Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Public Employees Local 1144

Number and street (or P.O. box, if mail is not delivered to street address): c/o Arthur Lopes, 121 Plain St. | Room/suite

City or town, state or country, and ZIP + 4: Taunton, MA 02780

D Employer identification number 23-7116478

E Telephone number 508-822-6635

F Group Exemption Number ▶ 121

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — ☑ 501(c) ( ) ◀ (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 $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 198,270.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	197,197.
	4	Investment income		4	886.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ Phone reimbursement)		8	187.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	198,270.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	20,889.
	13	Professional fees and other payments to independent contractors		13	10,734.
	14	Occupancy, rent, utilities, and maintenance		14	3,600.
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Other Expenses Statement)		16	163,066.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	198,289.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(19.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	44,919.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	44,900.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	46,891.	22	43,267.
23	Land and buildings	0.	23	0.
24	Other assets (describe ▶)	2,551.	24	2,551.
25	**Total assets**	49,442.	25	45,818.
26	**Total liabilities** (describe ▶ Acct. Payable & Accrued Expenses)	4,523.	26	918.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	44,919.	27	44,900.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? Labor Union of Public Employees

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.

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

28	Labor Union of Public Employees Affiliated with Laborers International Union of America (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	198,289.
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	198,289.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for 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
Raymond, Robert and others see schedule attached	President 4.00			

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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 period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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 is it 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	40b		
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.	40e		✓

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

42a The organization's books are in care of ▶ Arthur Lopes Telephone no. ▶ 508-822-6635

Located at ▶ 121 Plain Street Taunton MA ZIP + 4 ▶ 02780

			Yes	No
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)?	42b		✓
	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.? If "Yes," enter the name of the foreign country: ▶ _____	42c		✓

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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

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 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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."

(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

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."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶ _____

Sign Here

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

▶ Arthur Lopes — Signature of officer — Date 5-3-10

▶ Arthur Lopes sec./treas. — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Jeanne M Bollin — Date 5/3/10 — Check if self-employed ▶ ☑ — Preparer's identifying number (See instructions) 024-36-1035

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Jeanne M. Bollin, 4666 North Main St., Fall River, MA 02720 — EIN ▶ — Phone no. ▶

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

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER 521-695

	(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters)		(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1.	Last Name: Raymond	First Name: Robert	Middle Initial:				
	Title: President			Status: C	2599	684	$0 3283
2.	Last Name: Sylvia	First Name: Joseph	Middle Initial:				
	Title: Vice President			Status: C	2274	845	$0 3119
3.	Last Name: Nolette	First Name: Lisa	Middle Initial:				
	Title: Recording Secretary			Status: C	2924	324	$0 3248
4.	Last Name: Lopes	First Name: Arthur	Middle Initial:				
	Title: Secretary-Treasurer			Status: C	3898	536	$0 4434
5.	Last Name: Massie	First Name: Roy	Middle Initial:				
	Title: Sgt. of Arms/Greivance Commitee			Status: C		1359	$0 1359
6.	Last Name: Paquette	First Name: Donald	Middle Initial:				
	Title: Greivance Comm./ Sick Bank/ E Board			Status: C		1105	$0 1105
7.	Last Name: Donivan	First Name: Danielle	Middle Initial:				
	Title: Steward			Status: C		189	$0 189
8.	Totals from additional pages (if any)				$0	4152 $0	4152 $0
9.	Totals of Lines 1 through 8				11695 $0	9194 $0	20889 $0
						10. Less Deductions	
	The Total from Line 11 will be entered in Item 45					11. Net Disbursements	20889 $0

* Code for (C) Status: past officer – P; continuing officer – C; new officer during the reporting period – N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER. 521-695

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: Simmon	First Name: Cynthia	Middle Initial:				
Title: Steward			Status: C	324	324	$0 324
2. Last Name: Cheeks	First Name: Adam	Middle Initial:				
Title: Steward			Status: C		216	$0 216
3. Last Name: Pimentel	First Name: Debora	Middle Initial:				
Title: Steward			Status: C		486	$0 486
4. Last Name: Presby	First Name: James	Middle Initial:				
Title: Steward			Status: C		243	$0 243
5. Last Name: Uriot	First Name: Emily	Middle Initial:				
Title: Steward			Status: C		324	$0 324
6. Last Name: Bryan	First Name: Virginia	Middle Initial:				
Title: Ex. Board/ Sick Bank/ Steward			Status: C		1014	$0 1014
7. Last Name: Mc Cormack	First Name: Robert	Middle Initial:				
Title: Steward			Status: C		270	$0 270
8. Totals from additional pages (if any)				$0	2877 $0	2877 $0
9. Totals of Lines 1 through 8				$0	$0	$0
					10. Less Deductions	
				The Total from Line 11 will be entered in Item 45	11. Net Disbursements	$0

* Code for (C) Status: past officer – P; continuing officer – C; new officer during the reporting period – N

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts In Dollars Only – Do Not Enter Cents

FILE NUMBER 521-695

	(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)					
1.	Last Name: Botelho	First Name: Keith	Middle Initial:			
	Title: Steward		Status: C		108	$0 108
2.	Last Name: McBaughran	First Name: Edward	Middle Initial:			
	Title: E. Board		Status: C		600	$0 600
3.	Last Name: Proulx	First Name: James	Middle Initial:			
	Title: Steward		Status: C		81	$0 81
4.	Last Name: Ponte	First Name: David	Middle Initial:			
	Title: Steward		Status: C		162	$0 162
5.	Last Name: Orsini	First Name: Steven	Middle Initial:			
	Title: Steward		Status: N		324	$0 324
6.	Last Name:	First Name:	Middle Initial:			
	Title:		Status:			$0
7.	Last Name:	First Name:	Middle Initial:			
	Title:		Status:			$0
8.	Totals from additional pages (if any)			$0	1275 $0	1275 $0
9.	Totals of Lines 1 through 8			$0	$0	$0
					10. Less Deductions	
	The Total from Line 11 will be entered in Item 45				11. Net Disbursements	$0

* Code for (C) Status past officer – P, continuing officer – C, new officer during the reporting period – N

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Expenses Statement:

LIUA	106,850.
MA District	40,770.
Donations	1,832.
Office Expense	2,985.
Meetings & Conferences	5,653.
Taxes	2,088.
Telephone & Internet	2,490.
Miscellaneous	323.
Arbitration	75.
Total Expenses	163,066.