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Department of the Treasury

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

Open to Public

U	nterna	al Rever	The organization may have to use a copy of this return to sa	aciony ocuco i	oporting rodali ornorita	mapection
_	A F	or the	2010 calendar year, or tax year beginning MAR 1, 2010 and	ending F	EB 28, 2011	
-					D Employer identific	cation number
	ap	heck if	<u> </u>	ΛE	Employer location	
	_		UNITED ASSOC.OF JOURNEIMEN & AFFRENI.	_		
	느	Addre: chang: Name		<u>/</u>		200416
	ㄴ	Jchang	Doing Business As			390416
]initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		Termir	1250 EAST MAIN STREET		(203	<u>)317-4750</u>
	\equiv	Amend		-	G Gross receipts \$	4,825,868.
	_	Ireturn Applic tion			H(a) Is this a group re	
		Jtion pendir			for affiliates?	Yes X No
			F Name and address of principal officer HUBERT BARNES		1	
-			SAME AS C ABOVE		H(b) Are all affiliates inc	
_			empt status 501(c)(3)X 501(c)(5) ◀ _(insert no.) 4947(a)(1) o	or 527	i :	list (see instructions)
_	J W	/ebsit	te: ► WWW.LOCAL777.COM		H(c) Group exemption	
	K Fo	orm of	organization: Corporation X Trust Association Other ► LAB	OR L Year	of formation: 1994 N	State of legal domicile: CT
I	Pa	rt I	Summary			
		1	Briefly describe the organization's mission or most significant activities. BARG	AINING	AGENT FOR	THE APPROX.
	ည္		3,500 MEMBERS OF THE LOCAL UNION. PROVIDE			LABOR
2011	Activities & Governance		Check this box I if the organization discontinued its operations or dispose			
20	ē			Sea of filore		18
_	ó		Number of voting members of the governing body (Part VI, line 1a)		3	
9	8		Number of independent voting members of the governing body (Part VI, line 1b)		4	18
	es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	15
3	푷	6	Total number of volunteers (estimate if necessary)		6	0
	₹	7 a	Total unrelated business revenue from Part VIII, column (SED)		7a	0.
	۷	h	Net unrelated business taxable income from Eq. 990-T, line 34		7b	0.
SCANNED					Prior Year	Current Year
弄		8	Contributions and grants (Part VIII, line 1h)		0.	0.
7	Revenue		To the second se		3,688,517.	4,322,525.
Q	ě	9	Program service revenue (Part VIII, line 2g)			
W	اڇ	10	Investment income (Part VIII, column (A), lines 3, 4, and to EN, UT		183,432.	1,519.
	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ	2,319.	2,674.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,874,268.	4,326,718.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,342,432.	1,403,196.
	ıse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
	EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,799,700.	2,416,211.
	,	1	• • • • • • • • • • • • • • • • • • • •	<u> </u>	4,142,132.	3,819,407.
			Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25)	 		
	S	19	Revenue less expenses Subtract line 18 from line 12		-267,864.	507,311.
	Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
•	ala	20	Total assets (Part X, line 16)	<u> </u>	4,551,315.	5,053,585.
	148 148	21	Total liabilities (Part X, line 26)		75,785.	70,744.
:	ᇗ	22	Net assets or fund balances Subtract line 21 from line 20		4,475,530.	4,982,841.
	Pa	irt II	Signature Block			
•	Unde	er pena	alties of pelyury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is
			ct, and complete Registration (I preparer (other than officer) is based on all information of wi			_
•	,		amo		07/0	8/2011
	<u> </u>	_	Signature of officer		Date	
	Sigr				•	
	Her	е	HUBERT BARNES Type or print name and title			
-					Date Check	PTIN
			Print/Type preparer's name Preparer's signature		r L	 -
	Paid		NICHOLAS IWANEC NICHOLAS IWANEC	<u> </u>	07/06/11 self-employe	ed
	Prep	arer	Firm's name BEERS, HAMERMAN & CO., P.C.		Firm's EIN	
		Only	Firm's address 234 CHURCH STREET		-	
		•	NEW HAVEN, CT 06510		Phone no. (203)787-6527
	Mar	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **990** (2010)

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF

032002

	990 (2010) THE PLUMB. & PIPEFITTING IND. LOCAL 777 06-1390	<u>416</u>	P:	age ع
Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes," complete Schedule D, Part V	10		Х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	-			
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ľ
а		11a	x	
	Part VI	- I Ia	A	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	İ	x
	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	110	-	
С		11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Λ
đ	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	٠		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		•	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	<u> X</u>
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	<u> </u>	X
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		X
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	ļ	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			

Form **990** (2010)

operate one or more hospitals must attach audited financial statements (see instructions)

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 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 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Yes	No X X
United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		
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 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		
column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		x
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		
and lotting officers, directors, trustees, key employees, and mighest compensated employees: it is is, complete		
Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		
Schedule K If "No", go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		L
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?		<u> </u>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		<u> </u>
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		İ
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		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		l
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		
contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		
Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		
instructions for applicable filing thresholds, conditions, and exceptions).		- T
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		v
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29		X
20 3.0 0 0 0 0 0		
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes " complete Schedule M	1	х
Contribution in 100, Compared to		
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I 31		х
0.000		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32		х
The state of the s		
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		х
34 Was the organization related to any tax-exempt or taxable entity?		<u></u> -
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		x
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a 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," complete Schedule R, Part V, line 2		
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		ŀ
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	1	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	-	
Note. All Form 990 filers are required to complete Schedule O 38	X	<u>L</u> .
	990	(2010)

Form 990 (2010) THE PLUMB. PIPEFITTING IND. LOCAL 777

Part V Statements Regarding Other IRS Filings and Tax Compliance

06-1390416 Page 5

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	T	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	15		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u>↓</u>	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	$oxed{oxed}$	
	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		X
þ	The state of the s			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b	↓	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	₩	ļ
6a	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	 	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	—	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa			<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	┼	
d	· · · · · · · · · · · · · · · · · · ·	⊢ _		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <u>e</u>	+	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	2 71	+	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required.		+	<u> </u>
h		.0, ///	+	
8	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	r? 8		
_	Sponsoring organizations maintaining donor advised funds.	· •	\dagger	
9	Did the organization make any taxable distributions under section 4966?	9a		
a	The state of the s	9b	 	
10	Section 501(c)(7) organizations. Enter		 	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		1	
a				
b	C II (D and and any and d and any and d adher any and			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ı	
b	the state of the s			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand		↓	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		100:0
		For	m 990	(2010)

032005 12-21-10

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF 06-1390416 THE PLUMB.& PIPEFITTING IND. LOCAL 777 Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 18 1a Enter the number of voting members of the governing body at the end of the tax year 18 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 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 X 13 Does the organization have a written whistleblower policy? X Does the organization have a written document retention and destruction policy? 14 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? X 15a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Own website Another's website 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

Form 990 (2010)

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

06450

HUBERT BARNES - 203-317-4750 1250 EAST MAIN ST, MERIDEN, CT

Form 990 (2010) LOCAL 777 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(c	(C) Position (check all that apply)				lv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
HUBERT BARNES	40.00	v						99,475.	0.	63,825.	
BUS. MGR	40.00	^	 	\vdash	_	├─	-	77, 413.		03,023.	
TOM CASSIDY	40.00	v						91,402.	0.	62,442.	
BUS. AGENT GERALD FUCCI	40.00	<u> </u>	<u> </u>					J1, 402.		02,442.	
	40.00	v						92,152.	0.	62,696.	
BUS. AGENT MICHAEL ROSARIO		41	-		一	1	H	72/1321		02/0301	
BUS. AGENT	40.00	×	Ì				ŀ	92,168.	0:	62,901.	
JOHN HIGGINS JR	10.00	-	İ-		_		-	32,2000		027.50.23	
BUS. AGENT	10.00	x	1					92,302.	0.	63,423.	
ANTHONY CAMILLUCCI	10100		t	<u> </u>							
EXEC. BOARD	10.00	X		1				0.	0.	0.	
CHRIS ST. GEORGE											
EXEC. BOARD	10.00	X]			0.	0.	_ 0.	
BRYAN BRENNAN			1							_	
FINANCE BOARD	10.00	X		ļ				0.	0.	0.	
V. THOMAS HUGHES											
EXAMINING BOARD	10.00	X						0.	0.	0.	
FRANK DACATO		Γ									
EXAMINING BOARD	10.00	X						0.	0.	0.	
VINNIE VALENTE					ļ						
EXAMINING BOARD	10.00	X						0.	0.	0.	
TODD BERCH	1						ļ				
FINANCE BOARD	10.00	X	<u> </u>	<u> </u>		<u> </u>		3,254.	0.	0.	
DAVID BOND					İ						
FINANCE BOARD	10.00	X	ļ	<u> </u>	_		ļ	0.	0.	0.	
ROBERT ALEXSON	1							_		_	
EXEC. BOARD	10.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
ERIK ANDERSON						1			_	_	
EXEC. BOARD	10.00	X	_	<u> </u>	<u> </u>	<u> </u>	 	0.	0.	0.	
PETER ALFIERI	1							05.001		00 000	
VICE-PRESIDENT	10.00	+	+	X	-	\vdash	\vdash	26,904.	0.	28,033.	
COSMO SEABERG	1000			,,				2 000		_	
<u>SECRETARY</u> 032007 12-21-10	10.00			X			[2,092.	0.	0 • Form 990 (2010)	

Page 8

Part VII Section A. Officers, Directors, Tru (A)	ustees, Key Er (B)	npic	oyee		<u>na i</u> C)	High	est	(D)	(E)		-	(F)	
Name and title	Average	Position						Reportable	Reportable	ł		mate	∍d
	hours per week (describe hours for related organizations in Schedule O)	istee or director	Institutional frustee	c all		Highest compensated and employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amount other compensa from the organizat and relat organizati		ition e ion ed
EDWARD ARTALE	· · · · · · · · · · · · · · · · · · ·				-			72 120			20		47
PRESIDENT	40.00			X				73,138.		0.			<u>47.</u>
											 		
	<u> </u>												
			-	_									
1b Sub-total c Total from continuation sheets to Part V	II, Section A		- ! .			>	L	572,887. 0.		0.	382		0.
Total (add lines 1b and 1c) Total number of individuals (including but incompensation from the organization.	not limited to th	nose	liste	ed a	bov	e) wi	no re	572,887.	,000 in reportable	0.	382	, 8	67.
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	у еп	nplo	yee,	or h	nighest compensated er	nployee on		3	/es	No X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab 60,000? <i>If "Y</i> es,	le co ," co	mpl	ete :	Sch	edul	e J f	or such individual				x	
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors	-				-		elat	ed organization or indivi	dual for services		5		х
Complete this table for your five highest country the organization. NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation fro	m	
(A) Name and business	s address							(B) Description of s	ervices	С	(C) compens	satio	'n
								····					
					-								
								.					
O Total number of independent contraction	(noludina but	not !	ımı+ -	d to	the		etec	Labouel who recoved	nore than				
Total number of independent contractors \$100,000 in compensation from the organ				, u (0		0			iore triair		Form 9	90 /	2010

THE PLUMB.& PIPEFITTING IND. LOCAL 777

<u>Pa</u>	rt VII	I Statement of Reve	nue		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from
				_		exempt function revenue	business revenue	tax under sections 512, 513, or 514
nts its	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
am,	С	Fundraising events	1c					
a g		Related organizations	1d		-			
S.E		Government grants (contribut			-			
er si	f	All other contributions, gifts, gran	1					
흕		similar amounts not included abo	ove 1f		1			
P P	_	Noncash contributions included in lines	s 1a-1f \$					
0 8	<u> </u>	Total. Add lines 1a-1f		<u> </u>				
		VELOPONIES DIE		Business Code		4 222 525		
ice	2 a			900099	4,322,525.	4,344,343.		
e e	b		· · · · · · · · · · · · · · · · · · ·					
E S	С							
Reg	d		 					-
Program Service Revenue	е	A.B. 44						
_	f	. •	enue	-	4,322,525.			+
\dashv	<u>9</u>	Total. Add lines 2a-2f Investment income (including	dividende inter	~-	+,322,323.			·
ĺ	3	other similar amounts)	j dividerias, inter	• 51, and	141,603.			141,603.
	4	Income from investment of ta	v-exemnt bond r		111/0001			
	5	Royalties	Ex exempt bond p),00000ds				
	·	rioyamoo	(ı) Real	(II) Personal			· · · · · ·	
-	6 a	Gross Rents			1			
	b				1			
	c							
		Net rental income or (loss)		>	1			
		Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	359,066.					
	b	Less: cost or other basis						
		and sales expenses	499,150.		_			
	c	Gain or (loss)	-140084.					
	d	Net gain or (loss)			-140,084.	-140,084.		
ē	8 a	Gross income from fundraising	ng events (not					
Other Revenue		including \$	of					
<u>ا</u> ھِ		contributions reported on line	o 1c) See					
ъ		Part IV, line 18	а					
튱		Less direct expenses	. b	Ļ	_			
-		Net income or (loss) from fun	-					
	9 a	Gross income from gaming a						
		Part IV, line 19	a					
		Less. direct expenses	b					
		Net income or (loss) from gar	=					
	10 a	Gross sales of inventory, less and allowances						
		Less: cost of goods sold	a b		-			
		Net income or (loss) from sale			-			
		Miscellaneous Reven		Business Code	,			
	11 a	SALE OF HATS,		900099	2,674.			2,674.
	11 a	·						
		All other revenue						
	e	Total. Add lines 11a-11d			2,674.			
	12	Total revenue See instructions.		>	4,326,718.	4,182,441.	0	
03200								Form 990 (2010)

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Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, Bb, 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	562,128.			
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	194,089.			
B	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	399,330.			
9	Other employee benefits	180,672.			
0	Payroll taxes	66,977.			
1	Fees for services (non-employees)				
а	Management				
b	Legal	29,110.			
c	Accounting	20,826.			
d	Lobbying	33,463.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,975.	····		
g	Other				
9 2	Advertising and promotion	22,500.	· · · · · · · · · · · · · · · · · · ·		
3	Office expenses	106,420.	· · · · · · · · · · · · · · · · · · ·		
3 4	Information technology	20072201			
- 5	Royalties				
5 6	Occupancy	74,127.	··		
7	Travel	63,404.			****
, 8	Payments of travel or entertainment expenses	00/2020			
3	for any federal, state, or local public officials				
۵	Conferences, conventions, and meetings	82,182.			
9 0	Interest				
1	Payments to affiliates	32,664.		 	
1 2	Depreciation, depletion, and amortization	74,335.			
	Insurance	10,898.			
3 4	Other expenses. Itemize expenses not covered	10,000.			
**	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0.) INDUSTRY ADVANCEMENT	1,036,854.	<u> </u>		-
a	DUES-PER CAPITA - UNITE	664,160.	<u> </u>		
b	PER-CAPITA - OTHER	67,195.			
C	MEMBERSHIP EVENTS	54,121.			
d	CHARITABLE DONATIONS	21,962.			
e	-	16,015.			
f	All other expenses Add lines 1 through 24f	3,819,407.	- -	 	
<u>5</u>	Total functional expenses. Add lines 1 through 24f	<u></u>		· ·	
26	Joint costs. Check here J if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising			1	

		2010) THE PLUMB.& PI	FEF	IIIINO IND. DO	CALL III	00-	1390416 Page 11
Parl	ιX	Balance Sheet			(A)		(B)
	•				(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing			638,319.	1	1,703,640
	2	Savings and temporary cash investments			330,986.	2	335,826
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·	4			
	5	Receivables from current and former officers, dir					
	3	employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
	-	4958(f)(1)), persons described in section 4958(c)					
- 1		employers and sponsoring organizations of sect					
1		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
`	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost or other					
		basis Complete Part VI of Schedule D	10a	942,851.			
	b	Less: accumulated depreciation	10b	468,679.	541, <u>423</u> .	10c	474,172
	11	Investments - publicly traded securities		1		11	
	12	Investments - other securities. See Part IV, line 1	1		3,040,587.	12	2,539,947
	13	Investments - program-related See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		L		15	
\rightarrow	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	4,551,315.	16	5,053,585
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		-		18	
	19	Deferred revenue		_		19	
	20	Tax-exempt bond liabilities				20	
Se	21	Escrow or custodial account liability Complete I				21	
Liabilities	22	Payables to current and former officers, director					
Ħ		highest compensated employees, and disqualifi	ed per	sons. Complete Part II			
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23 24	
Ì	24	Unsecured notes and loans payable to unrelated	u triira	parties	75,785.	25	70,744
	25	Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25			75,785.	26	70,744
-	<u> 26</u>	Organizations that follow SFAS 117, check he		and complete	13,103.	20	70//11
,,		lines 27 through 29, and lines 33 and 34.	31 C P	and complete			
ğ	27	Unrestricted net assets				27	
<u>a</u>	28	Temporarily restricted net assets				28	
8	29	Permanently restricted net assets				29	
<u> </u>		Organizations that do not follow SFAS 117, c	heck h	ere ▶ X and			
ᇈ		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			0.	30	0
SSe	31	Paid-in or capital surplus, or land, building, or ed		nt fund	0.	31	0
<u>ا</u> پ	32	Retained earnings, endowment, accumulated in		1	4,475,530.	32	4,982,841
ž	33	Total net assets or fund balances			4,475,530.	33	4,982,841
		Total liabilities and net assets/fund balances			4,551,315.	34	5,053,585.

Form **990** (2010)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

За

X

Act and OMB Circular A-133?

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III	<u></u>		
	ASSOC.OF JOURNEYM	EN & APPRE	NT.OF Empl	oyer identification number
THE PLU	MB.& PIPEFITTING	IND. LOCAL	777	<u>06-1390416</u>
Part I-A Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 527 o	rganization.
 Provide a description of the organia Political expenditures Volunteer hours 	zation's direct and indirect political	campaign activities		
Part I-B Complete if the org	ganization is exempt unde	r section 501(c)	(3).	
1 Enter the amount of any excise tax	incurred by the organization unde	r section 4955	▶ \$	
2 Enter the amount of any excise tax	incurred by organization managers	s under section 4955	5 ▶\$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	ganization is exempt unde	r section 501(c)		
1 Enter the amount directly expende	d by the filing organization for sect	on 527 exempt func	tion activities	24,850.
2 Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for s	ection 527	
exempt function activities			▶ \$	
3 Total exempt function expenditure	s Add lines 1 and 2 Enter here and	d on Form 1120-POL	-,	
line 17b			▶ \$	24,850.
4 Did the filing organization file Form	1120-POL for this year?			X Yes No
5 Enter the names, addresses and e				
made payments. For each organiza				
contributions received that were p				te segregated fund or a
political action committee (PAC). If	· · · · · · · · · · · · · · · · · · ·	1		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
			filing organization's funds if none, enter -0	promptly and directly
				delivered to a separate
				political organization If none, enter -0-
	G T L C D T T L C T			in none, enter o
SENATE DEMOCRATS	SIMSBURY, CT		2 000	
VICTORY PAC	06070		2,000.	0.
SOUTHINGTON	SOUTHINGTON, CT		1 000	.l o.
DEMOCRATIC TOWN COMM			1,000.	U •
HOUSE DEMOCRATIC	HARTFORD, CT 06103		2,000.	. 0.
MAJORITY PAC			2,000	0.
ETNOU FOR MAYOR	BRIDGEPORT, CT 06610		500.	. 0.
FINCH FOR MAYOR SPEAKERS LEADERSHIP	NEWINGTON, CT		300	0.
COMMITTEE	06111		2,000	.l o.
COMMITTEE TO	COLCHESTER, CT		2,000	<u> </u>
		1	i e	I

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

LHA

RE-ELECT JODI THOMAS 06415

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF

Schedule C (Form 990 or 990-EZ) 2010 Part II-A Complete if the org	THE PLU anization is	MB.& P	IPEFITT: nder section	ING IND. LOCA on 501(c)(3) and file	AL 777 06-: ed Form 5768	1390416 Page 2
(election under sec						
A Check if the filing organiza	tion belongs to	an affiliated g	roup			
B Check > III If the filing organiza	_	_	-	rovisions apply.		
Limi (The term "expend	ts on Lobbying ditures" means	•		l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public op	inion (grass r	oots lobbying)	,		
b Total lobbying expenditures to influ	uence a legislati	ve body (dire	ct lobbying)		_	
c Total lobbying expenditures (add li	nes 1a and 1b)					
d Other exempt purpose expenditure	es			Į		
e Total exempt purpose expenditure	s (add lines 1c	and 1d)				
f Lobbying nontaxable amount Enter	er the amount fr	om the follow	ring table in bo	oth columns		
If the amount on line 1e, column (a) o	or (b) is: T	he lobbying r	nontaxable an	nount is:		
Not over \$500,000	2(0% of the am	ount on line 1e	9		
Over \$500,000 but not over \$1,000	0,000 \$	100,000 plus	15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	\$ 000,000	175,000 plus	10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$	1,000,000				
	o or less, enter- ro on either line year? 4-Ye rations that ma	0. 1h or line 1i, ar Averaging de a section	Period Unde 501(h) election	zation file Form 4720 r Section 501(h) on do not have to comples 2a through 2f on page		Yes No
	Lobbying	Expenditure	s During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007		(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount				1		
(150% of line 2a, column(e))						
c Total lobbying expenditures					,	
d Grassroots nontaxable amount						
e Grassroots ceiling amount				1		
(150% of line 2d, column (e))						
((0))		-				
f Grassroots lobbying expenditures						

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF

Schedule C (Form 990 or 990-EZ) 2010 THE PLUMB. & PIPEFITTING IND. LOCAL 777 06-1390416 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

	(a)	(t	p)
	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or	· ·			- ,
local legislation, including any attempt to influence public opinion on a legislative matter		1		
or referendum, through the use of.				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	·			
h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				**
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	tion 501(c	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), sect				
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1	art III-A, li	ne 3 is a	nswered	
"Yes."				
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	l political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)	 	5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5,	and Part II·B,	line 1ı Also	, complete	this pai
for any additional information				
<u>PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN</u>	FORMAT:	ION:		
SENATE DEMOCRATS VICTORY PAC				
<u> </u>				
2B GILETTE STREET SIMSBURY, CT 06070				
ZB GILETTE STREET SIMSBURY, CT 06070				
ZB GILETTE STREET SIMSBURY, CT 06070				
SOUTHINGTON DEMOCRATIC TOWN COMMITTEE				

032043 02-02-11

Schedule C (Form 990 or 990 EZ) 2010	Page 4
Part IV Supplemental Information (continued)	
HOUSE DEMOCRATIC MAJORITY PAC	
31 PRATT ST, 3RD FLOOR HARTFORD, CT 06103	
FINCH FOR MAYOR	
70 CROWN STREET BRIDGEPORT, CT 06610	
SPEAKERS LEADERSHIP COMMITTEE	
98 WILLIAMSTOWN COURT NEWINGTON, CT 06111	·
COMMITTEE TO RE-ELECT JODI THOMAS	
446 AMSTON ROAD COLCHESTER, CT 06415	
PART I-C CONTINUATION:	
COMMITTEE TO RE-ELECT LARRY BULMAN	
COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0.	
CT STATE DEM CENTRAL COMM	
330 MAIN STREET 3RD FLOOR HARTFORD, CT 06106	· · · · · · · · · · · · · · · · · · ·
COL (D) AMOUNT: 3000. COL (E) AMOUNT: 0.	
HOUSE DEMOCRAT CAUCUS COMM	
1047 FARMINGTON AVE WEST HARTFORD, CT 06107	
COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.	
HOUSE DEMOCRAT MAJORITY COMM	

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF Schedule C (Form 990 or 990-EZ) 2010 THE PLUMB. & PIPEFITTING IND. LOCAL 777 06-1390416 Page 4 Part IV Supplemental Information (continued) COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0. NEWTOWN DEMOCRAT TOWN COMM 36 HUNDRED ACRES ROAD NEWTOWN, CT 06470 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0. NEW LONDON DEMOCRAT TOWN COMM 55 LYME STREET OLD LYME, CT 06371 COL (D) AMOUNT: 350. COL (E) AMOUNT: 0. DEMOCRATS FOR NEW LEADERSHIP PAC 12 NEW CITY STREET ESSEX, CT 06426 COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0. PEOPLE FOR PRAGUE PO BOX 1390 HEBRON, CT 06248 COL (D) AMOUNT: 1500. COL (E) AMOUNT: 0. SOUTHINGTON FIRST 25 PENNYWISE LANE SOUTHINGTON, CT 06489 COL (D) AMOUNT: 1000. COL (E) AMOUNT: 0. DEMOCRATS FOR NEW LEADERSHIP PAC

Schedule C (Form 990 or 990-EZ) 2010

12 NEW CITY STREET ESSEX, CT 06426

COL (D) AMOUNT: 2000. COL (E) AMOUNT: 0.

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.

2010
Open to Public Inspection

Name of the organization

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF THE PLUMB.& PIPEFITTING IND. LOCAL 777

Employer identification number 06-1390416

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
•	for charitable purposes and not for the benefit of the donor of	- -	
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements durin	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, 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		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF

		MB.& PIPEF						<u>06-13</u>			
Par											
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a sıg	nıfıcant	use of its	collection	item	S
	(check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	, c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Parl	XIV		
5	During the year, did the organization solicit of					er sımılar a	assets	_	7	_	٦
	to be sold to raise funds rather than to be m								<u> Yes</u>		<u>No</u>
Par	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa				_						
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	contribution	is or other as	sets not II	ncluded	_	7		٦
	on Form 990, Part X?							<u></u>	Yes	L	J No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing to	able.			_ 				
							-		Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f			_	
	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	L_	J No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete		1		1						
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back (d) Three <u>y</u>	ears back	(e) Four	years	back
1a	Beginning of year balance				. <u></u>						
þ	Contributions		ļ								
С	Net investment earnings, gains, and losses		<u> </u>								
d	Grants or scholarships		1								
e	Other expenditures for facilities										
	and programs				_						
f	Administrative expenses								ļ		
g	End of year balance		L								
2	Provide the estimated percentage of the year	r end balance held	as.							,	
а	Board designated or quasi-endowment		%								
-	Permanent endowment	%									
		%									
[.] 3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	ind administe	red for the	e organi	zation	г		
	by [.]									Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		Щ_
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipn			•					-		
	Description of investment	(a) Cost or o			or other		cumulate		(d) Book	valu	е
		basis (invest	ment)		(other)	depi	reciation				
1a	Land				2,292.						<u>92.</u>
b	Buildings			42	7,805.	1	94,4	39.	233	<u>3,3</u>	<u>66.</u>
С	Leasehold improvements										
d	Equipment						- 4 - 5				
e	Other				2,754.	2	<u>74,2</u>	40.			<u>14.</u>
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pari	t X, colum	nn (B), line 1	10(c))				474	⊥,1	72.

Part VII	Investments - Other Securities. S	See Form 990, Part X, line 12		
• ((a) Description of security or category (including name of security)	(b) Book value		Method of valuation end-of-year market value
(1) Financ	cial derivatives			
	y-held equity interests			
(3) Other	, q- ,			
	TOCKS/BONDS	2,537,610.	COST	
	UBLICLY TRADED			
	ARTNERSHIP	2,337.	COST	
	AKINEKBILE	2,357.		
(D)				
<u>(E)</u>				
(F)		<u> </u>		
(G)				· · · · · · · · · · · · · · · · · · ·
(H)				
(l)				
	(b) must equal Form 990, Part X, col (B) line 12.)	2,539,947.	****	
Part VII	II Investments - Program Related.	See Form 990, Part X, line 1:		
	(a) Description of investment type	(b) Book value		Method of valuation end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX				
	(8	a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			· · ·	
				*
(7)				
(8)				
(9)				
(10)				
	lumn (b) must equal Form 990, Part X, col (B) li			
Part X	Other Liabilities. See Form 990, Part 2	X, line 25		
1.	(a) Description of liability		(b) Amount	
(1) Fe	ederal income taxes			
(2) D	UE TO UNITED ASSOC. (PE	R-CAPITA)	70,744.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)			70 711	
Total. (Co	olumn (b) must equal Form 990, Part X, col (B) li ASC 740) Footnote In Part XIV, provide the text of the footnote ASC 740)	ne 25.)	/U, /44.	s liability for uncertain tax positions under
2. FIN 48 (ASC 740)	o to the organization 5 manifial statem	iono triat reporte trie organization	a maximity for discontain tax positions discon

20

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF 06-1390416 Page 4 THE PLUMB.& PIPEFITTING IND. LOCAL 777 Schedule D (Form 990) 2010 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 4,326,718. Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,819,407. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 507,311. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 9 Total adjustments (net) Add lines 4 through 8 507,31 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2a Net unrealized gains on investments Donated services and use of facilities 2b 2c Recoveries of prior year grants 2d Other (Describe in Part XIV) d 2e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b **b** Other (Describe in Part XIV) 4c c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. 2a Donated services and use of facilities 2b Prior year adjustments c Other losses 2c 2d Other (Describe in Part XIV) Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part 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, line 2; 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.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF THE PLUMB.& PIPEFITTING IND. LOCAL 777

Employer identification number 06-1390416

Pa	art I Questions Regarding Compensation		,	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	İ		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				ĺ
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	ļ	<u> </u>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.	_		37
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b		4b		X
C		4c		X
	If "Yes" to any of lines 4a⋅c, list the persons and provide the applicable amounts for each item in Part III		}	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the revenues of.			
а		5a		
b		5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		<u> </u>

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

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF THE PLUMB.& PIPEFITTING IND. LOCAL 777

06-1390416

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(3)	ē	9	(F)
					Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred	benefits	(D)·(D)	reported in prior
		-	compensation	compensation	compensation			Form 990-EZ
	Ξ	99,475.	0	0.	43,703.	20,122.	163,300.	0
1 HUBERT BARNES	(ii)	0.	0	. 0	0	0.	0	0.
	ε	91,40	0	0	42,312.	20,130.	153,844.	0.
2 TOM CASSIDY	(ii)		0	0	0.	0	0	0
	Ξ	92,15	0	0	42,484.	20,212.	154,848.	0
3 GERALD FUCCI	€		0	0	0	0	0	0
	ε	92,16	0.	0.	42,623.	20,278.	155,069.	
4 MICHAEL ROSARIO	Ξ		0	0	0	0	0	
	Ξ	92,30	0	0	42,977.	20,446.	155,725.	
5 JOHN HIGGINS JR	(ii)		0	0	0	0.	0	0.
	Ξ							
9	▣							
	Ξ			1				
7	Ξ							
	Ξ							
8	€							
	Ξ							
6	Ξ							
	Θ							
10	Ξ							
	Ξ							
11	≘							
	Ξ							
12	₿							
	Ξ							
13	₿							
	Ξ							
14	⊜			:				
	Ξ						,	
15	Ξ							
	Ξ							
16	₿							

SCHEDULE O

-(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

QMB No 1545-0047
2010
Open to Public Inspection

UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF **Employer identification number** Name of the organization 06-1390416 THE PLUMB.& PIPEFITTING IND. LOCAL 777 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: STANDARDS, AND BETTERMENT OF WORKING CONDITIONS. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE GOVERNING BODY IS VOTED IN BY THE MEMBERS OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7B: MOST DECISIONS MADE BY THE GOVERNING BODY ARE APPROVED BY THE GENERAL MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT CURRENTLY MAKE GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

- 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990 (Including Information on Listed Property)

(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

2010

Attachment Sequence No. 67

OMB No 1545-0172

Sequence No 6

Name(s) shown on return	Business or activity to which this form relates	Identifying numb
UNITED ASSOC.OF JOURNEYMEN & APPRENT.OF		
MUR DIEMP C DIRETMENTAL IND IOCAL 777	ECDM GGO DAGE 10	06-1300

THE	PLUMB.& PIPEFITTIN	G IND. L	OCAL 7	77 FOR	<u>M</u> 9	90 P	AGE 10		06-1390416
Par	t I Election To Expense Certain Propert	Under Section 1	79 Note: If yo	u have any list	ed pro	operty, c	omplete Part	V before y	
1 M	faxımum amount (see instructions)							1	500,000.
2 T	otal cost of section 179 property place	d in service (see	instructions)					_2	
3 T	hreshold cost of section 179 property t	efore reduction	in limitation					3	2,000,000.
4 R	eduction in limitation. Subtract line 3 fr	om line 2 If zero	or less, ente	r -0-				4	
5 D	ollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter	-0- If married fili	ng separately, see	instruct	ions		5	
6	(a) Description of prop	erty		(b) Cost (busine	SS USO	only)	(c) Elected	cost	<u> </u>
]
7 L	isted property. Enter the amount from I	ne 29				7			
8 T	otal elected cost of section 179 proper	ty Add amounts	in column (c), lines 6 and	7			_8	
9 T	entative deduction. Enter the smaller of	f line 5 or line 8						9	
10 C	arryover of disallowed deduction from	ine 13 of your 20	009 Form 456	52				10	
11 B	usiness income limitation. Enter the sm	aller of business	s income (not	less than zero	o) or lii	ne 5		11	
12 S	ection 179 expense deduction. Add lin-	es 9 and 10, but	do not enter	more than lin	e 11			12	
13 C	arryover of disallowed deduction to 20	11 Add lines 9 a	and 10, less li	ne 12	_ ▶[13			
Note:	Do not use Part II or Part III below for	isted property li	nstead, use F	Part V					
Par	t II Special Depreciation Allowan	ce and Other D	epreciation ((Do not includ	le liste	d prope	rty)		
14 S	pecial depreciation allowance for qualif	ed property (oth	ner than listed	d property) pla	ced in	service	during		
th	ne tax year							14	3,544.
15 P	roperty subject to section 168(f)(1) elec	tion						15	
16 _0	ther depreciation (including ACRS)							16	62,656.
Par	t III MACRS Depreciation (Do not	ınclude listed pr	operty.) (See	instructions)					
			Se	ction A					
17 M	ACRS deductions for assets placed in	service in tax ye	ars beginnin	g before 2010				17	6,669.
18 If	you are electing to group any assets placed in service	e during the tax year	into one or more	general asset acco	unts, ch	neck here	▶ □]	
	Section B - Assets F	laced in Servic	e During 20	10 Tax Year U	Jsing 1	the Gen	eral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b_	5-year property			2,594.	_5	YRS.	HY	200DE	1,466.
С	7-year property	i							
d	10-year property								
е_	15-year property		_						
f	20-year property								
g	25-year property				2	5 yrs.		S/L	
_	Decidential vental acceptate	/			27	5 yrs	MM	S/L	
_ h 	Residential rental property				27	5 yrs	MM	S/L	
	Nonrecidential real preparty				39	9 yrs	MM	S/L	
i 	Nonresidential real property	/					ММ	S/L	
	Section C - Assets PI	aced in Service	During 2010	Tax Year Us	ing th	e Altern	ative Deprec	iation Sy	stem
20a	Class life							S/L	
b	12-year				1;	2 yrs		S/L	
С			1	1		_	1 1414	0.0	1
_	40-year				4	0 yrs	MM	S/L	<u> </u>
_	40-year t IV Summary (See instructions)	/			4(0 yrs		<u>5/</u> L	
Par		28			4(U yrs		21	
Par 21 L	t IV Summary (See instructions)		es 19 and 20) in column (g)					
Par 21 L 22 T	t IV Summary (See instructions) isted property. Enter amount from line 3	4 through 17, lin			, and I	line 21			74,335.
Par 21 L 22 T	t IV Summary (See instructions) isted property. Enter amount from line total. Add amounts from line 12, lines 1.	4 through 17, lin of your return Pa	artnerships a	nd S corporat	, and I	line 21		21	74,335.

016251 12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions. Form 4562 (2010)

____06-1390416 Page 2

Part V	Listed Propert	ty (Include a	utomobiles, c	ertain otl	her vehic	cles, cert	taın com	puters	s, and pro	perty us	ed for er	ntertainr	nent, rec	reation,	or
•	amusement) Note: For any v	ehicle for wi	hich vou are ι	ısına the	standare	d mileaq	e rate or	dedu	cting lease	expen	se, comp	lete on	v 24a. 2	4b. colur	nns (a)
	through (c) of S	Section A, all	of Section B	, and Sec	ction C if	applical	ble								
			on and Other			aution: S	See the I	$\overline{}$						 _	
24a Do you	u have evidence to s		T	ent use cl	aimed?	<u> </u>	es L	<u> </u>	24b If "Y	es," is t	he evide	nce writ	ten?	J Yes L	No
	(a) of property	(b) Date placed in	(c) Business investmen		(d) Cost or		(e) is for depre siness/inve		(f) Recovery	Me	(g) ethod/	Depr	(h) eciation	Elec	(i) cted on 179
(list ve	ehicles first)	service	use percenta		ther basis	(00.	use only		period	Con	vention	ded	uction		ost
25 Specia	al depreciation allo	wance for q	ualified listed	property	/ placed	in service	e during	the ta	ax year an	d					
•	nore than 50% in				•				•		25				
26 Proper	rty used more that	n 50% ın a q	ualified busir	ness use.											
				%											
				%											
				%											
27 Proper	rty used 50% or le	ess in a quali	fied business	s use:											
				%						S/L -		<u> </u>			
				%	,					S/L·				}	
				%						S/L -					
28 Add ar	mounts in column	(h), lines 25	through 27. I	Enter her	e and or	line 21,	page 1				28	L			
29 Add ar	mounts in column	(ı), line 26. E	nter here and	on line	7, page	1							29		
				Section I	B - Infor	mation	on Use	of Veh	nicles						
	this section for ve														
	rided vehicles to y	our employe	es, first answ	ver the qu	uestions	ın Secti	on C to	see if y	ou meet a	an exce	ption to	complet	ing this s	ection fo	or
those vehic	cles					,									
				(a)	(1	(b)		(c)		(d)	(e)	(f	7
30 Total bu	usiness/investment i	miles driven d	uring the	Vel	Vehicle		Vehicle		Vehicle V		Vehicle		nicle	Veh	ıcle
year (d	year (do not include commuting miles)														
31 Total c	commuting miles o	iriven during	the year												
32 Total o	other personal (no	ncommuting	ı) mıles					Ì							
driven														-	
33 Total n	niles driven during	the year													
Add lin	nes 30 through 32				т					<u> </u>		<u> </u>	T	<u> </u>	
	34 Was the vehicle available for personal use					Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
•	off-duty hours?				ļ		-			<u> </u>	ļ	<u> </u>	ļ	-	
	he vehicle used pi		more			l		İ							
	% owner or relate	•			<u> </u>	 	 	_			 	_	 	<u>-</u>	
_	ther vehicle availa	ble for perso	onal											1	
use?				<u></u>	<u> </u>	<u></u>	L	L		L	<u> </u>	L	<u>L</u>	1	L
			- Questions	•	-										
	ese questions to d	determine if y	you meet an	exception	n to com	pleting t	section i	d for v	enicies us	ea by e	mpioyee	s wno a	re not m	ore than	5%
	related persons					1								1,,	Τ
	u maintain a writte	n policy stat	tement that p	ronibits a	ali persoi	nai use c	or venici	es, inc	luaing cor	nmuting	, by you	r		Yes	No
employ	•	m makay atata	lamant that m				مماميطم								+
-	u maintain a writte yees? See the ins		•	•				•		•	your				ľ
•	u treat all use of v					ilicers, u	nectors,	UI 170	o or more	JWIIEIS					+
-	u provide more tha	-				ınformat	on from	. Vour	omplovoor	sahaut					+
-	e of the vehicles,		-		•	IIIIOIIIIat		your	employees	about					1
	u meet the require					monstra	tion use	2						-	
=	If your answer to		• .						overed ve	hicles					
	Amortization	27, 00, 00, 4	0, 01 47 10 10	30, 00 11	or comp.	ote oco.				7710100					
	(a)	-		(b)		(c)		_	(d)	T	(e)			(f)	
	Description of	costs	Dat	e amortization begins		Amortizab amount	ole	l	Code section	ł	Amortiza period or per		Aı fo	nortization or this year	
42 Amorti	ration of costs th	at begins du	ring your 201		ar						, s. ps.				
	ization of costs th														_
	ization of costs th									ŀ		,			
	zation of costs th				ļ			+	_			-			
	ization of costs th			0 tax yea	ar							43			
43 Amorti		at began be	fore your 201	•		o report					·	43			