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07 124

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)What is the organization's primary exempt purpose? LABOR UNION

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.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)28 A 60 member LOCAL is protected by rights Negotiated By The UNION including a Health + Pension benefits, Life insurance as well as Fair wages(Grants \$) If this amount includes foreign grants, check here ☐

28a

1,3169.

29

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

29a

0

30

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

30a

0

31 Other program services (attach schedule)

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

31a

0

32 Total program service expenses. Add lines 28a through 31a

32

1,3169

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

| (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 |
|----------------------|--|---|---|--|
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Part V Other Information (Note the statement requirement in General Instruction V.)

Yes No

33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

33

✓

34 Were any changes made to the organizing or governing documents but not reported to the IRS? 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, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or 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 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.

36

✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0

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 unpaid at the start of the period covered by this return?

38a

✓

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved

38b

0

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

a Initiation fees and capital contributions included on line 9

39a

3401

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

39b

0

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

| | Yes | No |
|------------|-----|-------------------------------------|
| 40b | | <input checked="" type="checkbox"/> |

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958▶ 0**d** Enter amount of tax on line 40c reimbursed by the organization▶ 0**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

| | Yes | No |
|------------|-----|-------------------------------------|
| 40e | | <input checked="" type="checkbox"/> |

41 List the states with which a copy of this return is filed. ▶ RI**42a** The books are in care of ▶ MARK ANDERTONTelephone no. ▶ (401) 333-5862Located at ▶ 134 COLONIAL AVE CUMBERLAND, RIZIP + 4 ▶ 02864**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)?

| | Yes | No |
|------------|-----|-------------------------------------|
| 42b | | <input checked="" type="checkbox"/> |

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

| | Yes | No |
|------------|-----|-------------------------------------|
| 42c | | <input checked="" type="checkbox"/> |

If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check hereand enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 11,000 ☒**Please
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.

▶ Mark Anderton

Signature of officer

Treasurer

Date

4-29-08▶ MARK ANDERTON

Type or print name and title.

TREASURER**Paid
Preparer's
Use Only**Preparer's
signature ▶

Date

Check if
self-
employed ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours
if self-employed),
address, and ZIP + 4 ▶

EIN ▶

Phone no. ▶ ()