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### HATSÈ491 05/13/2010 8 57 AM

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

Open to Public Inspection

A	For the 2009	calendar ye	ear, or tax year beginning, and ending		
В	Check if applicable	e Please	C Name of organization	D Er	nployer identification number
	Address change	use IRS label or	I.A.T.S.E. LOCAL 491		
	Name change	print or	Doing Business As	5	<u>6-1896561</u>
$\Box$	Initial return	type See	Number and street (or P O box if mail is not delivered to street address)  Room/suite		elephone number
$\equiv$	Termination	Specific	1707 CASTLE HAYNE ROAD		10-343-9408
=		Instruc-	City or town, state or country, and ZIP + 4	<b>G</b> Gross	receipts \$ 672,560
=	Amended return	tions	WILMINGTON NC 28401		the a second setup for
	Application pendi	''y	e and address of principal officer  DREW OYAAS	1 ' '	s this a group return for ffiliates? Yes X No
		1	07 CASTLE HAYNE ROAD	H(b) A	re all affiliates cluded? Yes No
			LMINGTON NC 28401		*No,* attach a list (see instructions)
<u> </u>	Tax-exempt s		501(c) ( 5 ) ◀ (insert no )		(
J			atse491.com	H(c) 0	Group exemption number
ĸ	Type of organiza	ition Coi	poration Trust Association X Other ► CHARTERED L Year of formation	on 1994	M State of legal domicile NC
F	art I	Summa	γ		
	1 Briefly	describe tl	ne organization's mission or most significant activities		
gy.	LA	BOR ORG	GANIZATION FOR STUDIO MECHANICS		
auc					
2 Activities & Governance					
30	2 Check		$\cdot$ $igsqcup$ if the organization discontinued its operations or disposed of more than 25% of its net $i$	ı	1 •
ಹ	3 Numb	_	members of the governing body (Part VI, line 1a)	<u> </u>	
les	4 Numb	•	endent voting members of the governing body (Part VI, line 1b)	4	<del> </del>
₹	5 Total		employees (Part V, line 2a)	<u> </u>	5 4
₹	6 Total		/olunteers (estimate if necessary)	<u></u>	7-
		•	ated business revenue from Part VIII, column (C), line 12	<b>)</b>	7a   0
<del></del>	D Net ui	nrelated bu	siness taxable income from Form 990-T, line 34	rior Year	Current Year
SCANNED	8 Contr	ibutions and	d grants (Part VIII, line 1h)		
-	1		revenue (Part VIII, line 2g)		651,020
₽	10 Invest	tment incon	ne (Part VIII, column (A), lines 3, 4, and 7d)		1,131
	11 Other	revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,409
氢	12 Total	revenue – a	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		672,560
හී	13 Grant	s and simila	ar amounts paid (Part IX, column (A), lines 1–3)		16,212
(W		•	or for members (Part IX, column (A), line 4)		5,400
es	15 Saları		ompensation, employee benefits (Part IX, column (A), lines 5–10)		226,377
penses	16a Profe		fraising fees (Part IX, column (A), line 11e)		
Exp	<b>b</b> Total	fundraising	expenses (Part IX, column (D), line 25) ► RECEIVED  (Part IX, column (A), lines 11a–11d, 11f–24f)		245 005
				·	345,095
	1		Add lines 13–17 (must equal Part IX, column (A), line 25)		593,084 79,476
- 6	g Rever	nue less ex		of Current Yea	
Net Assets or	20 Total	assets (Par	t X line 16)	808,14	
ASS	21 Total	liabilities (P	art X, line 26)	7,62	27,097
25	22 Net a	ssets or fun	d balances Subtract line 21 from line 20	800,52	879,520
F	Part II	Signatu	re Block		
			ties of perjury, I declare that I have examined this return, including accompanying schedules and statement us tru <u>e_correct</u> and complete_Declaration of preparer (other than officer) is based on all information of whi		
		and oblief, to	the forest and complete Declaration of preparer (other than officer) is based on all information of white	icii preparei ila I	s any knowledge
Sig	-				14 may 10
He	re		re of officer	C	Date
			print name and title		
		y Type of			Preparer's identifying number
Pa	id	Preparer's		Check if self-	(see instructions)
	eparer's	signature		employed >	· FC 1607040
	e Only	Firm's name	· A 9711/0 (1-10-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	EIN	
		if self-emploraddress, and	/ -	Pho	one ▶ 919-870-5151
Mar	v the IRS dies		turn with the property shown above? (see instructions)	no	Yes No
			rwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> -(2009)
DAA	١				7 5

including grants of \$

4d Other program services (Describe in Schedule O )
(Expenses \$ including grants of \$ ) (Revenue \$ )

(Expenses \$ including grants of \$ ) (Revenue \$ 4e Total program service expenses ▶ 287,501

) (Revenue \$

4c (Code

) (Expenses \$

Pa	rt 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		Х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ū	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		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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ü	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			
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	Ì	х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
10		10		х
11	quasi-endowments? If "Yes," complete Schedule D, Part V  Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	- 10		
••	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 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•				
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets 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			
12	Schedule D, Parts XI, XII, and XIII	12		X
124		- 12		
IZA	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		13		х
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
_	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
р		14b		x
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
10		13		<del></del> -
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		х
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		х
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<del>-^</del> -
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes." complete Schedule G. Part III	19		х
	n res, complete schedule G, Falt III	13		

20

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

### Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 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			7.
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
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			x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		
	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?	27		x
	If "Yes," complete Schedule L, Part III	27		
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)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200	<u> </u>	
b	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		х
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			<del></del>
•	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,			<u> </u>
•	Part I	31		х
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		х
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	х	
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		Х
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	Х	L

	it V Statements Regarding Other IKS Fillings and Tax Compliance					т
10	Enter the number reported in Pay 2 of Form 1006, Applied Summers and Transmitted of			<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		2			
h	U.S. Information Returns. Enter -0- if not applicable	1a		——	[	
p	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and report	1b				
¢	gaming (gambling) winnings to prize winners?	labie			1	ŀ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	<u>1c</u>	-	<del> </del>
<b>4</b> q	Statements, filed for the calendar year ending with or within the year covered by this return	,	4			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	[_2a_]			х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			20		<del> </del>
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	.,				
-	this return?	y		3a	l	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 auth	ority		30		<del> </del>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•		ľ	ĺ	1
	account)?	, ai		4a		х
ь	If "Yes," enter the name of the foreign country			1 44		<del></del> -
-	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	ĺ	х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards			1 35		<del></del> -
•	Prohibited Tax Shelter Transaction?	.9		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<del>  55</del>		<del>                                     </del>
	organization solicit any contributions that were not tax deductible?			6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				<del></del> -
	gifts were not tax deductible?			6ь	Í	ſ
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 good	ds				
	and services provided to the payor?			7a		Ī
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					i
	required to file Form 8282?			7c		ļ
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d		ļ		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal control of the organization.	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				
	required?			7h_	<u></u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			Ī		ļ
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring					1
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	, ,	1	i.		1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	, ,		<u> </u>		
а	Gross income from members or shareholders	11a				ŀ
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b				İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1		12a	ļ	
_ <u>b</u> _	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_			

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 Schodula O. See instructions

	Schedule O See Instructions.			
Sec	tion A. Governing Body and Management	<del></del>		
4.	Enter the number of voting members of the governing body		Yes	No
1a b	Enter the number of voting members of the governing body  Enter the number of voting members that are independent  1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	[		
-	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	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	
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			ĺ
	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 Internal			
Rev	venue Code )			
		40	Yes	No_
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
44	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	11	x	
11a	form?  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	120		<u> </u>
-	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
•	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13		х
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			[
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)			ŧ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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 exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure	<del></del>		
17	List the states with which a copy of this Form 990 is required to be filed NC			
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 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 interest			
	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			
- <del>-</del>	organization ANDREW OYAAS 1707 CASTLE HAYNE RD			
W:	ILMINGTON NC 28401	910-34	3 - 9	408

DAA

# 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."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	Pos	ition (	chec	C) k all t	hat ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	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)	amount of other compensation from the organization and related organizations
ANDREW OYAAS										-
SEC/TREAS	40.00	X	ļ	X				14,892	0	8,200
HARRY PALMER										
PRESIDENT		X	-	X				0	0	0
GREG EDDINS		.,							o	•
VICE-PRESIDE LOGAN BERKSHIRE		X		X	<u> </u>			0		0
REP		x						0	0	0
JACK MCCOLLUM		^								
REP	t 	x			1			o	0	0
RANDY FREEMAN		† <del></del>	_		_	<u> </u>			<u> </u>	<u></u>
REP		x						o	o	0
SARA BETTENGER										
REP _		X	1					0	0	0
GEOFF HERBERT									-	
REP		X						0	0	0
CHRIS ALLEN										
REP		X			L			0	0	0
BEN ADAMS				]					_	_
TRUSTEE	ļ	X		ļ				0	0	0
CHRIS HOLCOMBE										•
TRUSTEE TOWN DEVINOL DG	<del> </del>	X		-	<u> </u>			0	0	0
JOHN REYNOLDS TRUSTEE		X						o	0:	0
JASON ROSIN	<del>                                     </del>	^		<u> </u>		-		<u> </u>		
BUS. AGENT	72.00					x		104,551	o	17,906
	72.00					<u> </u>		101/331		17,700
DAA										Form <b>990</b> (2009)

rai	(A) Name and Title	(B) Average			((	<b>C)</b>	hat ap		(D) Reportable	(E) Reportable	Estir	F) nated	
		hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ot compe fron organ and r	unt of her nsation n the ization elated zations	
					ļ 			_			<u> </u>		
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		ļ			ļ 	<u> </u>							
1b	Total				<u> </u>	_		<u> </u>	119,443			26,	106
2	Total number of individuals (in reportable compensation from	-		to th	ose	liste	d abo	ve)				_	
3	Did the organization list any fo				stee	, key	emp	loye	ee, or highest compensated			Yes	
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related o	e 1a, is the sum o	f rep	ortab	le co	omp	ensat	ion a	and other compensation fro complete Schedule J for su	m uch	3		X
5	individual  Did any person listed on line 1 services rendered to the organ	a receive or accri	ue co	mpe	nsat	ion f	rom a	any i	unrelated organization for		5	-	X
Sec 1	ction B Independent Contract Complete this table for your five	ors re highest compe								n \$100,000 of			
	compensation from the organi Name an	(A) d business address							Descrip	(B) stron of services		(C) Compens	ation
	<del></del>			_						<del></del>			
			-					-					
		<del></del>								···			
			_	-									
2	Total number of independent of more than \$100,000 in compe		_				l to th	ose	listed above) who received			 0	,
DAA	2.0 a.a \$ 100,000 iii compe		yaı		J.11 P					<del></del>			(2009)

Form 990 (2009) I.A.T.S.E. LOCAL 491

Pa	rt VI	II Statem	ent 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
Contributions, gifts, grants and other similar amounts	b c d e f	Federated cam Membership du Fundraising eve Related organiz Government grants (i All other contributions and similar amounts Noncash contribution Total. Add lines	ents zations contributions) s, gifts, grants, not included above is included in lines 1a-	1a		<b>•</b>				
nue				<del></del>		Busn Code	651 020	651,020		
Program Service Revenue	2a b c d	MEMBERSI	HIP DUES AND	FEES		541900	651,020	651,020		
rog			am service rever	nue			651 020			
-		Total. Add line	s 2a–2f ome (including o		· interes	t and	651,020			
	3	other similar ar Income from in				•	1,131			1,131
	5	Royalties	(i) Real	$\neg$	(II) F	Personal				······································
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d 7a	sales of assets	me or (loss) (i) Securitie	s	(11)	Other				-
	b	other than inventory Less cost or other basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	ss)	-						
Other Revenue		(not including \$ of contributions r See Part IV, line		) a						
ğ		Less direct ex	-	b [				,		
			(loss) from fund om gaming activitie		venis					
	ya	See Part IV, line		a a				<u> </u>		
	h	Less direct ex		b b				ł		
	l .		(loss) from gam	ing activ	rities	<u> </u>				
	ı	Gross sales of		Ĭ						
		returns and all	owances	a			ļ			
	ь	Less cost of g	joods sold	b						
	<u> </u>		(loss) from sale		entory	<u> </u>				<del></del>
	<u> </u>		cellaneous Revenu	e		Busn Code	1	,		20 400
	11a	OTHER IN	COME			812900	20,409			20,409
	b							-		
	C	All other recen	200			<u> </u>		<del></del>		
	d e	All other rever		•		<b></b>	20,409			
	12		e. See instructio	ns		•	672,560		0	21,540

### Part IX Statement of Functional Expenses

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

			<u> </u>	lete columns (B), (C), and	
	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	16,212			
2	Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	5,400			
5	Compensation of current officers, directors,				
•	trustees, and key employees	14,892			
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	153,958			
8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)				
9	Other employee benefits	40,144			
10	Payroll taxes	17,383			
11	Fees for services (non-employees)		<u> </u>		
a	Management				
a b	Legal	3,937	<del></del>		
	Accounting	10,399			
q	Lobbying				
e	Professional fundraising services See Part IV, line 17	<del></del>			
f	Investment management fees				
	Other	1,022			
g 12	Advertising and promotion	10,775			
13	Office expenses	36,054	-		
14	Information technology	9,691			
15	Royalties				
16	Occupancy	9,259			
17	Travel	63,240			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,231			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,853			
23	Insurance	5,416			
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 )	ļ			
а	PER CAPITA TAX - INTL UNI	131,989			
b	EQUIPMENT LEASING & REPAI	14,925			
c	APPLICATION FEES	3,700			
d	BANK/INVESTMENT FEES	3,539			
e	LOSS ON FIXED ASSET DISPO	3,087			
f	· . · · · · · · · · · · · · · · ·	3,978			
25	Total functional expenses. Add lines 1 through 24f	593,084			
26	Joint costs. Check here ▶   If following		<del></del>		
_0	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				<del></del>	Form 990 (2009

	rt X	Balance Sheet		(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		323,458	1	329,834
	2	Savings and temporary cash investments		463,741	2	564,241
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, t	key			
		employees, and highest compensated employees. Complete Part	II of			
1		Schedule L	L		5	
İ	6	Receivables from other disqualified persons (as defined under sec	ction			
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(B) Comp	F		ŀ	
		Part II of Schedule L			6	
इ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ϋ́	9	Prepaid expenses and deferred charges			9	
	-	Land, buildings, and equipment cost or				
	IVa	other basis Complete Part VI of Schedule D	46,784			
	ь	Less accumulated depreciation 10b	34,242	20,947	10c	12,542
- 1	11	Investments—publicly traded securities			11	
- 1		Investments—other securities See Part IV, line 11	<u> </u>	<del></del>	12	
	12	Investments—program-related See Part IV, line 11		· · · · · · · · · · · · · · · · · · ·	13	
	13				14	
	14	Intangible assets			15	
ľ	15	Other assets See Part IV, line 11		808,146	16	906,617
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 34)	<del></del>	3,921	17	26,801
	17	Accounts payable and accrued expenses		3,322	18	
l	18	Grants payable			19	
	19	Deferred revenue	-		20	
	20	Tax-exempt bond liabilities	- D	·	21	
_ w	21	Escrow or custodial account liability Complete Part IV of Schedul	e D			
≝	22	Payables to current and former officers, directors, trustees, key				
ab		employees, highest compensated employees, and disqualified	ŀ		22	
<b>=</b>		persons Complete Part II of Schedule L	}		22	
	23	Secured mortgages and notes payable to unrelated third parties	-		24	
l	24	Unsecured notes and loans payable to unrelated third parties	-	3,703	<del>                                     </del>	296
	25	Other liabilities Complete Part X of Schedule D	-	7,624	25	27,097
$\rightarrow$	26	Total liabilities. Add lines 17 through 25		7,024	26	21,031
Balances		Organizations that follow SFAS 117, check here ▶ X and				
2		complete lines 27 through 29, and lines 33 and 34.		000 533		970 E20
<u>a</u>	27	Unrestricted net assets	-	800,522	1 1	879,520
œ	28	Temporarily restricted net assets	ļ-	. <u></u>	28	<del></del>
n	29	Permanently restricted net assets	<u>,</u>		29	
교		Organizations that do not follow SFAS 117, check here ▶ _	_		1 [	
5		and complete lines 30 through 34.	•			
ts	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	ļ.	· · · · · · · · · · · · · · · · · · ·	31	
As	32	Retained earnings, endowment, accumulated income, or other fu	nds		32	070 500
Net Assets or Fund	33	Total net assets or fund balances	<u> </u>	800,522		879,520
Z	34	Total liabilities and net assets/fund balances		808,146	34	906,617

Form **990** (2009)

**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

Form 990 (2009)

3b

#### 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.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Ope

Attach to Form 990. ▶ See separate instructions.

2009 Open to Publi

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number I.A.T.S.E. LOCAL 491 56-1896561 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) 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 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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 Yes 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

, Part X, line 12		
, I dit X, iiic iz		<del></del>
(b) Book value	(c) Method of val	
	Cost or end-of-year m	arket value
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), Part X, line 13		
(b) Book value	(c) Method of val	uation
	Cost or end-of-year m	arket value
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		(b) Book value
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Sche	dule D (Form 990) 2009	20-189020	<u> </u>	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Financial Statem</b>	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	672,560
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	593,084
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	79,476
4	Net unrealized gains (losses) on investments		4	-478
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	-478
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	78,998
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements		1	672,082
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a   -478		
þ	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV )	2d		
е	Add lines 2a through 2d		2е	-478
3	Subtract line 2e from line 1		3	672,560
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 }		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		•
b	Other (Describe in Part XIV )	4b		
c	Add lines 4a and 4b	40	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	672,560
	ort XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per R		
1	Total expenses and losses per audited financial statements		1	593,084
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		····	0307001
a	Donated services and use of facilities	2a		
-	Prior year adjustments	2b		
	Other losses	2c		
G C		2d		
d	Other (Describe in Part XIV )	20	20	
e	Add lines 2a through 2d Subtract line 2e from line 1		2e 3	593,084
3		1 1		393,004
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV )	4b		
	Add lines 4a and 4b		4c	593,084
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	393,004
	rt XIV Supplemental Information	<del></del>		<del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line			
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	s 2d and 4b. Also complete		
his p	art to provide any additional information			
			_ <b>_</b>	
				- <b></b> -
	- <b> </b>			

Schedule D (F	orm 990) 2009	I.A.T.S.E. LOC	AL 491	20-1830201	Page 5
Part XIV	Supplemen	I.A.T.S.E. LOC ntal Information (continu	ed)		
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05/13/2010
IATSE491

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 .

(Form 990)		rarils and ⁄ernments	and Inc.	ssistarice t dividuals ir	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	iis, tates			<b>5009</b>
Department of the Treasury	Comple	ete if the organi	zation answ	rered "Yes" on F	Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.	s 21 or 22.		Open to	Open to Public '
Internal Revenue Service			A	Attach to Form 990.					1000
Name of the organization	T.A.T.S.E. TOCAL 491					Employer   56 - 18	Employer identification number 56 – 1896561	er	
Part   General	n Grants	ance							
1 Does the organization in the selection criteria us 2 Describe in Part IV the	Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant	of the grants or a	or assistance, the grantee funds in the United States	he grantees' eligit ited States	or assistance, the grantees' eligibility for the grants or assistance, and funds in the United States	ssistance, and		Yes	on X
art ==	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ents and Org that receive tional space	ganization d more the is needec	ns in the Unit an \$5,000 Cl	ed States. Comp neck this box เf กด	lete if the orga o one recipient	nization answereceived more	ered "Yes" to e than \$5,000. Use	
1 (a) Name and a or g	(a) Name and address of organization (b) or government	(b) EIN (c) IRC section if applicable	IRC (d) Amo	unt of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
WILMINGTON REGIONA 1223 N 23RD STREET WILMINGTON	WILMINGTON REGIONAL FILM COMMISSION 1223 N 23RD STREET NC 28405			15,000				PRODUCTION STUDY	ΩX
			_						
									:
2 Enter total number of s	Enter total number of section 501(c)(3) and government organizations	Suc						•	

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

IATSE491 05/13/2010 8 57 AM

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009 I.A.T.S.E. LOCAL 491
Part III Grants and Other Assistance to Individual

	Ose rait in alla scriedare I-1 (i olili sso) il additioliai space is recaca	וו טוווו ססט וו מממונוטוו	ומו שלה ושונה שלה ומו			6
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	omplete this part to p	rovide the informatio	n required in Part I, III	ne 2, and any other addition	nal information

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

I.A.T.S.E. LOCAL 491

Employer identification number 56-1896561

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents THE ORGANIZATION'S CONSTITUTION WAS CHANGED TO INCREASE THE REGIONAL REPRESENTATION ON THE EXECUTIVE BOARD. EACH REGION WILL NOW HAVE REPRESENTATION BASED ON THEIR REGIONAL PER CAPITA INSTEAD OF ONE PER REGION.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION WITH MEMBERS ELECTING BOARD

MEMBERS FOR A THREE YEAR TERM.

Form 990, Part VI, Line 7a - Election of Members and Their Rights BOARD MEMBERS ARE ELECTED TO STAGGERED THREE YEAR TERMS.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 THE FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE EXECUTIVE BOARD REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY ON AN

ANNUAL BASIS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE BUSINESS AGENT SALARY IS NEGOTIATED AS A THREE-YEAR CONTRACT WITH
WAGE INCREASES BASED ON THE AREA STANDARDS AGREEMENT (ASA). RATE
ADJUSTMENTS BASED ON THE ASA ARE EFFECTIVE EACH OCTOBER. THE FULL

Page 2

Name of the organization

I.A.T.S.E. LOCAL 491

Employer identification number 56-1896561

EXECUTIVE BOARD DETERMINES AND NEGOTIATES A NEW EMPLOYMENT AGREEMENT AT THE END OF THE CURRENT CONTRACT.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS INCLUDING THE FORM 990 AND EXEMPTION APPLICATION ARE MADE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No 1545-0047

Open to Public 2009

▶ See separate instructions. Attach to Form 990. Employer identification number 56-1896561

Inspection

(f)
Direct controlling
entity (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 (d) Total income (c)
Legal domicile (state or foreign country) છ (b) Primary activity (a) Name address, and EIN of disregarded entity I.A.T.S.E. LOCAL 491 Name of the organization Part II Part i

(e) Public charity status (if section 501(c)(3)) (d) Exempt Code section Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization

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

Schedule R (Form 990) 2009

IATSE491 05/13/2010 8 57 AM

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization and State of more related organizations freaded as a Corporation or trust during the tax year 1)  In Bullia 34 because it had one or more related organizations freaded as a Corporation or trust during the tax year 1)  In Bullia 34 because it had one or more related organization freeded as a Corporation or trust during the tax year 1)  In Bullia 34 because it had one or more related organization from 100 (c)  In Bullia 34 because it had one or more related organization or trust during the tax year 1)  In Bullia 34 because it had one or more related organization or trust during the tax year 1)  In Bullia 34 because it had one or more related organization or trust during the tax year 1)  In Bullia 34 because it had one or more related organization or trust during the tax year 1)  In Bullia 35 because it had one or more related organization or trust during the tax year 1)  In Bullia 35 because it had one or more related organization or trust line 34 because it had one or more related organization or trust line 34 because it had one or more related organization or trust line 34 because it had one or more related organization or trust line 34 because it had one organization or more related organization or trust line 34 because in line 34 because it line 34 becaus	Name, address, and EIN of related organization	Primary activity do (s) (s) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(c) (d)  Legal Direct controlling domcile (state or foreign country)  country)	Decause in mad one or more related organizations related as a partitle sing out in a year of total income related organization in the controlling income related organization centrel controlling income related organization in the controlling income related organization in the controlling income related organization in the controlling income related organization in the controlling income related organization in the controlling income related organization in the controlling income related organization in the controlling income related organization in the controlling in the contro	Share of total income	Share of end-of-year assets	(h) Dispro- Code V—UBI portonate amount in box 20 of allox? Schedule K-1 (Form 1065)	—UBI General or managing e K-1 partner? (1055)
E HAVNE ROAD  NC 28401  RENTAL  NC  C  4,400  116,804	Identification of Related Organization line 34 because it had one or more rela (a) Name, address, and EIN of related organization	ated organizatio (b) Primary activity	Corporation oons treated as a (c) Legal domicile (state or (oreign country)	a corporation or tru (d) Direct controlling entity	of the organization st during the tax y (e)  Type of entry (C corp. S corp. or trust)	n answered "Yes' (ear ) (f) Share of total income	to Form 990, Pa (g) Share of end-of-year assets	(h) Percentage
	ابذا	RENTAL	NC		υ	4,400		100.00000

56-1896561

Page 3

Schedule R (Form 990) 2009 I.A.T.S.E. LOCAL 491

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

			L	ı
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		۲	Yes	ار
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				1
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×	ı
b Gift, grant, or capital contribution to other organization(s)		1p	×	
c Gift, grant, or capital contribution from other organization(s)		10	×	1
d Loans or loan quarantees to or for other organization(s)		19	×	l
		9	×	ı
			<u> </u> 	ı
f Sale of assets to other organization(s)		16	×	ı
g Purchase of assets from other organization(s)		19	×	1
h Exchange of assets		4	×	i
i Lease of facilities, equipment, or other assets to other organization(s)		1;	×	1
		 ;		
		= =	<b> </b>	1
<ul> <li>Performance of services or membership or fundraising solicitations by other organization(s)</li> </ul>		=	×	1
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	×	i i
n Sharing of paid employees		-t	×	1 E
and the other state of the stat			<u></u>	
		2 4	×	ı
p refindulating paid by other organization for expenses	•	-	-	1
q Other transfer of cash or property to other organization(s)		19	×	ı
L	the state of the s	<b>-</b>	×	ı
If the answer to any of the above is "Yes, see the instructions for information on who must complete this line, including covered relationships and transaction triesholds.	n infestiolds			ı
(a) Name of other organization	(b) Transaction	(c) Amount involved	ס	
	type (a-r)			ı
(1) LOCAL 491 BUILDING CORPORATION	·L	:	4,400	ام
(2)				
(3)				I
(4)				ı
				1
(5)				1
(9)				ı
	Schedu	Schedule R (Form 990) 2009	90) 2009	

Part VI

56-1896561

Page 4

I.A.T.S.E. LOCAL 491 Schedule R (Form 990) 2009 Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37)

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

(h) General or managing partner?	Yes No	_						m 990) 2009
(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								Schedule R (Form 990) 2009
(f) Disproportionate allocations?	Yes No							
(e) Share of end-of-year assets	1							
(d) Are all partners section 501(c)(3) organizations?	Yes No							
	] <del>*</del>							
(b) Primary activity								:
(a) (b) (c) Name, address, and EIN of entity Legal domicile (state or foreign country)								

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56-1896561

# **Federal Statements**

5/13/2010 8:57 AM

FYE: 12/31/2009

Tavable	Interest on	Investments
laxable	mileresi on	mvesunems

Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME	\$			14		
Total	\$	0				
	Taxable	Dividends fr	om Securities			
Description	Taxable	Dividends from	om Securities Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
Description DIVIDEND INCOME	Taxable		Unrelated			

56-1896561 FYE: 12/31/2009	Federal Statements	tements		5/13/2010 8 57 AM
Form	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	es for Service (Non-en	nployee)	
Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL SERVICE FEES Total	\$ 1,022	\$ 1,022	w w	\$ \$
	Form 990, Part IX, Line 24f	art IX, Line 24f - All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL MEMBERSHIPS MISCELLANEOUS	2,	2,		
7012	\$ 3,978	\$ 3,978	\$	\$
וסרמי				
וסרמי				
וסרמי				
ו רמי רמי				
ן סרמי סרמי				