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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 Open to Public Inspection

Α	For the	2009 cal	lendar year, or tax year beginning and ending						
В	Check if	Please	C Name of organization	D Employer identific	cation number				
	applicable	use IRS	CONTRACTOR AND TOGET TABORERS						
	Address change	label or print or	UNION #984						
	Name change	type	Doing Business As	55-0	244859				
	Initial return	See Specific	Number and street (or P 0 box if mail is not delivered to street address) Room/sui	te E Telephone numbe					
Ļ	Termin- ated	Instruc-	2027 HAMILL AVENUE	[304					
Ļ	Amende return Applica-		City or town, state or country, and ZIP + 4	G Gross receipts \$	368,812.				
L_	tion pending		CLARKSBURG, WV 26301		H(a) Is this a group return				
		202	ne and address of principal officer:RICHARD J. MCGRADY 7 HAMILL AVENUE, CLARKSBURG, WV 26301	for affiliates?	Yes X No				
-	Taylous			H(b) Are all affiliates inc					
-		npt statt :: ► N /		H(c) Group exemption	list (see instructions)				
		rganizatio							
		Summ		ar or torriation == 10 it	Totato or legar dormone *** *				
	1 0		scribe the organization's mission or most significant activities ${ m LOCAL}$ ${ m LAE}$	OR UNION FOR	THE				
Governance	E	NHAN	CEMENT OF EMPLOYMENT TO ITS MEMBERS.						
ra E	2 0		s box if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	sets.				
ove	3 N	lumber o	of voting members of the governing body (Part VI, line 1a)	3	417				
<u>ح</u>	4 N	lumber c	of independent voting members of the governing body (Part VI, line 1b)	. 4	0				
es		otal num	ber of employees (Part V, line 2a)	5	0				
Σįξ	6 T	otal num	ber of volunteers (estimate if necessary)	6	0				
Activities			ss unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
_	b N	let unrela	ated business taxable income from Form 990 L line 34	7b	0.				
_	1		_	Prior Year	Current Year				
Reve / ¶¶	8 C	Contribut	ions and grants (Part Vity) ne 大から 5 2010 O	220 570	256 625				
,e	F		service revenue (Part VIII, Ine 2g)	320,579.	356,635.				
Ğ.			nt income (Part VIII, column (A), times 3, 4, and 7d)	17,037.	12,177.				
<i>8</i> _	1		enue (Part VIII, column (A), lines 57 6d (2d, 9c, 100, and 11e)	227 616	260 012				
<u>-</u>			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	337,616.	368,812.				
•	1		d similar amounts paid (Part IX, column (A), lines 1·3)	101,378.	111,756.				
	1		paid to or for members (Part IX, column (A), line 4)	147,847.	153,179.				
Expenses	15 S		other compensation, employee benefits (Part IX, column (A), lines 5-10)	147,047.	133,113.				
Sen	IVA P		nal fundraising fees (Part IX, column (A), line 11e)						
$\bar{\mathbf{x}}$	17 0		draising expenses (Part IX, column (D), line 25)	56,392.	60,219.				
	1		penses (Part IX, column (A), lines 11a-11d, 11f-24f) enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	305,617.	325,154.				
	4	•	less expenses. Subtract line 18 from line 12	31,999.	43,658.				
10	3	revenue		Beginning of Current Year	End of Year				
Sign	20 ⊤	otal asse	ets (Part X, line 16)	791,350.	831,890.				
SS.	21 T		lities (Part X, line 26)	3,114.	<4.>				
Net Assets or	22 N		s or fund balances. Subtract line 21 from line 20	788,236.	831,894.				
P	art II		ture Block						
		Under pena	ities of penury, I declare that I have examined this return, including accompanying schedules and statemen te Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowledge	ge and belief, it is true, correct,				
		~	\mathcal{O}						
Się	gn	Z	held 11 Man	3-30	-10				
He	re	Sign	nature of officer	Date					
		r	TICHALL A MONO PRESIDENT						
		Тур	e or print name and title	Check if Prepare	er's identifying number				
Pai	1 1	Preparer's		self- (see in:	structions)				
Pre	narorie L	signature Firm's nam		employed > L					
Use	Only	yours if self-employ	\ _ =d\1.150	EIN P					
	1 :	address, an		Phone no					
Ma		ZiP + 4		Frittie ii0 >	Yes No				
	001 02-04		s this return with the preparer shown above? (see instructions) A For Privacy Act and Paperwork Reduction Act Notice, see the separate in	nstructions	Form 990 (2009)				
コンイ	001 02-04	-10 L.H	in For Fridacy Act and Faperwork neutrollon Act Notice, see the Separate I		7 3711 330 (2009)				

4d Other program services. (Describe in Schedule O)

(Expenses \$ ______) (Revenue \$

4e Total program service expenses ►\$ 320,976.

Form 990 (2009) UNION #984

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any 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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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		Х
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	Х	İ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			İ
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			į
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			į
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			İ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			Í
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ł
	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			ļ
	Schedule D, Parts XI, XII, and XIII.	12		х
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	·-		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''		
ij	· · · · · · · · · · · · · · · · · · ·	18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	-	19		х
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Ves." complete Schedule H	20		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990	2000/



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	}	ļ	ĺ
	United States on Part IX, column (A), line 1? If "Yes, " complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	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 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, 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		Χ_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		j	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	\	<u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	}	
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		Х
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	
		Form 9	90 (2	2009)



Form 990 (2009) UNION #984

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S. Information Returns. Enter -0- if not applicable	1a	0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			ĺ			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng						
	(gambling) winnings to prize winners?			1c		L			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0			l			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b					
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ınstru	ctions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	his 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	autho	nty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X			
b	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 a	and			ĺ			
	Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	,	5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding	Prohibited						
	Tax Shelter Transaction?			5c		<u></u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anızatıon solicit						
	any contributions that were not tax deductible?			6a		<u>X</u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	r gifts						
	were not tax deductible?			6b	<u></u>				
7	Organizations that may receive deductible contributions under section 170(c).					İ			
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					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uıred						
	to file Form 8282?	ı	1	7c	········	X			
	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 page 1.	person	al						
_	benefit contract?			7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f					
9	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 1098-0		•	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	-							
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bi	isiness holdings						
^	at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.			0-	1				
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		 			
ь 10	· · · · · · · · · · · · · · · · · · ·					•••••			
a	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:		I						
	Gross income from members or shareholders	11a	[ł			
	Gross income from other sources (Do not net amounts due or paid to other sources against	···		ĺ		ĺ			
	amounts due or received from them.)	11b				į			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	[·				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ	,		ļ			
					·				

55-0244859

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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
4.	Enter the number of voting members of the governing body		163	110
	Enter the number of voting members of the governing body	1		
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	İ		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
· 4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
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
	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
-	governing body?	7a		X
ь	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:			Ì
а	The governing body?	8a	Х	<u></u>
	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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,	Ì		
	and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	<u></u>
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		<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Ē.	17
а		15a		X
b		15b	ļ	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 with a	1		v
	taxable entity during the year?	16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	465	•	1
	exempt status with respect to such arrangements?	16b	l	
	I ist the states with which a copy of this Form 990 is required to be filed NONE			
17		for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	101		
	public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
	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 DONALD CASTO - 304 622-7841	ition: 🕨		
	2027 HAMILL AVENUE CLARKSBURG, WV, CLARKSBURG, WV 26301			
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Form	990	(2009)

932006 02-04-10 Form 990 (2009)

UNION #984

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

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.

(A) Name and Title	(B) Average hours per		(C) Position (check all that apply)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	week	Individual trustee or director	Institutional frustee	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	
WAYNE GORBY	1 00										
EX. BOARD	1.00	X	<u> </u>	<u> </u>	_	<u>. </u>		0.	0.	0	
TED MICK	1 00	v						0.	0.	0	
EX. BOARD ROGER SISK	1.00	X	-	 	\vdash			0.	U .		
EX. BOARD	1.00	X						900.	0.	0	
RICHARD MCGRADY	1.00	12	\vdash	\vdash	\vdash	\vdash		200.			
BUSINESS MANAGER	44.00			x				62,610.	0.	C	
WILLIAM K. GULLEY, JR.								, - ,	<u></u>		
REC. SECT.	2.00			X				900.	0.	C	
MIKE MANO											
PRESIDENT	1.00			Х				900.	0.		
BRIAN STEVENS											
VICE-PRESIDENT	2.00	<u> </u>	<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0	
										<u> </u>	

Par	VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)		
	(A)	(B)	(C)						(D)	(E)	(F)	
	Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimate	:d
		hours	(c	heck	call	that	app	ly)	compensation	compensation	amount	of
		per	횽						from	from related	other	4
-		week	Individual frustee or director				<u> </u>		the organization	organizations (W-2/1099-MISC)	from the	
			ge	ustee			ensal		(W-2/1099-MISC)	(44-2/1099-141130)	organizati	
			翼	nstitutional trustee	1	Key employee	Highest compensated employee		(** 2 1033 (***100)		and relate	
			lwdu	atra	Officer	yem	E Se	Former			organizatio	ons
			표	' <u>इ</u>	푱	줆	포 물	Œ				
									•			
											İ	
			ļ		-							
						1						
									1			
				<u> </u>								
		1										
				1	 			<u> </u>				
						1		ļ				
1 b	Total		1	1	. <u></u>	1	•	.	65,310.	0.		0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wi	ho r	eceived more than \$100	0.000 in reportable		
_	compensation from the organization						,			,		0
											Yes	No
3	Did the organization list any former officer,	director or tru	stee	e, ke	v en	olan	vee.	or h	nighest compensated er	nployee on		
	line 1a? If "Yes," complete Schedule J for s			•	•	,					3	X
4	For any individual listed on line 1a, is the su			amo	ens	atior	n and	d ot	her compensation from	the organization		
	and related organizations greater than \$15									-	4	Х
5	Did any person listed on line 1a receive or									ices rendered to		******
	the organization? If "Yes," complete Scheo						,				5	Х
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest co	mpensated in	dep	ende	ent o	cont	racto	ors t	that received more than	\$100,000 of compen	sation from	
	the organization NONE											
	(A)								(B)		(C)	
	Name and business	address							Description of	services	Compensatio	n
									-			
									_ · 	T.		
2	Total number of independent contractors (including but r	not I	mite	ed to	the	se li	ste	d above) who received r	nore than		
_	\$100,000 in compensation from the organi						0					
_											Form 990 /	0000

Form **990** (2009)

0.

368,812.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

368,812.

Part IX Statement of Functional Expenses

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

	All other organizations must compl				
	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	111 756	111,756.		
4	Benefits paid to or for members	111,756.	111,750.		
5	Compensation of current officers, directors,	60 250	60 250	-	
	trustees, and key employees	68,250.	68,250.		
6	Compensation not included above, to disqualified	1			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12 226	42.006		
7	Other salaries and wages	43,026.	43,026.		
8	Pension plan contributions (include section 401(k)	20 440	20 440		
	and section 403(b) employer contributions)	32,442.	32,442.		
9	Other employee benefits		0.461		
10	Payroll taxes .	9,461.	9,461.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	600.		600.	
С	Accounting	3,578.		3,578.	
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	11,863.	11,863.		
15	Royalties				
16	Occupancy .	9,182.	9,182.		
17	Travel	10,382.	10,382.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u></u>			· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	8,910.	8,910.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,287.	7,287.		
23	Insurance .				
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)	8,417.	8,417.		
a	MEMBER EXPENSES	0,41/•	0,41/.		
Ь			· · · · · · · · · · · · · · · · · · ·		
С					
d					
е					
f	All other expenses	225 154	220 076	4 170	0.
25	Total functional expenses. Add lines 1 through 24f	325,154.	320,976.	4,178.	<u> </u>
26	Jaint costs. Check here if following				
	SOP 98-2 Complete this line only if the organization	į			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				5 000 (0000

		Balance Sheet				7244033 Page 11			
				(A) Beginning of year		(B) End of year			
	1	Cash · non-interest-bearing			.>1	<1.3			
	2	Savings and temporary cash investments		783,382	. 2	810,288.			
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net			4				
	5	Receivables from current and former officers, d	rectors, trustees, key						
		employees, and highest compensated employe							
	}	of Schedule L		5					
	6	Receivables from other disqualified persons (as							
		4958(f)(1)) and persons described in section 49	}						
Assets	1	Part II of Schedule L			6				
	7	Notes and loans receivable, net			7				
	8	Inventories for sale or use		8					
	9	Prepaid expenses and deferred charges		9					
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a 57,03	30.					
	b	Less: accumulated depreciation	10ы 35,42	7,969	10c	21,603.			
	11	Investments - publicly traded securities .		11					
	12	Investments · other securities. See Part IV, line		12					
	13	Investments - program-related See Part IV, line		13					
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11		15					
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	791,350.	16	831,890.			
	17	Accounts payable and accrued expenses		17					
	18	Grants payable	L	18					
	19	Deferred revenue	•		19				
	20	Tax-exempt bond liabilities .	•		20				
es	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, director	s, trustees, key employees,	į					
iab		highest compensated employees, and disqualifie	ed persons. Complete Part I	ı					
_		of Schedule L			22				
	23	Secured mortgages and notes payable to unrela			23				
	24	Unsecured notes and loans payable to unrelated	third parties		24				
	25	Other liabilities. Complete Part X of Schedule D		3,114.	25	<4.>			
	26	Total liabilities. Add lines 17 through 25		3,114.	26	<4.>			
		Organizations that follow SFAS 117, check he	re 🕨 🔛 and complete						
ses		lines 27 through 29, and lines 33 and 34.							
aŭ	27	Unrestricted net assets			27				
Ba	28	Temporarily restricted net assets		28					
<u> </u>	29	Permanently restricted net assets	·		29	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Ē			Organizations that do not follow SFAS 117, check here 🕨 🗓 and						
S		complete lines 30 through 34.			^				
set	30	Capital stock or trust principal, or current funds	0.	30	0.				
As	31	Paid in or capital surplus, or land, building, or equ			31	0.			
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, or other funds	788,236.	32	831,894.			
_		Total net assets or fund balances		788,236.		831,894.			
	34	Total liabilities and net assets/fund balances		791,350.	34	831,890.			

CONSTRUCTION AND LOCAL LABORERS UNION #984

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

Form	990 (2009) UNION #9845	5-0244859	Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 au	dit,		l
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedul	e O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued or	ıa		ĺ
	consolidated basis, separate basis, or both:			ļ
	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 the Single	Audit		İ
	Act and OMB Circular A-133?	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit	i	l

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

CONSTRUCTION AND LOCAL LABORERS Name of the organization Employer identification number UNION #984 55-0244859 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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) Aggregate value at end of year 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 exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part It | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

Schedule D (Form 990) 2009

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

CONSTRUCTION AND LOCAL LABORERS

	(Form 990) 2009 UNION #								24485		age 2
Part III	Organizations Maintaining	Collections of A	Art, Hi	istorical T	reasures	, or Oth	ner Simi	lar Asse	ets (cont	ınued)	
3 Using	the organization's acquisition, access	sion, and other recor	ds, che	eck any of the	e following t	hat are a	significant	use of its	collection	n Item	s
(chec	k all that apply):										
а 🔙	Public exhibition		d 🗀	Loan or ex	change prog	grams					
ь 🗔	Scholarly research		е 🗀	Other							
c 🔲	Preservation for future generations										
4 Provid	de a description of the organization's o	collections and expla	ıın how	they further	the organiza	ation's ex	emot puro	iose in Pa	rt XIV		
	g the year, did the organization solicit										
	sold to raise funds rather than to be m					arior on the	ui assets		Yes] No
Part IV	Escrow and Custodial Arrar reported an amount on Form 990, Pa	ngements. Comp				es" to Fo	orm 990, P	art IV, line			<u>) 140</u>
1a Is the	organization an agent, trustee, custoo		diany fo	or contribution	ns or other :	assets no	t included				
	rm 990, Part X?	nan or other interme	Citally ic		ilis of other t	233613 110	i included	Γ	Yes		No
	s," explain the arrangement in Part XIV	and complete the f	مسمالم	a tablo				<u> </u>	_ 1es) NO
J // 10.	o, explain the arrangement in rail XIV	and complete the it	OHOWIN	y lable					^ · · - •		
c Begin	ning balance						4 -		Amount		
_	ons during the year						1c				
	outions during the year	1d									
	- ·	1e									
	g balance	1f		7	$\overline{}$	1					
	e organization include an amount on F		217						_ Yes	Ш	No
	s," explain the arrangement in Part XIV										
Part V	Endowment Funds. Complete				1				т		
4 5		(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four	years b	ack
	ning of year balance		ļ		 		·· 1'' 		<u> </u>		
	butions										
	vestment earnings, gains, and losses			<u> </u>					<u> </u>		******
	s or scholarships	· · · · · · · · · · · · · · · · · · ·									
e Other	expenditures for facilities										
and pr	ograms .										
f Admin	istrative expenses										
g End of	year balance							11 144-6-7			
2 Provid	e the estimated percentage of the yea	r end balance held a	ıs:								
a Board	designated or quasi-endowment		%								
b Perma	nent endowment >	%									
c Term e	endowment >	 %									
3a Are the	ere endowment funds not in the posse	ssion of the organiza	ation th	at are held a	nd administ	ered for t	he organiz	ation			
by		-							Ţ.	Yes	No
(i) un	related organizations								3a(i)	-	
	ated organizations								3a(ii)		
	to 3a(ii), are the related organizations	listed as required o	n Sche	dule R?					3b		
	be in Part XIV the intended uses of the								00		
	Investments - Land, Building				Part X line	10					
<u></u>	Description of investment	(a) Cost or of		(b) Cost	_		ccumulate	d	(d) Book	value	—
	zeconpuen or investment	basis (investm		basis (l ''.	oreciation	٠	(u) Book	value	
1a Land					,	<u> </u>					
b Building	OS.			 							
	ys old improvements										
	•			-				-			—
d Equipm	ICIII	-		E .	7,030.		35,42	7	21	<u> </u>	
e Other	10 10 10 10 10 10 10 10 10 10 10 10 10 1					<u> </u>	33,42		<u> </u>	,60	3.
rotai. Add lir	nes 1a through 1e. (Column (d) must ed	uai rorm 990, Part I	x, colui	<u> ทก (B), line 1 เ</u>	U(C))				21	,60	<u>J.</u>

Schedule D (Form 990) 2009

•	COLIDATION	 	-
Schedule D (Form 990) 2009	UNION #984		

Part VII Investments - Other Securities. Se	ee Form 990, Part X, lin	e 12.	33-0244639 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
Financial derivatives Closely-held equity interests	12		
Other			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments - Program Related.	See Form 990, Part X, II	ne 13	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
Total (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Im			(L) De alcuelos
(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Irr	ne 15 l		>
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability		(b) Amount	
Federal Income taxes PAYROLL TAX OVERPAYMENT		<4.>	
Total. (Column (b) must equal Form 990, Part X, col (B) lir 2. FIN 48 Footnote. In Part XIV, provide the text of the fo		<4.>	

uncertain tax positions under FIN 48. 932053 02-01-10

CONSTRUCTION AND LOCAL LABORERS

Sche	edule D (Form 990) 2009 UNION #984			55-0)244859 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial Stat	tement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		368,812.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		325,154.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		43,658.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 0	10		43,658.
	t XII Reconciliation of Revenue per Audited Financial Stateme			Return	
1	Total revenue, gains, and other support per audited financial statements	J1115 1111	irric venue per	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		· · ·	
		2a			
a	Net unrealized gains on investments Donated services and use of facilities			┥	
b		2b		-	
С.	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIV.)	2d		\dashv \downarrow	
_	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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		-	
ь	Other (Describe in Part XIV.)	4b		4	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses pe	r Retur	<u>n</u>
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a		4 1	
b	Prior year adjustments	2b		_	
С	Other losses	2c		_	
d	Other (Describe in Part XIV.)	2d		J ` I	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, 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		_	
С	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Par	t XIV Supplemental Information				
Comp	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	l, lines 1a	and 4, Part IV, lines	b and 2b	o, Part V, line 4, Part
	2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
	, , , , , , , , , , , , , , , , , , , ,		,,		
				_	
				···	
					

Schedule D (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

(Form 990)
Department of the Treasury

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

Internal Revenue Service	► Attach to Form 990.		Inspection
Name of the organization	CONSTRUCTION AND LOCAL LABORERS UNION #984	Employer 55-0	ridentification number 244859
FORM 990, PAR	T I, ITEM K, OTHER ORGANIZATION TYPE:		
LOCAL LABORER	S UNION		
FORM 990, PAR	T VI, SECTION B, LINE 11: SENT TO INTERNATION	NAL FO	R REVIEW
FORM 990, PAR	T VI, SECTION C, LINE 19: LM-2 AVAILABLE ON	WEBSIT	E
		<u>-</u>	
			
			 · · · · · · · ·
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2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

066

Asset No	Description	Date Acquired	Method	Life	No o	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
F	1 TYPEWRITER	063085SL		2.00	91	770.	·····		770	770.		0
2	22 TELEPHONES	053187SL		5.00	16	415.			415	415.		0
777	3COMPUTER	060498SL		2.00	16	3,648,		······································	3,648.	3,648.	,,, ,, ,	0
4	4VARIOUS FURNITURE	011081SL	·	2.00	16	8,137.			8,137.	8,137.		0
נע	SCONNON COPIER	100188SL		7.00	16	1,522.			1,522.	1,522.		0
9	6COMPUTER	021598SL		5.00	16	3,419.			3,419.	3,419.	- · · · · · · · · · · · · · · · · · · ·	0
-1	TEAN MACHINE	011592SL		5.00	16	1,989,			1,989.	1,989.		a
<u></u>	9SWEEPER	021401SL	· 	5.00	16	220.		-	220.	220.		0
0.₩	10COPIER/STAND	072601SL		5.00	16	2,030.			2,030.	2,030.	11111111	0
11	11SAFE	110801SL		2.00	16	2,138.			2,138.	2,138.		0
(C)	12HP PRINTER	110801EL		2.00	16	354.			354.	354.		o
13	132009 DODGE RAM	040109SL		4.00	16	26,588.			26,588.			4,985.
₩. 1	14DOT MATRIX PRINTER	111503SL	,	2.00	16	764.			764.	764.		0
15	15LAP TOP	101404SL		5.00	16	5,036.			5,036.	4,280.		756.
, -	PROGRAM SERVICES	·· ·····	,			57,030.		0	57,030.	29,686.	O	5,741.
	GRAND TOTAL AGE 10 DEPR					57,030.		0	57,030.	29,686.	0	5,741.

(D) - Asset disposed

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

Depreciation and Amortization (Including Information on Listed Property)

990

Department of the Treasury

internal Revenue Service (99)	⊳ s	ee separate ins	tructions.	► Attac	h to your tax r	eturn.		Sequence No 67		
Name(s) shown on return	ne(s) shown on return Business or activity to which this form r									
CONSTRUCTION A	AND LOCA	L LABOREF	RS							
UNION #984				FO	RM 990 F	AGE 10		55-0244859		
Part Election To Expen	se Certain Prope	rty Under Section 1	179 Note: If vo				V before v			
1 Maximum amount. See							1	250,000		
2 Total cost of section 17		-					2			
3 Threshold cost of section		,		•			3	800,000		
4 Reduction in limitation.				ar .∩.			4	- 333,333		
5 Dollar limitation for tax year Su							5			
6	(a) Description of pre		1 -0- II mamed IIII		ness use only)	(c) Electe		 		
<u> </u>	.,,			(4) 5 5 5 (5 5 5 5	,	(5) 2.5510	-	•		
						····				
										
7 10400		1 00								
7 Listed property. Enter ti							 			
8 Total elected cost of se		*	s in column (c), lines 6 and	17		8			
9 Tentative deduction. En							9			
10 Carryover of disallowed		•					10	<u> </u>		
11 Business income limitat							11			
12 Section 179 expense de					ne 11		12	— · · · · · · · · · · · · · · · · · · ·		
13 Carryover of disallowed					13					
Note: Do not use Part II or F										
		nce and Other D								
14 Special depreciation allo	wance for qual	ified property (oth	ner than listed	d property) p	laced in service	during				
the tax year	-		•				14	<u></u>		
15 Property subject to sect	ion 168(f)(1) ele	ction .					15			
16 Other depreciation (included)							16	7,287		
Part III MACRS Depre	ciation (Do not	t include listed pr	operty.) (See	Instructions	.)					
			Sec	ction A						
17 MACRS deductions for a	assets placed in	service in tax ye	ars beginning	before 200	9		17			
18 If you are electing to group any a	ssets placed in servi	ce during the tax year	into one or more p	general asset acc	ounts, check here]			
Sect	ion B - Assets I	Placed in Servic	e During 200	9 Tax Year	Using the Gen	eral Deprecia	tion Syste	em .		
(a) Classification of pro	pperty	(b) Month and year placed in service	(c) Basis for (business/invoid) only - see if	restment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction		
19a 3-year property										
b 5-year property		1								
c 7-year property		1 1								
d 10-year property		1 1				1				
e 15-year property		1				T				
f 20-year property		1 1								
g 25-year property		1			25 yrs		S/L			
g zo year property					27.5 yrs	MM	S/L			
h Residential rental pro	perty	 /, 								
		· /			27.5 yrs.	MM	S/L	·····		
i Nonresidential real p	roperty				39 yrs	MM	S/L			
Coatio	- C. Assets Di	aced in Service	During 2000	Tay Vana III		MM	S/L			
	O - ASSELS PI	aced in Service	- uning 2009	iak rear U	sing the Altern	auve Deprec		TEILI		
0a Class life						+	S/L			
b 12-year		 			12 yrs.	<u> </u>	S/L			
c 40-year		/			40 yrs.	MM	S/L			
Part IV Summary (See								·		
 Listed property. Enter an 							21			
2 Total. Add amounts from	i line 12, lines 1	4 through 17, line	s 19 and 20	ın column (g), and line 21					
Enter here and on the ap	propriate lines o	of your return. Pa	rtnerships an	d S corporat	ions - see instr		22	7,287		

916251 11-04-09 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form **4562** (2009)

CONSTRUCTION AND LOCAL LABORERS

UNION #984 Form 4562 (2009)

55-0244859 Page 2

through (c) of	Section A, all		and Se	ection C	ıf appı	icable.								a (d)
		on and Other			Cautio		_	1						
24a Do you have evidence to	support the bu	siness/investme (c)	nt use	claimed?		Yes (e)		24b f "Yes," is the evidence written?				_ Yes [N ₁	
(a) Type of property (list vehicles first)	Date placed in service	Business/ investment use percentag	nt Cost or			Danie for documentalists		Recovery Method/ period Convention				(h) reciation luction	secti	(i) ected on 179 ost
25 Special depreciation all				ty placed	d in se	rvice durir	g the t	ax year ar	ıd		 		ļ	
used more than 50% in	a qualified b	usiness use								25			<u> </u>	
26 Property used more that	an 50% in a q	ualified busine	ess use)							,			
		9											<u> </u>	
		9							-					
07. Department 500/1		9/							<u> </u>		<u> </u>		<u> </u>	
27 Property used 50% or I	ess in a quain								T	_				
	 	%			-				S/L·				1	
					\dashv				S/L -					
28 Add amounts in column	(h) lines 25 t			re and o	n line '	21 nage 1			3/L ·	28			1	
29 Add amounts in column						- 1, page			•		ь	29	 	····
						on on Use	of Veh	icles				, 20	<u> </u>	
Complete this section for ve	ehicles used b	ov a sole propr	retor. r	artner.	or othe	er "more th	an 5%	owner."	or relate	d persor	1			
f you provided vehicles to y	our employee	es, first answe	r the q	uestions	ın Se	ction C to	see if y	ou meet a	an exce	ption to	complet	ing this s	ection fo	or
hose vehicles.														
			((a)		(b)		(c)	((d)	(e)	(f	 f)
O Total business/investment	miles driven du	ring the	Ve	hicle	١ ١	/ehicle	V	ehicle	Ve	hicle	Vel	nicle	Vehicle	
year (do not include comr	muting miles)							 						
 Total commuting miles of 	driven during t	the year												
2 Total other personal (no	ncommuting)	miles												
driven		_			<u> </u>									
3 Total miles driven during	•													
Add lines 30 through 32				1	ļ									
Was the vehicle available	e for persona	ll use	Yes	No	Yes	No_	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours? 35 Was the vehicle used primarily by a more				ļ <u>.</u>	-							ļ		
		nore												
than 5% owner or relate 6 is another vehicle availal	•	, .				+-		-		 				
use?	ble for person	iai											İ	
	Section C -	Questions fo	r Empi	OVOES M	lho Di	ovido Vol	iolog f	ar Haa b	Thairl					
nswer these questions to c												nat m	ara than	E 0/
wners or related persons.	iotorrillio ii ye	od meet an ext	seption	i to com	bienni	J GECTION	D 101 V6	incies us	ed by er	прюуее	WIIO al	e not m	ore man	370
7 Do you maintain a writte	n policy state	ment that prof	hibits a	ll persor	nal use	of vehicle	es. Inclu	idina con	mutina	. by you			Yes	No
employees?		•		•			,	.		, -, ,			100	
8 Do you maintain a writte	n policy state	ment that prof	nibits p	ersonal	use of	vehicles,	except	commuti	ng, by y	our				1
employees? See the inst	ructions for v	ehicles used b	y corp	orate of	ficers,	directors,	or 1%	or more o	wners				<u> </u>	
9 Do you treat all use of ve	hicles by emp	ployees as per	rsonal	use?										
O Do you provide more that					nform	ation from	your e	mployees	about					
the use of the vehicles, a	and retain the	information re	ceivec	12									<u></u>	
 Do you meet the requirer 	ments concer	ning qualified	autom	obile dei	monst	ration use	?							ļ
Note: If your answer to 3	7, 38, 39, 40 <u>,</u>	or 41 is "Yes,	" do no	t compl	ete Se	ction B fo	r the co	overed vel	nicles					<u> </u>
Part VI Amortization											- r			
(a) Description of	costs		b) iortization		(C) Amortiz	able		(d) Code		(e) Amortizat	on	Ап	(f) nortization	
<u> </u>		beg	gins		amou	nt		section		period or perc		for	ortization this year	_
2 Amortization of costs tha	t pegins durir	ng your 2009 t	ax yea	r'			· ·		-		r			
							 							
Amortization of costs 45	t boons bofs:	TO MOUSE 0000 ±							l		42			
 Amortization of costs that Total. Add amounts in co 	-	-	-		rene-	•					43			
- isini aud alliculus III CC	21411111111 JULE	エロモ けっしんしんけい	iio iOi \	WILEIG IO	repor	L								