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DLN: 93493067007020

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public

Form **990**

Department of the Treasury Internal Revenue Service

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

Part I Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE MEDICAL AND HEALTH BENEFITS TO MEMBERS 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a)	TYES NO Yes No ee instructions) oer Included the second of the second o			
Address change Name change Intel return Tommation Amended return Application pending F Name and address of Principal Officer Tax-exempt status	TYES NO Yes No ee instructions) oer Image: Second Secon			
Tax-exempt status	TYES NO Yes No ee instructions) oer Image: Second Secon			
tintial return Termination Amended return Application pending F Name and address of Principal Officer Tax-exempt status	TYES NO YES NO ee instructions) oer Image: Second			
Number and street (or P O box if mail is not delivered to street address) Room/suite G Gross receipts \$	TYes No Yes No ee instructions) her b			
Amended return Application pending F Name and address of Principal Officer F Name and address of Principal Officer F Name and address of Principal Officer H(a) Is this a group return for affiliates? H(b) Are all affiliates included? (If "No," attach a list Set (If "No," attac	Yes ✓ No Yes ✓ No ee instructions) er ► Ite of legal domicile 5 5			
F Name and address of Principal Officer H(a) Is this a group return for affiliates?	Yes ✓ No Yes ✓ No ee instructions) er ► Ite of legal domicile 5 5			
F Name and address of Principal Officer H(a) Is this a group return for affiliates? H(b) Are all affiliates included? (If "No," attach a list Set H(c) Group Exemption Numb (Type of organization Corporation Trust association other Let Year of Formation M State	Yes ✓ No Yes ✓ No ee instructions) er ► Ite of legal domicile 5 5			
Tax-exempt status	Yes ✓ No Yes ✓ No ee instructions) er ► Ite of legal domicile 5 5			
Tax-exempt status	Yes ✓ No Yes ✓ No ee instructions) er ► Ite of legal domicile 5 5			
Tax-exempt status	ee instructions) oer ► ute of legal domicile 5 5			
Tax-exempt status	ee instructions) oer ► ute of legal domicile 5 5			
Web site: ► N/A H(c) Group Exemption Numb	te of legal domicile 5 5			
Part I Summary 1 Briefly describe the organization 's mission or most significant activities PROVIDE MEDICAL AND HEALTH BENEFITS TO MEMBERS 2 Check this box	te of legal domicile 5 5			
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2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a)	5			
4 Number of independent voting members of the governing body (Part VI, line 1b)	5			
4 Number of independent voting members of the governing body (Part VI, line 1b)	5			
4 Number of independent voting members of the governing body (Part VI, line 1b)	5			
4 Number of independent voting members of the governing body (Part VI, line 1b)	5			
B Contributions and grants (Part VIII, line 1h)				
B Contributions and grants (Part VIII, line 1h)				
B Contributions and grants (Part VIII, line 1h)	16			
B Contributions and grants (Part VIII, line 1h)				
Prior Year	0			
8 Contributions and grants (Part VIII, line 1h)				
9 Program service revenue (Part VIII, line 2g)	Current Year			
II Other revenue (Part VIII, Column (A), mies 5, 8d, 8C, 9C, 10C, and 11e)	9,113,104			
II Other revenue (Part VIII, Column (A), mies 5, 8d, 8C, 9C, 10C, and 11e)	126,175			
II Other revenue (Part VIII, Column (A), mies 5, 8d, 8C, 9C, 10C, and 11e)	449,528			
	0			
12 FORGITO FORGE GOVERNOUS OF ENGAGE IT (MOST EQUAL FOR FILE) COMMIN (A.), IME				
12)	9,688,807			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0			
14 Benefits paid to or for members (Part IX, column (A), line 4) 9,048,170	9,722,825			
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1,007,664	1 242 172			
\$\tag{\tau}\$	1,242,172			
16a Professional fundraising fees (Part IX, column (A), line 11e)	0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) -52,833	-237,946			
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 10,003,001	10,727,051			
19 Revenue less expenses Subtract line 18 from line 12 821,573	-1,038,244			
Beginning of Year	End of Year			
20 Total assets (Part X, line 16)	12,681,316			
Beginning of Year	963,857			
22 Net assets or fund balances Subtract line 21 from line 20 12,550,089	11,717,459			
Part II Signature Block	11/, 1, , , , ,			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	hest 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 h				
Please				
Sign Signature of officer Date				
lere Douglas V Hathaway Plan Administrative				
Type or print name and title				
Preparer's Date Check If Preparer's PTIN (See	e Gen Inst)			
Paid Drew Benenson self-empolyed				
Preparer's Firm's name (or yours & Tarlow & Co CPA's				
Ise Only if self-employed), EIN				
address, and ZIP + 4 · · / Penn Plaza Suite Z10				
New York, NY 10001 Phone no ▶ (212)	607 9540			
Nay the IRS discuss this return with the preparer shown above? (See instructions)	697-8540			

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

1	Briefly describe the organiz PROVIDE MEDICAL AND HE	ation's mission ALTH BENEFITS TO MEMBERS			
2	Did the organization i the prior Form 990 oi		ogram services during the year	which were not listed on	Yes V No
	If "Yes," describe the	se new services on Schedu	e O		
3	services?		ignificant changes in how it con	ducts any program 	Yes 🔽 No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) an	d (4) organizations and 494	each of the organization's three l 7 (a)(1) trusts are required to re or each program service reporte	eport the amount of grants and	
4a	(Code PROVIDED MEDICAL AND) (Expenses \$ 9 HEALTH BENEFITS TO APPROXIM	9,722,825 including grants of \$ ATELY 6,000 MEMBERS) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(6.1			\ (F)	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d		ices (Describe in Schedule			
	(Expenses \$		grants of \$) (Revenue \$)
4e	Total program servi	ce expenses \$,722,825 Must equal Part IX,	Line 25, column (B).	

art IV	Checklist of	Required	Schedules
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			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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		No I
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🖼	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
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, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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			
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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	36		
37	Did the organization conduct more than 5 percent 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	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	874			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	; ·		1c		
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	2a	16			
h	return					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ng the	year covered by this	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc	hedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?	-	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Financial Accounts.	Report o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ing the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	pt Entit	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	• •		6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo co more?	ntrıbut	ion of \$75 or	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	:d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	which it was required to	7c		
d	file Form 8282?	 7d		76		
u	If res, indicate the number of rollins 0202 med during the year					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa benefit contract?		niums on a personal	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization required?	file a F	orm 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the	spons	oring organization, have	8		Νo
9	year?					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related perso			9b		
10	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu o	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

Se	ection A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
.a	Enter the number of voting members of the governing body 1a 5			
Ь	Enter the number of voting members that are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
ı	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
;	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
,	Does the organization have members or stockholders?	6		Νο
'a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
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?	9b		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
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?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 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 own website. another's website. upon request
- 19 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DOUGLAS HATHAWAY 16 COURT STREET BROOKLYN,NY 11241 (718) 624-2600

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 Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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
- * List all of the organization's **former** officers, key employees, or 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

Check this box if the organization did i	not compens	ate any	offic	er, d	ırec	tor, tru	uste	or key employee		
		Posit t	(C non (hat a	chec)		1	(D)	(E)	(F) Estimated
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
ERNEST LOGAN, CHAIRPERSON		Х						0	0	0
PETER MCNALLY , SECRETARY		Х						0	0	0
LAVERNE BURROWES , TRUSTEE		Х						0	0	0
ROBERT KAZANOWITZ , TRUSTEE		Х						0	0	0
RANDY HERMAN,		Х						0		0
DOUG HATHAWAY , PLAN ADMINISTRATOR	35 0			Х				148,206	0	0
SHERRI TABACHNICK, ASST ADMINISTRATOR	35 0				Х			116,317	0	0
GLENDA HARRY , ASSISTANT FINANCIAL DIRECTOR	35 0				х			105,282	0	0
							-			
					\vdash		\vdash			
							\vdash			

Part VII Continued

	(B)		tion :hat a	appl [.]	y)			(D) Reportable	(E) Reportable	(F) Estimated amount of other
(A) Name and Title	Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
1b Total						1	F	369,805	0	0

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►3

			163	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	muvidual	4		Νο
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_		
		5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation				
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation						

Voc No

Page **9**

Part Stat

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	s 1a	1				
#\$	ь	Membership dues .						
Contributions, gifts, grants and other similar amounts			1b					
g°,g	С	Fundraising events	 1c					
ž ž	d	Related organizations						
<u>%</u>	e	Government grants (cont						
<u>۾ ج</u>	f	All other contributions, gif						
重量	•	sımılar amounts not ınclud	ded above					
事品	g	Noncash contribution	1f ns included in					
ŞΈ	9	lines 1a-1f \$						
Ų 10	h	Total (Add lines 1a-1			9,113,104			
				Business Code				
a	2a	AFFILIATED ORG			89,449	89,449		
ven	ь	COBRA INCOME			36,726			
윤	c	-			30,720	30,720		
JC e	d							
Ž.								
Ë	е							
Program Serwce Revenue	f	All other program se	rvice revenue					
Š	g	Total. Add lines 2a-2	f					
		▶ \$ 126,175						
	3	Investment income (
		other sımılar amount	s)		634,876			634,876
	4	Income from investment	of tax-exempt b		0			
	_	- "		▶	0			
	5	Royalties			0			
	6-	Gross Rents	(ı) Real	(II) Personal				
	6a b	Less rental						
	"	expenses						
	С	Rental income or (loss)						
	d	Net rental income or	(loss)					
		(ı) S	Securities	(II) O ther				
	7a	Gross amount	368,661	(11)				
		from sales of assets other						
	ь	than inventory Less cost or	554,009					
	"	other basis and	331,003					
	С	sales expenses Gain or (loss)	-185,348					
	d	Net gain or (loss)			-185,348			
	_	<u> </u>						
	8a	Gross income from fu events (not including						
A.		\$	•					
Other Revenue		of contributions repo						
छ >		1c) See Part IV, line Attach Schedule G if to						
æ		\$15,000						
9	b	Less direct expense	s b					
捶	С	Net income or (loss)	from fundrais	ing events	О			
•	9a	Gross income from g	amıng					
		activities See part I	V, line 19					
		Complete Schedule G I exceeds \$15,000	f total					
		, ,	а					
	ь	Less direct expense	s b					
	с	Net income or (loss)	from gaming		0			
	10-		Lame I.	<u>►</u>				
	10a	Gross sales of invent						
			a					
	ь	Less cost of goods s	sold b					
	с	Net income or (loss)			0			<u> </u>
		Miscellaneous Reve	nue	Business Code				
	11a							
	b							
	с							
		All other revenue						
	d e	Total. Add lines 11a-		\$				
				0				
	12	Total Revenue. Add I	ınes 1h, 2g, 3	3, 4, 5, 6d, 7d,	9,688,807	126,175		634,876
		8c,		L .				j

Part IX Statement of Functional Expenses

A	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).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 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	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	9,722,825	9,722,825							
5	Compensation of current officers, directors, trustees, and key employees	264,523		264,523						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	634,840								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0								
9	Other employee benefits	262,860		262,860						
10	Payroll taxes	79,949		79,949						
11	Fees for services (non-employees)									
а	Management	0								
b	Legal	7,200		7,200						
c	Accounting	32,090		32,090						
d	Lobbying	0								
e	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	23,970		23,970						
g	Other	0								
12	Advertising and promotion	0								
13	Office expenses	0								
14	Information technology	0								
15	Royalties	0								
16	Occupancy	158,287		158,287						
17	Travel	0								
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	5,893		5,893						
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	19,877		19,877						
23	Insurance	0								
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	LESS SERVICE INCOME	-847,000		-847,000						
b	CONSULTANT FEES	34,767		34,767						
c	OTHER BENEFIT COSTS	206,460		206,460						
d	OFFICE EXPENSE	24,897		24,897						
e	REPAIRS	37,379		37,379						
f	All other expenses	58,234		58,234						
25	Total functional expenses. Add lines 1 through 24f	10,727,051	9,722,825	1,004,226						
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , .							

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			624,572	1	1,035,405
	2	Savings and temporary cash investments			717,023	2	832,130
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	1,082,800	4	1,074,102		
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		yees or		5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4958			6	
	7	Notes and loans receivable, net		•		7	
	8	Inventories for sale or use				8	
92	9	Prepaid expenses and deferred charges				9	
ssets	10a						
AS		Land, buildings, and equipment cost basis	10a	434,697			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь	378,005	52,342	10c	56,692
	11	Investments—publicly traded securities		,	11,075,277	11	9,668,687
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	t VII of		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	rt VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			16,899		14,300
		D			,	15	,
	16	Total assets. Add lines 1 through 15 (must equal line 34)			13,568,913	16	12,681,316
	17	Accounts payable and accrued expenses .			43,245	17	64,655
	18	Grants payable				18	
	19	Deferred revenue				19	
10	20	Tax-exempt bond liabilities				20	
<u>ā</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			975,579	25	899,202
	26	Total liabilities. Add lines 17 through 25			1,018,824	26	963,857
s A		Organizations that follow SFAS 117, check here ▶ $\sqrt{}$ and complet through 29, and lines 33 and 34.	ete lines 27	,			
ä	27	Unrestricted net assets			12,550,089	27	11,717,459
Balance	28	Temporarily restricted net assets				28	
핕	29	Permanently restricted net assets				29	
r Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	complete				
S O.	30	Capital stock or trust principal, or current funds				30	
ě.	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fun				32	
Net /	33	Total net assets or fund balances			12,550,089	33	11,717,459
ź	34	Total liabilities and net assets/fund balances			13,568,913		12,681,316
	ı = -				,,-		,,,,,,,
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

					-
			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes		
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes		
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 Act and OMB Circular A-133?	3a		Νο	
b	If "Yes," did the organization undergo the required audit or audits?	3b			

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SCHEDULE D

(Form 990)

h

c

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization **Employer identification number** CSA WELFARE FUND 13-6203811 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Pur	rpose(s) of conservation easements neig by the organization (chec	кан	that apply)
\sqcap	Preservation of land for public use (e g , recreation or pleasure)	\sqcap	Preservation of an historically importantly land area
Γ	Protection of natural habitat	Γ	Preservation of certified historic structure
Γ	Preservation of open space		

Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement

on the last day of the tax year Hold at the End of the Year Total number of conservation easements

	neia at	tne	Ena	OΤ	tne	rear
2a						
2b						
2c						
2d						

d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3

the taxable year 🕨

Number of conservation easements on a certified historic structure included in (a)

Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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

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Total acreage restricted by conservation easements

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Organizations Maintaining Collections of Art,	His	<u>tori</u>	<u>cal Treasur</u>	es, or on	<u> 161 21</u>	illilla i A	ssets (c	ontinuea,
Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that are	a sıgnıfıcan	t use o	fits collec	tion	
Public exhibition	d	Γ	Loan or excha	inge prograi	ns			
Scholarly research	e	Γ	Other					
Preservation for future generations								
Provide a description of the organization's collections and explain Part XIV	n how	v the	/ further the or	ganızatıon's	exemp	ot purpose	ın	
During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as p					ımılar		┌ Yes	┌ No
Trust, Escrow and Custodial Arrangements. C				ızatıon ans	swere	d "Yes" to	Form 9	90,
Part IV, line 9, or reported an amount on Form 990				- 4 1 4				
Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	liary	TOT C	ontributions or	otner asset	s not		☐ Yes	┌ No
If "Yes," explain why in Part XIV and complete the following table	!							
						Aı	nount	
Beginning balance				10	С			
Additions during the year				10	d			
Distributions during the year				10	e			
Ending balance				11	F			
Did the organization include an amount on Form 990, Part X, line	21?						┌ Yes	┌ No
If "Yes," explain the arrangement in Part XIV								
rt V Endowment Funds. Complete if the organization	ans	were	ed "Yes" to Fo	rm 990, P	art IV	', lıne 10.		
(a)Current Year	(b)	Prior '	rear (c)Two	Years Back (d) Three	Years Back	(e) Four Y	ears Back
Beginning of year balance								
Contributions								
Investment earnings or losses								
Grants or scholarships								
Other expenditures for facilities and programs								
Administrative expenses								
End of year balance								
Provide the estimated percentage of the year end balance held as	5							
Board designated or quasi-endowment 🕨								
Permanent endowment 🕨								
Term endowment ▶								
Are there endowment funds not in the possession of the organization by	ion t	hat a	re held and ad	mınıstered f	or the		Yes	No
(i) unrelated organizations		•				3a	(i)	
(ii) related organizations						_	<u> </u>	
						. 3a	` 	
If "Yes" to 3a(II), are the related organizations listed as required	on S	ched	ule R?			3a	` 	
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo	on S wme	ched ent fu	ule R? nds	+ V line 1			` 	
If "Yes" to 3a(II), are the related organizations listed as required	on S wme	ched ent fu ee F	ule R? nds orm 990, Par	i '			` 	
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo	on S wme	ched ent fu ee F	ule R? nds	t X, line 10 (b)Cost or or basis (othe	her ,		b	Book value
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value
If "Yes" to 3a(II), are the related organizations listed as required pescribe in Part XIV the intended uses of the organization's endot VI Investments—Land, Buildings, and Equipmen Description of investment	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value
If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's endo **T VI Investments—Land, Buildings, and Equipmen Description of investment Land	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value
If "Yes" to 3a(II), are the related organizations listed as required to Describe in Part XIV the intended uses of the organization's endot to VI Investments—Land, Buildings, and Equipmen Description of investment Land	on S wme	ched ent fu ee F	ule R? nds orm 990, Par a) Cost or other	(b)Cost or of	her ,	3	b	Book value

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of the of year market value
Closely-held equity interests		
O ther		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	 ne 15.	
(a) Descrip		(b) Book value
OTHER ASSETS		14,30
Total. (Column (b) should equal Form 990, Part X, col.(B) line i		
Part X Other Liabilities. See Form 990, Part >		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
DUE TO DAYCARE COUNCIL/CSA	7,402	
HEALTH CLAIMS PAYABLE	825,800	
PENSION PAYABLE	66,000	
YEARS OF SERVICE BENEFIT PAY	0	
DUE TO CSA RETIREE WELFARE FD	0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	899,202	

Par	t XI Reconciliation of Cl	hange in Net Assets from Forr	ո 990 t	o Fina	ncial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	9,688,807
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	10,727,051
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-1,038,244
4	Net unrealized gains (losses) or	n investments				4	
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Iir	nes 4 - 8				9	
10	Excess or (deficit) for the year	per financial statements Combine line	s 3 and 9)		10	-1,038,244
Part	XIII Reconciliation of Re	evenue per Audited Financial	Staten	ents '	With Revenue բ	er R	eturn
1	Total revenue, gains, and othe	r support per audited financial stateme	nts .			1	9,870,451
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	. 2	a	205,614		
b	Donated services and use of fa	acılıtıes	. 2	ь			
c	Recoveries of prior year grants	. 	. 2	С			
d	Other (Describe in Part XIV)		. 2	d	-23,970		
e	Add lines 2a through 2d .					2e	181,644
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	9,688,807
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. 4	a			
b	Other (Describe in Part XIV)		4	b			
c	Add lines 4a and 4b					4c	
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Par	t I, lıne 1	2).		5	9,688,807
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	l State	ments	With Expenses	s per	Return
1	Total expenses and losses per	audited financial statements				1	10,703,081
2	A mounts included on line 1 but	t not on Form 990, Part IX, line 25		1			
а	Donated services and use of fa	cilities	· · 🗀	2a		_	
b	Prior year adjustments		· • <u> </u>	2b		1	
c	Losses reported on Form 990,	Part IX, line 25	· • <u> </u>	2c		1	
d	Other (Describe in Part XIV)		- <u>L</u>	2d			
e	Add lines 2a through 2d					2e	
3	Subtract line 2e from line 1 .					3	10,703,081
4	A mounts included on Form 990	D, Part IX, line 25, but not on line 1:					
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	· · <u> </u>	1a	23,970		
b	Other (Describe in Part XIV)		· [-	4b			
c	Add lines 4a and 4b					4c	23,970
5		d 4c. (This should equal Form 990, Pa	rt I, lıne	18) .		5	10,727,051
Par	t XIV Supplemental Inf	ormation					
		criptions required for Part II, lines 3, ! Part XII, lines 2d and 4b, and Part XI				art XIV	/, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	
INVE	STMENT EXPENSES						
					-		

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SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization CSA WELFARE FUND

Employer identification number

13-6203811

ldentifier	Return Reference	Explanation
PAGE 6 - SECTION A LINE 10		THE TRUESTEES AND THE ADMINISTRATOR RECEIVE A COPY OF THE FORM 990 BEFORE IT FILED AND READ IT THOROUGHLY AND CHECK THE ACCURACY OF THE INFORMATION

ldentifier	Return Reference	Explanation
PAGE 6 - SECTION C LINE 19		A COPY OF THE FINANCIAL STATEMENTS IS SENT TO EACH MEMBER

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493067007020

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

CSA WELFARE FUND				13-6203811	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	itions	-	_		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code secti	on Public charity sta (if section 501(c)	(F) Direct controlling (3)) entity
LOCAL 1 COUNCIL OF SUPERVISORS AND ADMIN 16 COURT STREET BROOKLYN, NY11241 11-2024569	UNION	NY	501(C)(9)		
CSA RETIREE WELFARE FUND 16 COURT STREET BROOKLYN, NY11241 11-2692902	PLAN ADMIN	NY	501(C)(9)		
DAY CARE COUNCIL - COUNCIL OF SUPERVI 16 COURT STREET BROOKLYN, NY11241 11-2504726	PLAN ADMIN	NY	501(C)(9)		
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(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V	Transactions with Related Organizations	

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		١	Yes	No
1 D	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations list	ted in Parts II-IV?			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	а		No
b	b Gift, grant, or capital contribution to other organization(s)	11:	b		No
c	c Gift, grant, or capital contribution from other organization(s)	10	С		No
d	d Loans or loan guarantees to or for other organization(s)	10	d		No
e	e Loans or loan guarantees by other organization(s)	16	e		No
f	f Sale of assets to other organization(s)	1f	f		No
g	g Purchase of assets from other organization(s)	1ç	g		No
h	h Exchange of assets	11	h		No
i	i Lease of facilities, equipment, or other assets to other organization(s)	1i	i		No
j	j Lease of facilities, equipment, or other assets from other organization(s)	1 <u>j</u>	jΝ	ſes	
k	k Performance of services or membership or fundraising solicitations for other organization(s)	114	k		No
ı	l Performance of services or membership or fundraising solicitations by other organization(s)	11	ı		No
m	m Sharing of facilities, equipment, mailing lists, or other assets	1r	m \	/es	
n	n Sharing of paid employees	1r	n \	/es	
0	• Reimbursement paid to other organization for expenses	10	0		No
р	p Reimbursement paid by other organization for expenses	1,	pΝ	Yes	
q	q O ther transfer of cash or property to other organization(s)	10	q		No
r	r Other transfer of cash or property from other organization(s)	11	r		No
 2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cov	ered relationships and transaction thresholds			
	(A)	(c)			
	Name of other organization(s) Transaction type(a-r)	Amount Involved			
(1)	(1) CSA RETIREE WELFARE FUND m, n		78	9,800	
(2)	(2)				
(3)	(3)				
(4)	(4)				

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

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DLN: 93493067007020

OMB No 1545-0172

Depreciation and Amortization

(Including Information on Listed Property) Department of the Treasury Internal Revenue Service See separate instructions. ► Attach to your tax return.

Name(s) shown on return CSA WELFARE FUND	Business or a	Business or activity to which this form relates				Identifying number			
SA WELFARE FUND	GENERAL DE	PRECIATION				13-6	2038	311	
	•	Certain Property Un				anlata Da	-+ T		
1 Maximum amount See		sted property, comple		ne yo	u con	іріесе Ра	111.	1	\$ 250,000
2 Total cost of section 1		,		•			•	2	\$ 250,000
3 Threshold cost of section 1		·	•	· ·	`		•	3	\$ 800,000
				uctions	•		•		\$ 800,000
4 Reduction in limitation				• •	•		•	4	
5 Dollar limitation for tax	•	line 4 from line 1 If zero	or less, enter - ()- 1f m	arried	filing		_	
separately, see instruc	tions			• •	•	• •		5	
(a) D	escription of pro	perty	(b) Cost ((busine	ss us	(c) E	lected	cost	
6]
7 London and Control		l.n. 20							$^{\perp}$
7 Listed property Enter					7			_	-
8 Total elected cost of se		·	ımn (c), iines 6	and /	•			8	
9 Tentative deduction E				•				9	
10 Carryover of disallowed					•			10	
11 Business income limitation	Enter the smaller of	business income (not less than	n zero) or line 5 (se	e instruc	ctions)		•	11	
12 Section 179 expense o	leduction Add li	nes 9 and 10, but do not	enter more than	n line 1	1 .			12	
13 Carryover of disallowed	d deduction to 2	009 Add lines 9 and 10,	less line 12	. 🕨	13				
Note: Do not use Part .	II or Part III b	elow for listed proper	ty. Instead, u	se Par	t V.				•
Part II Special De	preciation A	Allowance and Othe	r Depreciation	on (D	o not	: ınclude lı	sted pr	opert	y) (See instructions)
14 Special depreciation al	·	ified property (other than	listed property) place	d ın se	rvice duri	ng the		
tax year (see instruction	•							14	
15 Property subject to sec	tion 168(f)(1) e	election			•		•	15	
16 Other depreciation (inc	luding ACRS)							16	19,877
Part IIII MACRS De	preciation (I	Do not include listed p		e inst	ructio	ns.)			
			ction A						1
17 MACRS deductions for	assets placed ı	n service in tax years be	ginning before 2	800	•		•	17	
18 If you are electing t			e during the ta	ax yea	ir into	one or i	m <u>ore</u>		
general asset accou					•		►l		
Section B—Asse	ets Placed in	Service During 200	08 Tax Year	Using	, the	<u>General</u>	l Depi	<u>recia</u>	tion System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) C	onvent	ion (f)) Metho	d	(g)Depreciation deduction
19a 3-year property									
b 5-year property									
c 7 - year property									
d 10-year property									
e 15-year property									
f 20-year property			2.5				- · ·		
g 25-year property			25 yrs	<u> </u>	4.5.4		S/L		
h Residential rental property			27 5 yrs	 	1 M		S/L		
			27 5 yrs	 	1 M 1 M		S/L		
i Nonresidential real property			39 yrs	1	1 M		S/L S/L		
Sect io	n C—Assets Plac	ced in Service During 2008	B Tax Year Using	the A	Iterna		•	Svst	 em
20a Class life		,					S/L		
b 12-year		12 yrs				S/L			
c 40-year			40 yrs	ı	м м		S/L		
Part IV Summar	y (See ınstruc	ctions)	· · · · · · · · · · · · · · · · · · ·						
21 Listed property Enter a								21	
22 Total. Add amounts fro and on the appropriate		14 through 17, lines 19 urn Partnerships and S o				e 21 Ente	r here	22	19,877
23 For assets shown abov	e and placed in	service during the curren	t year, enter the		23				
portion of the basis att	ributable to sect	tion 263A costs			23				1

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44