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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: INDUSTRY DEVELOPMENT FUND
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 2838 S INGRAM MILL ROAD
City or town, state or country, and ZIP + 4: SPRINGFIELD, MO 65804

D Employer identification number: 43-1642020
E Telephone number: (417) 882-2828
F Group Exemption Number

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website:

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 42,779

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 42,779). Rows 10-17: Expenses (Total expenses: 30,475). Rows 18-21: Net Assets (Total: 68,291).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	55,987	22	68,291
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	55,987	25	68,291
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,987	27	68,291

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
TRADE ASSOCIATION TO PROMOTE THE WELFARE OF THE PIPEFITTERS & PLUMBERS INDUSTRY OF THIS AREA

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 PROMOTE PIPEFITTING/PLUMBING INDUSTRY (Grants \$ 30,000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	475
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	475

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JERRY FIELDER 2838 S INGRAM MILL ROAD SPRINGFIELD, MO 65804	DIRECTOR 1 0	0	0	0
DANNY EDWARDS 2838 S INGRAM MILL ROAD SPRINGFIELD, MO 65804	DIRECTOR 1 0	0	0	0
WILLIAM HAWORTH 2838 S INGRAM MILL ROAD SPRINGFIELD, MO 65804	DIRECTOR 1 0	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Table with 2 columns: Yes, No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with 2 columns: Yes, No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name

Table with 2 columns: Yes, No

35 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, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with 2 columns: Yes, No

b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)

Table with 2 columns: Yes, No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with 2 columns: Yes, No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

Table with 2 columns: 37a, Amount

b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with 2 columns: Yes, No

b If "Yes," complete Schedule L, Part II and enter the total amount involved

Table with 2 columns: 38b, Amount

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9

Table with 2 columns: 39a, Amount

b Gross receipts, included on line 9, for public use of club facilities

Table with 2 columns: 39b, Amount

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with 2 columns: Yes, No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with 2 columns: Yes, No

41 List the states with which a copy of this return is filed

42a The organization's books are in care of JOHN H SCHMIDT Telephone no (417) 882-2828 Located at 2838 S INGRAM MILL RD SPRINGFIELD, MO ZIP + 4 65804

b 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)?

Table with 2 columns: Yes, No

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.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

Table with 2 columns: Yes, No

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 and enter the amount of tax-exempt interest received or accrued during the tax year

Table with 2 columns: 43, Amount

44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.

Table with 2 columns: Yes, No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with 2 columns: Yes, No

c Did the organization receive any payments for indoor tanning services during the year?

Table with 2 columns: Yes, No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with 2 columns: Yes, No

Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (Yes/No)

45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Answer (Yes/No)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Table with 2 columns: Question ID, Answer (Yes/No)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

Table with 2 columns: Question ID, Answer (Yes/No)

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

Table with 2 columns: Question ID, Answer (Yes/No)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Question ID, Answer (Yes/No)

b If 'Yes,' was the related organization a section 527 organization?

Table with 2 columns: Question ID, Answer (Yes/No)

50 Complete this table for the organization's 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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (*****), Date (2011-05-02), Type or print name and title (JERRY FIELDER DIRECTOR)

Paid Preparer's Use Only: Preparer's signature (Gary V Garwitz), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (or yours if self-employed), address, and ZIP + 4 (BKD LLP, 910 E ST LOUIS 200/PO BOX 1190, SPRINGFIELD, MO 658062523), EIN, Phone no (417) 865-8701

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INDUSTRY DEVELOPMENT FUND

Employer identification number

43-1642020

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990EZ PART I LINE 10	DONEES NAME MECHANICAL CONTRACTORS ASSOCIATION OF GREATER SPFD DONEES ADDRESS 2838 S INGRAM MILL ROAD RELATIONSHIP AFFILIATE AMOUNT 30000