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DLN: 93493316052000

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

nternal	Revenue	Service	► The or	ganization may have to use	a copy of this return to satisfy s	tate reporting	requirements	Inspection		
Fo	r the 2	2009 ca	lendar yea	r, or tax year beginning 07-0	1-2009 and ending 06-30-2010)				
_		plicable	Please	C Name of organization UNITED ASSOCIATION OF JOUR	NEYMEN APPRENTICES 412 PPF		D Employer i	dentification number		
Add	dress ch	ange	use IRS label or	Doing Business As			85-00616 E Telephone			
– Nar	me char	nge	print or type. See	Doing Business As			-			
– Init	al retur	'n	Specific Instruc-		r if mail is not delivered to street address	ss) Room/suite	(505) 265			
– Ter	mınated	i	tions.	510 SAN PEDRO SE			G Gross receip	ts \$ 3,165,664		
– Am	ended r	eturn		City or town, state or country,	and ZIP + 4					
– App	olication	pending		ALBUQUERQUE, NM 87108						
			F Nar	ne and address of principal (fficer	H(a) Is th	■ ıs a group retı	ırn for		
				AS MONTANO		affilia		⊤Yes ▼No		
				AN PEDRO SE QUERQUE,NM 87108		U/h\ Ave el	l affiliates incli	uded? Yes No		
								st (see instructions)		
Та	x-exem	pt status	501(c) (5) ◀ (insert no))(1) or		ıp exemption i			
w	ebsit e	: ► N/A				,				
/ For	n of ora	ıanızatıon	✓ Corporat	tion Trust Association Otl	nor h	L Vear of fo	rmation 1910	M State of legal domicile		
1 011	ii oi oig	janization	J* Corporat	tion indict Association of	ICI F	L Teal Of 10	IIIIatioii 1910	NM		
Pa	rt I		_							
	1	•		e organization's mission or i	nost significant activities OSES OF ORGANIZING AND P	POVIDING M	1EMBED BENI	FFITS FOR THEIR 1907		
	1	MEMBE		RGANIZED FOR THE FORF	OSES OF ORGANIZING AND P	KOVIDING N	IEMBER BENI	EFITS FOR THEIR 1907		
<u> </u>										
<u> </u>										
Ų										
ZOVEIII ONO E	2	Check t	hıs box 叶	if the organization discont	nued its operations or disposed	of more than	25% of its ne	t assets		
ő	3	Number	of voting r	members of the governing bo	dy (Part VI, line 1a)			322		
Λ U	4	Number	ofindeper	ndent voting members of the	governing body (Part VI, line 1b)	•	419		
ļ	5	Total nu	ımber of er	nployees (Part V , line 2a)				531		
ACHAINES	6	Total nu	ımber of vo	olunteers (estimate if necess	ary)			6		
•	7a	Total gr	oss unrela	ted business revenue from F	art VIII, column (C), line 12 .			7a		
	ь	Net unr	elated busi	iness taxable income from F	orm 990-T, line 34			7b		
						Prio	r Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, line 1h)		687,782	651,603			
를	9	Progra	m service	revenue (Part VIII, line 2g)		2,454,934	2,298,229			
Revenue	10	Invest	ment incor	me (Part VIII, column (A), lı	nes 3, 4, and 7d)		25,104 34			
Ě	11	Other	revenue (P	art VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)		119,415	141,600		
	12				equal Part VIII, column (A), line	•		2.125.222		
							3,287,235	3,126,022		
	13				umn (A), lines 1-3)			0		
	14				mn (A), line 4)			0		
8	15	Salarie 10)	es, other co	ompensation, employee bene	fits (Part IX, column (A), lines 5	-	1,268,646	1,329,012		
Ě	16a	•	sional fund	Iraising fees (Part IX, colum	n (A), line 11e)		· · ·	0		
Expenses	Ь			enses (Part IX, column (D), line 2						
ш	17			, , , , , , , , , , , , , , , , , , , ,	1a-11d, 11f-24f)		1,593,145	1,778,634		
	18				Il Part IX, column (A), line 25)		2,861,791	3,107,646		
	19				n line 12		425,444	18,376		
- 07 - 27		IVE A CIL	1633 EX	Juliace mile 10 1101		Beginning	g of Current	,		
net Assets of Fund Balances							ear	End of Year		
9.4% 19.4%	20	Totala	ssets (Pai	rt X, line 16)			3,086,394	3,104,876		
4 E	21	Totall	ıabılıtıes (f	Part X, line 26)			80,228	50,451		
	22	Net as	sets or fun	d balances Subtract line 21	from line 20		3,006,166	3,054,425		
Pai	rt II	Sign	ature Bl	ock						
					ned this return, including accompanying of preparer (other than officer) is based					
Sign	1	****				2010-	11-04			
lere	е	Signa	ature of office	er		Date				
				NCIAL SEC/TREAS						
		Туре	or print nam	ne and title						
		Preparer'		D.D.U.S.O.S.		Check If		ntifying number		
Paid		signature	RONAL	LD P HEGGEM CPA		elf- empolyed 🕨 🦵	(see instructio	ns)		
	arer's	Firm's na	me (or your	s k Ronald P Heggem CPA PC		· · · •				
Jse (ıf self-en	nployed), and ZIP + 4	9201 MONTGOMERY NE BLDO	: 4 STE 401		EIN 🕨			
	_	addic33,	and LIF T 4		1 T JIL 701		Phone no	(505) 292-7152		
4				ALBUQUERQUE, NM 87111	h2 /		1			
124	tha ID	- 410000	c thic retu	rn with the property chown a	nova / /caa instructions\			I Vac I Na		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

LABOR UNION ORGANIZED FOR THE PURPOSES OF ORGANIZING AND PROVIDING

	vice expenses ⊧ -\$			
(Expenses \$	ıncludıng	grants of \$	(Revenue \$)
(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
(Code) (Expenses \$	including grants of \$) (Revenue \$)
•	, , , , ,	• • • • • • • • • • • • • • • • • • • •	, ,)
Section 501(c)(3) allocations to othe	and 501(c)(4) organizations ars, the total expenses, and re	and section 4947(a)(1) trusts are revenue, if any, for each program serv	equired to report the amount ice reported	of grants and
If "Yes," describe t	hese changes on Schedule O			
			ts, any program	'es No
If "Yes," describe t	hese new services on Schedu	le O		
_			ch were not listed on	'es No
	the prior Form 990 If "Yes," describe to Did the organization services? If "Yes," describe to Describe the exem Section 501(c)(3) allocations to othe (Code LABOR UNION ORGAN (Code Code Code Code Code Code Code Code	the prior Form 990 or 990-EZ?	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three larg Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are reallocations to others, the total expenses, and revenue, if any, for each program serv (Code) (Expenses \$ including grants of \$ LABOR UNION ORGANIZED FOR THE PURPOSES OF ORGANIZING AND PROVIDING MEMBER BENEFITS (Code) (Expenses \$ including grants of \$ including g	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Part TV	Checklist o	f Dequired	Schedules
	CHECKHISLU	ı Keuulleu	Scheuules

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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		Νο
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		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
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		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νo
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
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		Νo
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		Νo
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		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

	,,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1 a 32			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
_	return	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
,	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N o
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
,	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
1	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
•	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
ı	If "Yes," indicate the number of Forms 8282 filed during the year	1		
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N o
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ì	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
		8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 40563	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
,	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
~	against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	vear 120	1	1	

510 SAN PEDRO SE

(505) 265-1513

ALBUQUERQUE, NM 87108

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 22			
ь	Enter the number of voting members that are independent 1b 19			
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
KE	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
11Δ	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11		No
	bescribe in schedule of the process, if any, used by the organization to review the Form 550			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νο
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		Νo
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
	List the States with which a copy of this Form 990 is required to be filed.			
17 18	List the States with which a copy of this Form 990 is required to be filed. Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orga	nızatıor	n)
	JOHN CASE			

Part VIII 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	Form 990 (2009)								
1b	Total								
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.								
			Yes	No					
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No					
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No					
S	ection B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization								
	(A) Name and business address (B) Description of services		(C Compe						
		\Rightarrow							
		\Rightarrow							
	Total number of independent contractors (including but not limited to those listed above) who received more than								

Form **990** (2009)

\$100,000 in compensation from the organization 🕨

Form 9	•	<u>, , , , , , , , , , , , , , , , , , , </u>						Page 9
Part \	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
ar our	ь	Membership du	es 1b	638,879				
કું €	С	Fundraising eve	ents 1c					
# <u>#</u>	d		zations 1d					
Σ. E. S.	e	Government grants		12,724				
產	「	sımılar amounts no						
Contributions, gifts, grants and other similar amounts	g		butions included in					
S E	h		s 1a-1f	▶	651,603			
				Business Code				
inue	2a	ASSESSMENTS		900,099	815,194	815,194		
æ	b	INITIATION FEES		900,099	44,259	44,259		
Program Serwce Revenue	c	PERCENTAGE		900,099	1,438,776	1,438,776		
	d							
E S	e							
į.	'	All other progra	am service revenue					
	g		s 2a-2f		2,298,229			
	3		ome (including dividend	. F	30,153			30,153
	4		ar amounts) stment of tax-exempt bond ;	· · ·	30,133			30,133
	5			▶ ↑				
			(ı) Real	(II) Personal				
	6a	Gross Rents	79,045					
	Ь	Less rental expenses						
	C	Rental income or (loss)	79,045					
	d	Net rental inco	me or (loss)		79,045	79,045		
	7a	Gross amount from sales of assets other than inventory	(i) Securities 11,200	(II) O ther				
	ь	Less cost or other basis and	6,763					
		sales expenses	4.427					
	d	Gain or (loss)	4,437	▶	4,437			4,437
	8a	Gross income f			,,,			.,
Other Revenue		events (not inc \$ of contributions	_					
i e	ь	Less direct ex	penses b					
ŏ	С	Net income or ((loss) from fundraising	events 🕦				
	9a		rom gaming activities ne 19 a					
	Ь		penses b					
	10a	Gross sales of returns and allo		vities				
			a	6,860				
	b c		oods sold b (loss) from sales of inve	32,879	-26,019	-26,019		
	F	Miscellaneou:		Business Code	20,013	23,013		
	11a	MISCELLANEC	ous	900,099	50	50		
	ь							
	c							
	d	All other reven			88,524	88,524		
	e	Total. Add lines	s 11a-11d		88,574			
	12	Total revenue.	See Instructions	▶	3,126,022	2,439,829		34,590

Part IX Statement of Functional Expenses

Do no	ll other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	711,141			
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	106,614			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	251,341			
9	Other employee benefits	172,826			
LO	Payroll taxes	87,090			
.1	Fees for services (non-employees)				
а	Management				
b	Legal	4,257			
c	Accounting	15,257			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	3,572			
g	Other	4,676			
2	Advertising and promotion	106,497			
3	Office expenses	43,323			
ŀ	Information technology				
5	Royalties				
5	Occupancy	18,000			
7	Travel	34,561			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	203,159			
)	Interest	1,711			
L	Payments to affiliates	677,339			
2	Depreciation, depletion, and amortization	85,328			
3	Insurance	35,969			
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	AUTO	45,981			
b	BUILDING SUPPLIES	802			
c	CONTRIBUTIONS	35,387			
d	DEATH BENEFITS	131,000			
e	DUES AND SUBSCRIPTIONS	1,172			
f	All other expenses	330,643			
5	Total functional expenses. Add lines 1 through 24f	3,107,646			
6	Joint costs. Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Part X Balance Sheet (A) (B) Beginning of vear End of vear 726.239 530.720 1 1 709.117 305,111 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Land, buildings, and equipment cost or other basis Complete 2.573.281 10a 10a Part VI of Schedule D 10b 801.498 b Less accumulated depreciation 1.353.234 10c 1.771.783 285.777 485.235 11 11 10.800 10,800 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1.227 15 1.227 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 3,086,394 16 3,104,876 53.706 17 50.451 17 Accounts payable and accrued expenses 18 18 26,522 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 80,228 26 50,451 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 3.006,166 3.054.425 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets Paid-in or capital surplus, or land, building or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 3,006,166 3,054,425 34 Total liabilities and net assets/fund balances 3.086.394 3,104,876 34

Part XI	Financial	Statements	and	Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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DLN: 93493316052000

OMB No 1545-0047

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Employer identification number Name of the organization UNITED ASSOCIATION OF JOURNEYMEN APPRENTICES 412 PPF 85-0061605 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-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 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 Number of conservation easements included in (c) acquired after 8/17/06 2d

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 ►	_
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	_
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No	
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	
	Number of states where property subject to conservation easement is located

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.

- 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
- 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

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

Cat No 52283D

Schedule D (Form 990) 2009

POIN	Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Tr</u>	reasu	ires, or Ot	the	r Similar <i>i</i>	Asse	ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	lowing t	that ar	e a sıgnıfıcaı	nt u	se of its coll	ection	l	
а	Public exhibition		d	Γ	Loan	orexcl	hange progra	ams				
b	Scholarly research		e	Γ	Other	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	er the o	organization'	s ex	empt purpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	I "Y	es" to Forn	າ 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontrıbu	itions (or other asse	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г	1		A mou	nt	
с	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						<u> </u>	lf				
2a	Did the organization include an amount on Fo	orm 990 Part V lus	217 م				<u>L.</u>				Yes	┌ No
			- Z I '							,	. 63	, 140
	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans	:Wer	ad "Va	s" to	Form 990	Dar	t IV/ June 1	n		
Fal	Endownient i dids. Complete i	(a)Current Year		Prior			o Years Back		Three Years Bac		Four Y	ears Back
1a	Beginning of year balance			-								
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dministered	for	the			
	organization by	3									Yes	No
	(i) unrelated organizations									Ba(i)		
	(ii) related organizations								📮	a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization	•						•		3b		<u> </u>
4 Doc	Describe in Part XIV the intended uses of the type of type of type of the type of the type of type					00 D:	art V lina 1	10				
Pal	t VI Investments—Land, Buildings	s, and Equipme	:III. 3			•			(-) (
	Description of investment) Cost or is (inves		(b)Cost or ot basis (other		(c) Accumula depreciatio		(d) Bo	ok value
1a	and		•				211,	867				211,867
	Buildings						1,181,	031	382	,060		798,971
c	_easehold improvements						787,	190	158	3,727		628,463
d	Equipment						153,	896	63	,726		90,170
	Other	<u> </u>					239,	297	196	,985		42,312

Part VII Investments—Other Securities. See (a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives Closely, held equity interests			
Closely-held equity interests Other			
CAPITAL STOCK INVESTMENTS	10,800		C
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	10,800		
Part VIII Investments—Program Related. See		<u>. </u>	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(a) Description of investment type	(b) Book value	Cost or end-o	f-year market value
Total (Column (h) should agual Form 000, Part V col (B) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value 1,227
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip RENT DEPOSIT	e 15.		1,227
Part IX Other Assets. See Form 990, Part X, Immage (a) Descripe RENT DEPOSIT Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	e 15. tion 5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)	, , , , , -	1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	, , , , , , ,	1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	, , , , , , , , , , , , , , , , , , ,	1,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,227

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,126,022
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,107,646
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	18,376
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	18,376
Par	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	· ·
1	Total revenue, gains, and other support per audited financial statements	1	3,182,706
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	23,805
3	Subtract line 2e from line 1	3	3,158,901
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-32,879
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,126,022
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	3,140,525
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	32,879
3	Subtract line 2e from line 1	3	3,107,646
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4с	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,107,646
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Pt XII Line 4b		COST OF INVENTORY PURCHASES DURING THE YEAR
Pt XIII Line 2d		COST OF INVENTORY PURCHASES DURING THE YEAR

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OMB No 1545-0047

2009

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization UNITED ASSOCIATION OF JOURNEYMEN APPRENTICES 412 PPF Employer identification number

85-0061605

ldentifier	Return Reference	Explanation
Pt VI-A, Line 7b		SOME DECISIONS OF THE GOVERNING BODY ARE APPROVED BY MEMBERS
Pt VI-B, Line 11A		THE 990 IS REVIEWED AND SIGNED BY THE FINANCIAL SEC/TREAS
		AND IS PROVIDED TO THE BOARD AFTER IT HAS BEEN FILED
Pt VI-C, Line 19		ALL FINANCIAL DOCUMENTS ARE AVAILABLE TO REVIEW AT THE
		UNION OFFICES WITH A PROPER REQUEST

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

Cat No 51056K

Schedule O (Form 990) 2009

Software ID: Software Version:

EIN: 85-0061605

Name: UNITED ASSOCIATION OF JOURNEYMEN APPRENTICES

412 PPF

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		(C tion (hat a	ched)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
THOMAS MONTANO BUSINESS MGR	40 00			Х	Х			99,599	0	0	
DANIEL BEAVERS BUSINESS REP	40 00			Х	Х			84,185	0	0	
JOHN CASE FIN SEC'Y	40 00			X	Х			84,191	0	0	
GEORGE RILEY BUSINESS REP	40 00				Х			83,507	0	0	
JERRY VAUGHN BUSINESS REP	40 00				X			84,212	0	0	
STEVEN AUMILLER FINANCE COMMITTEE	0 00			X				1,358	0	0	
CHUCK SCHUMANN PRESIDENT	0 00			Х				1,585	0	0	
BOBBY ESTES FINANCE COMM	0 00			X				2,264	0	0	
DAVID EVANS EXAM BOARD	0 00			X				2,151	0	0	
DANIEL GALLEGOS INSIDE GUARD	0 00			X				3,396	0	0	
LARRY ARCHULETA EXEC BOARD	0 00			X				2,943	0	0	
FERDINAND GRAPHIA VICE-PRES	0 00			X				4,556	0	0	
GERALD KNUCKLES EXAM BOARD	0 00			Х				1,358	0	0	
SAMUEL MARES EXEC BOARD	0 00			X				2,264	0	0	
MAURY MODINE REC SEC'Y	0 00			X				3,396	0	0	
HARTSELL GRAY FINANCE COMM	0 00			X				2,038	0	0	
LEROY ORTIZ TRUSTEE	0 00	X		X				0	0	0	
ARTHUR SPARKS EXEC BOARD	0			X				2,490			
DANIEL GLASS ORGANIZER	40				Χ			84,149			
DAVID WOOD ORGANIZER	40				Χ			66,667			
RAYMOND SANCHEZ SPECIAL REP	40				Χ			84,191			
JUAN PACHECO EXEC BOARD	0			Х				2,717			
RUSSELL KENNEDY EXAM BOARD	0			X				2,264			
CARROLL LOWE EXAM BOARD	0			Х				2,038			
PRESTON COLLINS EXAM BOARD	0			Х				226			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	1	(i tion that a	•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RUDI SCHMIDT EXAM BOARD	0			х				1,585		_
DANIEL RIVERA DELEGATE	0			Х				1,811		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
AUTO	45,981			
BUILDING SUPPLIES	802			
CONTRIBUTIONS	35,387			
DEATH BENEFITS	131,000			
DUES AND SUBSCRIPTIONS	1,172			