

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

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

**2009**

**Open to Public  
Inspection**

- ▶ 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

Department of the Treasury  
Internal Revenue Service

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: Address change Name change Initial return Termination Amended return Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> <b>African-American Caucus of the Laborers International Union of NA</b>		<b>D Employer identification number</b> <b>86-1055847</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>PO Box 4100</b>		<b>E Telephone number</b> <b>513-221-5260</b>
		City or town, state or country, and ZIP + 4 <b>South Bend IN 46634</b>		<b>F Group Exemption Number</b> ▶

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

<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	<b>H Check</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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**I Website:** ▶ www.liunaac.org

**J Tax-exempt status** (check only one) —  501(c) ( 5 ) ◀ (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** ▶ \$ **119,895**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21														
Revenue	1	Contributions, gifts, grants, and similar amounts received														59,300																										
	2	Program service revenue including government fees and contracts																																								
	3	Membership dues and assessments																																								
	4	Investment income														173																										
	5a	Gross amount from sale of assets other than inventory																																								
	b	Less cost or other basis and sales expenses																																								
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																								
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																																								
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																								
	b	Less direct expenses other than fundraising expenses																																								
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																									
7a	Gross sales of inventory, less returns and allowances																																									
b	Less cost of goods sold																																									
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																									
8	Other revenue (describe ▶ _____ )																																									
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																									
Expenses	10	Grants and similar amounts paid (attach schedule)																																								
	11	Benefits paid to or for members																																								
	12	Salaries, other compensation and employee benefits																																								
	13	Professional fees and other payments to independent contractors																																								
	14	Occupancy, rent, utilities, and maintenance																																								
	15	Printing, publications, postage, and shipping																																								
	16	Other expenses (describe ▶ <b>See Statement 1</b> )																																								
17	<b>Total expenses.</b> Add lines 10 through 16																																									
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																								
	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)																																								
	20	Other changes in net assets or fund balances (attach explanation)																																								
	21	Net assets or fund balances at end of year Combine lines 18 through 20																																								

**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

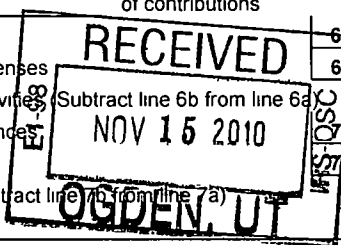
		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	75,809	22	73,041	22
23	Land and buildings		23		23
24	Other assets (describe ▶ _____ )		24		24
25	<b>Total assets</b>	75,809	25	73,041	25
26	<b>Total liabilities</b> (describe ▶ <b>See Statement 2</b> )	250	26	0	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	75,559	27	73,041	27

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

Form **990-EZ** (2009)

65 17

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

**Expenses**

What is the organization's primary exempt purpose?

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

See Statement

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, or other relevant information for each program title

28 n/a

(Grants \$ ) If this amount includes foreign grants, check here  28a

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)

See Statement

(Grants \$ ) If this amount includes foreign grants, check here  31a

32 Total program service expenses (add lines 28a through 31a)  32

**Part IV List of Officers, Directors, Trustees, and Key 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
Glenn Williams 2015 W Western Ave South Bend IN 46629	President 25.00	40,000	0	0
Les Williams 1101 E 87th St Kansas City MO 64131	Vice Pres	0	0	0
Jimmy Haynes 2022 Fourth Street Rochester NY 14609	Rec Secretar	0	0	0
Ken Washington 3010 West Colona Street Philadelphia PA 19132	Treasurer	0	0	0
Sammuel Staten 1310 Wallace Street Philadelphia PA 19123	Exec Board	0	0	0
Robert Brown 20 Fourth Street Rochester NY 14609	Exec Board	0	0	0
Curtis Jenkins 1366 Haddon Ave Camden NJ 08103	Exec Board	0	0	0
Daniel Woodall Jr 740 Sandy Street Norristown PA 19401	Exec Board	0	0	0
Grover Johnson PO Box 588 Manchester WA 98353	Exec Board	0	0	0
Sam Robinson 8400 Enterprise Way Oakland CA 94521	Exec Board	0	0	0
Dallas Jones 1101 Connecticut Ave NW Washington DC 20036	Exec Board	0	0	0
John O Horton Jr 3250 Euclid Ave Cleveland OH 44115	Exec Board	0	0	0
Walter JB Robinson 818 Bering Way Suisun CA 94585	Exec Board	0	0	0
Cedrick Poter 4780 Chavet Drive Suite 200 Pleasanton CA 94588	Exec Board	0	0	0
Anthony Henry 2161 West Grand Blvd Detroit MI 48208	Exec Board	0	0	0
Janet Suber 740 Sandy Street Norristown PA 19401	Exec Board	0	0	0
Barry Kaufman 400 Soniat New Orleans LA 70115	Exec Board	0	0	0
Anthony Brice 3457 Montgomery Road Cincinnati OH 45207	Exec Board	0	0	0

**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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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		
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 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		X
41	List the states with which a copy of this return is filed <input type="text" value="IN"/>		
42a	The organization's books are in care of <input type="text" value="The Organization"/> Telephone no <input type="text" value="513-221-5260"/> <input type="text" value="PO Box 4100"/> Located at <input type="text" value="South Bend, IN"/> ZIP + 4 <input type="text" value="46634"/>		
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)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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 <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

**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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 49b If "Yes," was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
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

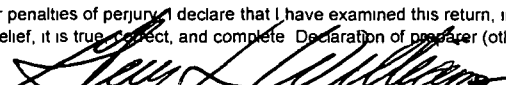
f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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."

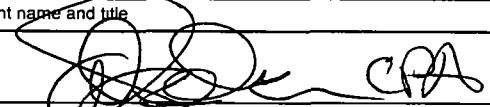
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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

**Sign Here** Date 11/17/10  
  
 Signature of officer: **Glenn L. Williams** Date: **11/17/10**  
 Type or print name and title: **President**

**Paid Preparer's Use Only**

Preparer's signature:  Date: **11/04/10** Check if self-employed:   
 Firm's name (or yours if self-employed): **Livingston, Solomon & Tipton, Inc.** Preparer's Identifying Number (See instr.): **P00849743**  
 address, and ZIP + 4: **Cincinnati, OH 45241-2371** EIN: **513-489-7728**  
 Phone no: **513-489-7728**

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



### Federal Statements

#### Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Bank Charges	529
Printing and Postage	3,877
Website	595
Total	\$ <u>5,001</u>

#### Statement 2 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
State Tax Withheld	\$ <u>250</u>	\$ <u>          </u>
	<u>250</u>	<u>          </u>

# Federal Statements

## Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

### Description

To improve the political, educational, social and economic status of minority groups and to eliminate racial prejudice

## Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

### Description

n/a