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EXTENSION ATTACHED

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public

Ā	For th	ne 2009 calendar year, or tax year beginning JUL 1, 2009	and en	ding JUN 3	0,	2010		
В	Check if applicable Please C Name of organization D Employer identification number							
	Addre:	S USS IRS THE CITAL TIME CONTINUENT OF						
	Name chang	THE CONTROL WAS A STATE OF THE		1	1-3	784719		
	Initial	type Number and street (or P.O. how if mail is not delivered to street address)				number		
	Term	In- Specific 5675 FACT HITLMAN DOTTE		8	312-	877-4239		
Ē	Amer	City or town, state or country, and ZIP + 4			oup Exe			
	Applica	TERRE HAUTE, IN 47803			Number >			
		ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a comp	oleted	G Accounting r				
		Schedule A (Form 990 or 990-EZ).		Other (specif		<u> </u>		
<u> </u>	Websit	te: ► NONE				the organization is not		
		rempt status (check only one) — X 501(c) (6) ◀ (insert no.) 4947(a)(1) or	52	• 1		dule B (Form 990, 990-EZ, or 990-PF)		
	Check I							
		Form 990 return is not required, but if the organization chooses to file a return, be sui				,		
	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 insta		•	S	130,759.		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bala						
	1	Contributions, gifts, grants, and similar amounts received		·	1			
	2	Program service revenue including government fees and contracts			2	130,419.		
	3	Membership dues and assessments			3			
=	4	Investment income			4	340.		
= 0 %	5a	Gross amount from sale of assets other than inventory 5a			و تب سواقي ر	0 1 0 1		
4	b	Less: cost or other basis and sales expenses 5b	-	 				
)	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c			
ÞΦ	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from (aamina	check here	7.2			
ĭË	a	Gross revenue (not including \$ of contributions	gammy,	OHOUR HOLD	2.			
Revenue	"	reported on line 1) 6a						
۳.	١.	Less: direct expenses other than fundraising expenses 6b						
,	D	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	-					
, -	70	1			6c			
ζ	7a	Gross sales of inventory, less returns and allowances 7a Less; cost of goods sold 7b		· · · · · · · · · · · · · · · · · · ·				
)	b	Cross profit of (loss) from sales of myemory (Suttifact line 7b from line 7a)		· ·				
7)	C	Other revenue describe		,	7c			
	8	Other revenue describe			8	120 750		
_	9	Total revenue Ad lines A M 314, Bc, 80, 1d, and 8			9	130,759.		
	10	Grants and similar amounts paid (attach schedule			10			
	11	Benefits paid to or for members Salaries, other compensation, and employee benefits						
enses	12					E 0E0		
Sen	13	Professional fees and other payments to independent contractors				5,850.		
Expe	14	Occupancy, rent, utilities, and maintenance			14			
	15	Printing, publications, postage, and shipping	വ ന മ ന	EMENTO 1 V	15	167 205		
	16		DIAI	EMENT 1	16	167,395.		
	17	Total expenses Add lines 10 through 16			17	173,245.		
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	<42,486.>		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				212 007		
ţ		(must agree with end-of-year figure reported on prior year's return)			19	212,897.		
Š	20	Other changes in net assets or fund balances (attach explanation)		_	20	170 411		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	00	0	21	170,411.		
	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file (See the instructions for Part II.)			3U-EZ.	(D) Fad of year		
	0-		- (A) Beginning of year	,	(B) End of year		
22		th, savings, and investments		212,89	\neg	170,411.		
23		d and buildings	.		23	 		
24		er assets (describe)) 	212 22	24	170 444		
25		al assets	.	212,897		170,411.		
26		al liabilities (describe) 		26	0.		
932	<u>Net</u> 171 08-10	assets or fund balances (line 27 of column (B) must agree with line 21)	<u> </u>	212,89	7 . 27	170,411.		
02-0	38-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions	5.			Form 990-EZ (2009)		

Form 990-EZ (2009) THE GREATER WABASH VALLEY	, INC.		11-	37847	19 Page 2
Part III Statement of Program Service Accomplishme	nts` (See the instructions for	Part III.)		E	kpenses
What is the organization's primary exempt purpose? LABOR MANAGEME	ENT COOPERATIO	N COMMITT	EE		or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pur	rposes In a clear and conc	ise manner, descri	be		1) organizations and 7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevan	nt information for each prog	gram title		for others)	
28 SEE STATEMENT 2					
(Grants \$) If this amount includes foreign		_	Ш	28a	
29 THE ORGANIZATION SPONSORS DRUG TEST		HIRD			
PARTIES FOR UNION ELECTRICAL WORKER	RS WORKING WIT	HIN THE			
JURISDICTION OF IBEW LOCAL 725.					
(Grants \$) If this amount includes foreign			$oxed{oxed}$	29a	
30 THE ORGANIZATION SPONSORS A "PLUS -	- 5" HOMEOWNER	PROTECTI	on		
PLAN AND A RESIDENTIAL SERVICE REBA	TE PROGRAM FO	R			
HOMEOWNERS UTILIZING ELECTRICAL CON	TRACTORS.	· · · · · · · · · · · · · · · · · · ·			
(Grants \$) If this amount includes foreign	grants, check here	>		30a	<u>-</u>
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign	grants, check here			31a	
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	instructions f	for Part IV)
	(h) Title and average hours	(a) Companyation	, ,	ntributions	
(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	1 .	mployee fit plans &	(e) Expense account and
(-)	position	-0)		eferred	other allowances
		,	com	pensation	
R. TODD THACKER, 5675 EAST HULMAN	DIRECTOR				
DRIVE, TERRE HAUTE, IN 47803	1.00	0.		0.	0.
ROBERT DENNY, 5675 EAST HULMAN	DIRECTOR - PA	ST			
DRIVE, TERRE HAUTE, IN 47803	1.00	0.	L	0.	0.
BRIAN WOOD, 5675 EAST HULMAN DRIVE,	DIRECTOR - PA	ST			
TERRE HAUTE, IN 47803	1.00	0.		0.	0.
TED UPPOLE, 5675 EAST HULMAN DRIVE,	DIRECTOR				
TERRE HAUTE, IN 47803	1.00	0.		0.	0.
SARA SMITH, 5675 EAST HULMAN DRIVE,	DIRECTOR				
TERRE HAUTE, IN 47803	1.00	0.		0.	0.
MITCH FUQUA, 5675 EAST HULMAN DRIVE,	DIRECTOR				
TERRE HAUTE, IN 47803	1.00	0.		0.	0.
PAUL RUPSKA, 5675 EAST HULMAN DRIVE,	DIRECTOR - NE	W			
TERRE HAUTE, IN 47803	1.00	0.	!	0.	0.
NORMAN CHEESMAN, 5675 EAST HULMAN	DIRECTOR - NE	W			
DRIVE, TERRE HAUTE, IN 47803	1.00	0.		0.	0.
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932172 02-08-10				Form	990-EZ (2009)

F	TT V. Other Information (Note the statement requirements in the instructions for Part V.)		Voo	No
00	Did the even make a second to the IDCO IS N/co to the detailed decounting of each potation.	22	Yes	-
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 35	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			
33	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
_	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	·- '	`	3
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	35a		x
	and proxy tax requirements?	35b	N/	
	If "Yes," has it filed a tax return on Form 990-T for this year?	330	14/	<u>-</u> -
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	26		v
07.	complete applicable parts of Sch. N Enter amount of political expenditures, direct or indirect, as described in the instructions.	36	يرق ا	X
		4 (n)h. T		v
	Did the organization file Form 1120-POL for this year?	37b	, , -,	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	20.	". *	X
	in a prior year and still outstanding at the end of the period covered by this return?	_38a	's 1	-
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) propagations. Enter:		í.	
39	Section 50 I(c)(1) organizations. Effet.		r i	,
_	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A N/A	1 m	*!	, ,
b			,	
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7.7.	ر تاریخ تاریخ	
	section 4911 N/A; section 4912 N/A; section 4955 N/A		2.7	- , ; ; .
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	Taran.	Ane	** 2
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	406	N/	A
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	11/	A
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	1 ig 1		
	or disqualified persons during the year under sections 4912, 4955, and 4958			22
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		دند	,
	organization N/A		'y (.).	F 12
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	12 L	- *	X
	transaction? If "Yes," complete Form 8886-T			
41	List the states with which a copy of this return is filed. IN IN IN IN IN IN IN IN IN I	7 4	220	
42 a	The organization's books are in care of ► R. TODD THACKER Telephone no. ► 812-87	700	2 2	753
		700	3-3	752
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	406	163	X
	account)?	42b	- 1	A.
	If 'Yes,' enter the name of the foreign country:	-	۸.,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	42c	` -	X
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	<u> </u>	
40	If 'Yes,' enter the name of the foreign country:		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	BT / B		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
			Voc	No
4.4	Did the experiented maintain any depay advised funded if Was Feym 000 must be completed instead of	,	1.63	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		\ \\ \'-	
	Form 990-EZ	44		X az
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	45	j -	
	completed instead of Form 990-EZ	45 Form 0	00.57	(2000)
		roim 9	BU-EZ	(2009)

Page 4

46 but the organization rapage in direct or indirect pollutial conflicts? If "Yes," complete Schedule C, Part II 47 but the organization engage in biobying activities? If "Yos," complete Schedule C, Part II 48 Is the organization engage in biobying activities? If "Yos," complete Schedule E 48 Is the organization organization as extend in biobying activities? If "Yos," complete Schedule E 48 Is the organization assertion as extended in section 1700(I)(I)(A)(I)(I) If "Yes," complete Schedule E 48 Is the organization assertion organization as section 527 organization? 5 If "Yes," was the related organization as section 527 organization? 6 Complete this table for the organization file where is one, enter "None." (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is one, enter "None." (b) Title and average hours private than \$100,000 of compensation from the organization. If there is one, enter "None." (c) Complete this table for the organizations's live highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor goad more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (d) Compensation (e) Compensation (f) Compensation (g) Name and address of each independent contractor goad more than \$100,000 (e) Type of service (f) Compensation (g) Name and address of each independent contractor goad more than \$100,000 (e) Type of service (f) Compensation (f) Type of service (g) Compensation (g) C		organizations and section 4947(a)(1) nonexempt charitable and 51	e trusts must answer question	ns 46-49b and con	nplete the tables	s for I	lines 5	50
office? If "Yes," complete Schedule C, Part II ### Did the organization asphore activities? If "Yes," complete Schedule C, Part II ### Is the organization aschool as described in section 17(b)(1)(b)(i)? If "Yes," complete Schedule E ### Bid be organization aschool as described in section 17(b)(1)(b)(i)? If "Yes," complete Schedule E ### Bid be organization aschool as described in section 17(b)(1)(b)(i)? If "Yes," complete Schedule E ### Bid be organization aschool as described in section 17(b)(1)(b)(i)? If "Yes," complete Schedule E ### Bid be organization aschool as described in section 17(b)(1)(b)(i)? If "Yes," complete Schedule E ### Bid be organization aschool as described in section 17(b)(i)(i)(i)(i)? If "Yes," complete Schedule E ### Bid be organization in the section in the organization in the organization in the organization in the section in the organization in the organization in the organization in the section in the organization in the organizati	46	Did the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to o	andidates for public			Yes	No
47 Did the organization exposed is described in section 175(1)(1)(4)(6)(19 Tives, "complete Schedule E 48 Is this organization achoical selected organization association 527 organization?" 5 Is Tives, "was the related organization association 527 organization?" 5 Is Tives, "was the related organization association 527 organization?" 6 Complete this table for the organization is twe highest complexated employees (other than officers, directors, trustess and key employees) who each recovered more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of asch employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average hours per week devoted to position or than \$100,000 of compensation from the organization. If there is none, enter "None." (c) Compensation (e) Compensation from the organization of the employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Tive and average hours per week devoted to position to the beat of the properties of the employees account and other allowances. (c) Compensation (d) Total number of other employees paid over \$100,000 (e) Type of service (c) Compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (e) Type of service (c) Compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (e) Type of service (c) Compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor seach received independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Total number of other			.,			46		
49a Life organization make any transfers to an exemptione charitable related organization? b if Yes, was the related organization a section 627 organization of Complete this table for the organization is five highest compensated employees (other than officers, directors, trusties and key employees) who each recoved more than \$100,000 of compensation from the organization. If there is none, enter None. (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter None. (b) Tritle and average hours part week devoted to postion (c) Compensation (d) Contributions to employee benefit plans a distributions of the organization. If there is none, enter None. (e) Expense section is the organization of the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter Yone: N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of servoe (c) Compensation from the organization. If there is none, enter Yone: N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of servoe (c) Compensation from the organization from the organization. If there is none, enter Yone: N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of servoe (c) Compensation from the organization from the organization from the organization of the organization of the organization from the organization from the organization of the organization from the organization from the organization of the organization of the organization from the organization organization organization from the organization fr	47	•	hedule C, Part II		·	47		
b If Yes,* was the related organization a section 527 organization. 6 Total number of other employees paid over \$100,000 6 Total number of other employees paid over \$100,000 7 Total number of other employees paid over \$100,000 7 Total number of other employees paid over \$100,000 8 Total number of other employees paid over \$100,000 8 Total number of other employees paid over \$100,000 9 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other employees paid over \$100,000 3 Name and address of each independent contractor paid more than \$100,000 4 Total number of other independent contractors each receiving over \$100,000 4 Total number of other independent contractors each receiving over \$100,000 9 Type of service (a) Name and address of each independent contractors each receiving over \$100,000 1 Total number of other independent contractors each receiving over \$100,000 1 Total number of other independent contractors each receiving over \$100,000 1 Total number of other independent contractors each receiving over \$100,000 2 Total number of other independent contractors each receiving over \$100,000 3 Total number of other independent contractors each receiving over \$100,000 4 Total number of other independent contractors each receiving over \$100,000 2 Total number of other independent contractors each receiving over \$100,000 3 Total number of other independent contractors each receiving over \$100,000 4 Total number of other independent contractors each receiving over \$100,000 9 Type of each received in the received in	48				:	48		
Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None: (a) Name and address of each employee paid more than \$100,000 of compensation for the employees paid more than \$100,000 of compensation. (b) Titls and average hours per week devoted to position for employees paid more than \$100,000 of compensation. (c) Compensation for employees paid over \$100,000 of compensation for mitted allowances compensation. If there is none, enter None. (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (b) Titls and average hours to the entering the expensation for the employees paid over \$100,000 of compensation for the organization. If there is none, enter None. N/A (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. N/A (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. N/A (b) Titls and average hours of the employees paid over \$100,000 of compensation for the organization. If there is none, enter None. N/A (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. N/A (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None. (b) Titls and average hours of the employee of contractor of the employee of the entering hours of the employee of the employee of the entering hours of the employee of the entering hours of the employee of the entering hours of the entering hours	49 a	Did the organization make any transfers to an exempt non-charitable related	d organization?			49a		
(a) Name and address of each employee paid more than \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other employees paid over \$100,000 If Total number of other undependent contractor paid more than \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving over \$100,000 If Total number of other undependent contractors each receiving o	b	If "Yes," was the related organization a section 527 organization?				49b		
(a) Name and address of each employee paid more than \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other independent contractor paid more than \$100,000 3 NAME and address of each independent contractor paid more than \$100,000 4 Total number of other independent contractor paid more than \$100,000 4 Total number of other independent contractors each receiving over \$100,000 5 Total number of other independent contractors each receiving over \$100,000 4 Total number of other independent contractors each receiving over \$100,000 5 Total number of other independent contractors paid more than \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each received more than \$100,000 of compensation from the organization. If the best of my knowledge explains in the track of the contractors who each received more than \$100,000 of compensation from the organization. If the best of my knowledge explains in the track of the contractors who each received more than \$100,000 of compensation from the	50			s, trustees and key er	nployees) who ead	ch rec	eived	more
Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 Lunder penalties of Struck, I declare 15th flags and other independent contractors and information of which preparer has any knowledge and belief, it is true, correct, and compared to opposite Dephratical Struck in the seal of all information of which preparer has any knowledge 1/7/20// Date Paid Preparer's Signature of Office of the Contractor of Struck I declare 15th flags and office of the seal		than \$100,000	per week devoted to	(c) Compensation	to employee benefit plans & deferred	(e	count	and
Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 Lunder penalties of Struck, I declare 15th flags and other independent contractors and information of which preparer has any knowledge and belief, it is true, correct, and compared to opposite Dephratical Struck in the seal of all information of which preparer has any knowledge 1/7/20// Date Paid Preparer's Signature of Office of the Contractor of Struck I declare 15th flags and office of the seal								
Sign Here Under penalties of perjury, I declare that these examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and correct, and correct, and correct property in the man officer) is based on all information of which preparer has any knowledge 1		Complete this table for the organization's five highest compensated indeperorganization. If there is none, enter "None." ${\bf N/A}$						
Sign Here Under penalties of partyry, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Dephration of penalties of my knowledge and belief, it is true, correct, and complete Dephration of which preparer has any knowledge 1								
Sign Here Correct and complete Destruction of party these than officer) is based on all information of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and complete Destruction of which preparer has any knowledge Correct and		Total number of other independent contractors each receiving over \$100,0	000	>				
Paid Preparer's Use Only Preparer's Identifying number (See Instr.)		correct, and complete. Destination of period (sheethan officer) is based on a	Il information of which preparer has any	knowledge	1/7/2		true,	
firm's fame (or your seef-employed). Solid rest = miles Suite S	Prep	Preparer's Signature White Windows Windows	Date/1/9/10 Che	eck if self- Prep	parer's identifying nu	mber (See inst	т)
address, and ZIP+4 CHICAGO, IL 60606 00. 312-368-0500	USE	Firm's stample (or yours LEGACY PROFESSIONALS						
CHICAGO, 11 00000		1	SUITE 4000					
May the IRS discuss this return with the preparer shown above? See instructions		address, and ZIP+4 CHICAGO, IL 60606		no.				<u> </u>
	May	the IRS discuss this return with the preparer shown above? See instruction	<u>s</u>		▶ \2	<u> </u>	s	No

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		X			
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).						
Do no	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.					
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	 ·				
A core	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nplete				
Part I		•				
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extension of time				
	ncome tax returns.	on of time to file one of t	ho rotumo			
noted (not at you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or collust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files of chanties & Nonprofits.	ically if (1) you want the nsolidated Form 990-T.	additional			
Туре		Employer identificati	on number			
print	THE QUALITY CONNECTION OF	11 2704710				
File by t	THE GREATER WABASH VALLEY, INC.	11-3784719	 			
due date	" 5675 EAST HULMAN DRIVE					
return S instruction	TERRE HAUTE, IN 47803					
Charl	CHANG TO SERVICE					
Check	type of return to be filed (file a separate application for each return):					
	-orm 990 Form 990-1 (corporation)	720				
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	227				
LX.	orm 990-F7 Form 990-T (trust other than above)	069				
	Form 990-PF	370				
	R. TODD THACKER					
• The	books are in the care of > 5675 EAST HULMAN DRIVE - TERRE HAUTE, I	N 47803-9752	2			
	ephone No ▶ 812-877-4239 FAX No. ▶					
• If th	e organization does not have an office or place of business in the United States, check this box		ightharpoonup			
	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is for the whole group	, check this			
box 🕨						
1 1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt					
-	FEBRUARY 15, 2011, to file the exempt organization return for the organization named a	above. The extension				
	s for the organization's return for:					
	calendar year or X tax year beginning JUL 1, 2009, and ending JUN 30, 2010					
•	, and ending 301 307 2010	· ·				
2 1	f this tax year is for less than 12 months, check reason: Initial return Final return	Change in accou	nting period			
3a I	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
-	nonrefundable credits. See instructions	3a \$				
	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated					
-	ax payments made. Include any prior year overpayment allowed as a credit	3b \$				
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,					
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		NT / 7			
	See instructions	3c \$	N/A			
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment i	nstructions			
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868	3 (Rev. 4-2009)			

923831 05-26-09

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
INTERN EXPENSE COMMUNITY SERIVCE DRUG TESTING LOCAL 725 - PLUS FIVE N.L.M.C.C. ADVERTISING AND PROMOTION		2,003. 10,736. 69,289. 18,352. 3,899. 63,116.
TOTAL TO FORM 990-EZ, LINE 1	6	167,395.

990-EZ PG 2

STATEMENT

AN INDUSTRY WIDE LABOR MANAGEMENT COOPERATION COMMITTEE IN WEST CENTRAL INDIANA ESTABLISHED TO ENCOURAGE AND SUPPORT THE ESTABLISHMENT AND OPERATION OF JOINT LABOR-MANAGEMENT ACTIVITIES CONDUCTED BY AN AREA AND INDUSTRY WIDE COMMITTEE DESIGNED TO IMPROVE LABOR MANAGEMENT RELATIONSHIPS, JOB SECURITY, COMPETITIVENESS, PRODUCTIVITY, ORGANIZATIONAL EFFECTIVENESS AND ECONOMIC DEVELOPMENT.