(d) Book valu	ie.
	land	(miscentient)	basis (other		aepr	eciation		F 2 2
	Land			,500			_	,500
	Buildings		1,497	,882		670,268	827	,614
	Leasehold improvements		 	4.55				
	Equipment		567	,442		249,148	318	<u>,294</u>
	Other	1						
Tota	. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X, colui	mn (B), line 10(c))			>	1,239	<u>,408</u>

Sche	edul	le D	(Fo	rm 9	90) :	2009)	LP	BC	RE	ERS	3 (IN	ON	1 I		AI	. 1	.29	0						4	<u>8-0</u>	28	77	94						Pag	e 5
Sche	art	ΧI	v	Su	ppl	em	ent	al l	nfo	rm	atio	on (cor	ntını	ued)																					
<u> </u>		/\	•		PP.	•																															
_		-	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_			_	_		_
_		.	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_		_	_	_	_	_				-	_	_	_	_	_	_	-	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	-		_	_	<u> </u>				_	_	_	_	_	_	_	_
_	_	_	_	_	_	_		_	_	_	_		_		_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_		_
		_	_	_							_	_	_		_	_	_		_	_	_				_	_			_		_	_	_	_	_	_	_
	_																																				
																									_	_				_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_															
																																				_	
_	_	-	_	_	-	-	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_				_	_	_		_	_		_
_		_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_		_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	-	-	_	_	_		_	_	_	_	-				_	-	_	_	_	_	_	_
_	_	_	_	_	_	_	_	-	_	-		_	_	_	_	_	_	_	_	_	_	—	_	_	_	_				_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_		_					_	_	_	_	_	_	_	_
_	_	_	_	_			_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			- –	_	_	_	_	_	_	_	_
_	_	_		_		_	_	_	_	_	_		_	_	_	_	_	_	_	_		_		_	_	_				_	_	_	_	_	_	_	_
																_				_		_	_		_	_				_	_	_	_	_	_	_	_
				_																																	
	_	_	_		_	_	_	_	_	_	_		_	_	_	_	_	_	_		_	_	_	_	_					_				_			_
_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				· –	_	_	_	_	_	_	_
_	-	-	_	-	_	-	_	_	-	_	_	_	_	_	_	_	_	_	_		_	_	_	_	-	_				_	_	_	_	-	_	_	
_	_	-	_	_	_	_	_	_	_		_	_	_		_	_	_			-	_	_	_	_	_	_				· –	_	_	_	_	-	-	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_		_	_	_				· —		-	_	_	_	-	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	_				-	_	_	_	_	_	_	_
		_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_		_	_				_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_		_	_	_	_	_		_		_		_	_	_	_	_	_	_					_	_	_		_	_	
	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_		_	_	_		_	_							_	_	_	_	_	_	_
_	_	_		_	_		_	_	_	_	_				_	_	_		_	_	_									_			_				
																							_	_			_	_		_						_	_
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_				_	_	_	_	_	_	_	_
-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_				-	_	_	_	_	_	_	_
-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	-				-	_	_	_	_	_	_	_

SCHEDULE O

(Form 990)

Department of the Treasury internal Revenue Service

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

LABORERS UNION LOCAL 1290

Employer identification number 48-0287794

Form 990, Part III, Line 4d - All Other Achievements

Improvement of wages, benefits & working conditions of membership.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Membership is informed of decisions made by the Board.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Form 990 reviewed by principal officers and approved at meeting

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

	_,			
	•	Fund Raising	v ₂	0 %
		Management & General	s 10,744 267	\$ 11,010
nents	II Other Expenses	Program Service	\$ 28,330 21,182 143	\$ 49,655
Federal Statements	Form 990, Part IX, Line 24f - All Other Expenses	Total Expenses	330 822 67 43	
48-0287794		Description	Target funds PAC Personal property taxes Miscellaneous Organizing	ounding Total