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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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization BCTGM LOCAL UNION 167G		D Employer Identification Number 16-1769058
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 N 3RD ST 50		E Telephone number (218) 779-6841
		City, town or country State ZIP code + 4 GRAND FORKS ND 58203-3740		G Gross receipts \$ 381,020.
		F Name and address of principal officer JOHN RISKEY 100 N 3RD ST GRAND FORKS ND 58203		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: N/A				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>				
L Year of Formation 2006				
M State of legal domicile ND				

Part I Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNION ACTIVITIES THESE INCLUDE IMPROVING CONDITIONS, PROTECT AND SERVE INTEREST AND WELFARE, PROCURE A FAIR DAY'S PAY FOR A FAIR DAY'S WORK, SAFEGUARD THE RIGHTS OF MEMBERS, AND TO ESTABLISH AND ADMINISTER COLLECTIVE BARGAINING WITH EMPLOYERS	
	2 Check this box <input type="checkbox"/> 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) 13	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 13	
	5 Total number of employees (Part V, line 2a) 20	
	6 Total number of volunteers (estimate if necessary) 0	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	
	Revenue	8 Contributions and grants (Part VIII, line 1h)
		9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25)	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-240)	
Net Assets or Fund Balances	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	
	19 Revenue less expenses Subtract line 18 from line 12	
	20 Total assets (Part X, line 16)	
	21 Total liabilities (Part X, line 26)	
22 Net assets or fund balances Subtract line 21 from line 20		

Part II Signature Block	
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.	
Signature of officer <i>John Risky</i>	Date 5/12/10
JOHN RISKEY Type or print name and title	
Preparer's signature <i>Paula Rockstead CRT</i>	Date 05/12/10
Firm's name (or yours if self-employed), address, and ZIP + 4 OVERMOE & NELSON, LTD. 200 1st Ave N Ste 20 GRAND FORKS ND 58203	Preparer's identifying number (see instructions) P00264081
EIN 45-0399012	
Phone no (701) 746-0437	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

TEEA0101 07/20/09 Form 990 (2009)

SCANNED JUL 12 2010
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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission.

UNION ACTIVITIESTHESE INCLUDE IMPROVING CONDITIONS, PROTECT AND SERVE INTEREST ANDSee Form 990, Page 2, Part III, Line 1 (continued)

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these changes on Schedule O

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: _____) (Expenses \$ 313,366. including grants of \$ _____) (Revenue \$ 381,020.)UNION ACTIVITIESTHESE INCLUDE IMPROVING CONDITIONS, PROTECT AND SERVE INTEREST ANDWELFARE, PROCURE A FAIR DAY'S PAY FOR A FAIR DAY'S WORK, SAFEGUARDTHE RIGHTS OF MEMBERS, AND TO ESTABLISH AND ADMINISTER COLLECTIVE BARGAINING WITH EMPLOYERS

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

- 4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 313,366.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
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		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		
25b Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I</i>		
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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)? b If 'Yes,' enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 13	
b Enter the number of voting members that are independent	1b 13	
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a X	
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X
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	X
14 Does the organization have a written document retention and destruction policy?	14	X
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?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers of key employees of the organization	15b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ JOHN RISKEY 100 N 3RD ST STE 50 GRAND FORKS ND 58203 (701) 520-0459

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN RISKEY PRESIDENT	40.00			X				68,994.	0.	10,189.
LISA CHRISTENSEN VICE PRESIDENT	1.00			X				763.	0.	0.
JAMES KNAPPER RECORDING SECRETARY	1.00			X				3,974.	0.	0.
EARL COLLISON VICE PRESIDENT	1.00			X				488.	0.	0.
CHAD BOUSHEE SECRETARY/TREASURER	1.00			X				1,190.	0.	0.
SHANE SWEENEY VICE PRESIDENT	1.00			X				3,691.	0.	0.
KEVIN JERIK VICE PRESIDENT	1.00			X				679.	0.	0.
DANIEL PELTIER TRUSTEE	1.00	X						0.	0.	0.
GREG ROCKSTAD TRUSTEE	1.00	X						0.	0.	0.
DARRELL CONELY TRUSTEE	1.00	X						0.	0.	0.
MIKE KINN RECORDING SECRETARY	1.00			X				325.	0.	0.
ROSS PERRIN RECORDING SECRETARY	1.00			X				660.	0.	0.
CHARLES HUGHES RECORDING SECRETARY	1.00			X				600.	0.	0.
TOM SPIEKER RECORDING SECRETARY	1.00			X				900.	0.	0.
BRAD NELSON VICE PRESIDENT	1.00			X				763.	0.	0.
DAVID POKRYWINSKI RECORDING SECRETARY	1.00			X				325.	0.	0.
JERRY RAVIALA RECORDING SECRETARY	1.00			X				1,926.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)
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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

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

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

[illegible]

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b	375,477.			
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contribns included in lns 1a-1f.	\$				
	h Total. Add lines 1a-1f		375,477.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,097.	1,097.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a REIMBURSEMENTS	900099	4,280.	4,280.	0.	0.	
b MISCELLANEOUS	900099	166.	166.	0.	0.	
c						
d All other revenue						
e Total. Add lines 11a-11d		4,446.				
12 Total revenue. See instructions		381,020.	5,543.	0.	0.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,278.	76,750.	8,528.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,729.	1,729.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	10,189.	9,170.	1,019.	
10 Payroll taxes	9,449.	8,504.	945.	
11 Fees for services (non-employees)				
a Management				
b Legal	2,853.	2,853.		
c Accounting	3,324.		3,324.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	5,245.		5,245.	
14 Information technology				
15 Royalties				
16 Occupancy	6,300.		6,300.	
17 Travel	3,763.	3,763.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,202.	15,202.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	927.	927.		
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.)				
a <u>GOOD & WELFARE</u>	3,364.	3,364.		
b <u>REIMBURSED EXPENSES</u>	12,883.	12,883.		
c <u>NEGOTIATIONS</u>	1,047.	1,047.		
d <u>LABOR BILL</u>	14,895.	14,895.		
e <u>PER CAPITA</u>	147,133.	147,133.		
f All other expenses	16,005.	15,146.	859.	
25 Total functional expenses. Add lines 1 through 24f	339,586.	313,366.	26,220.	
26 Joint costs. Check here <input type="checkbox"/> 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				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	83,826.	1	123,047.
	2 Savings and temporary cash investments	72,021.	2	72,776.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	668.	8	1,802.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,911.		
	b Less accumulated depreciation	10b 1,270.	10,598.	10c 10,641.
	11 Investments – publicly-traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets Add lines 1 through 15 (must equal line 34)		167,113.	16	208,266.
LIABILITIES	17 Accounts payable and accrued expenses	618.	17	337.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		618.	26
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	166,495.	27	207,929.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	166,495.	33	207,929.
34 Total liabilities and net assets/fund balances	167,113.	34	208,266.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

- ▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

Employer identification number

BCTGM LOCAL UNION 167G

16-1769058

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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

b 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 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,911.	1,270.	10,641.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				10,641.

BAA

Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15.) ▶	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV	Supplemental Information <i>(continued)</i>
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SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

**Open to Public
Inspection**

Name of the organization

Employer identification number

BCTGM LOCAL UNION 167G

16-1769058

Pt VI-A, Line 6 THE ORGANIZATION HAS 1126 MEMBERS

Pt VI-A, Line 7a THE MEMBERS ELECT THE GOVERNING BODY THROUGH MAIL-IN BALLOT.

Pt VI-A, Line 7b MEMBERSHIP APPROVAL IS OBTAINED AT THE GENERAL MEMBERSHIP MEETINGS HELD SEMI-ANNUALLY.

Pt VI-B, Line 11A THE 990 IS REVEIWED AT E-BOARD AND GENERAL MEMBERSHIP MEETINGS.

Pt VI-B, Line 15 THE PRESIDENT'S SALARY IS SET PER THE BYLAWS.

Pt VI-C, Line 19 RECORDS ARE AVAILABLE FOR REVIEW ON SITE DURING BUSINESS HOURS.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

WELFARE, PROCURE A FAIR DAY'S PAY FOR A FAIR DAY'S WORK, SAFEGUARD
THE RIGHTS OF MEMBERS, AND TO ESTABLISH AND ADMINISTER COLLECTIVE BARGAINING WITH EMPLOYERS

Form 990 p 10: Part IX Statement of Functional Expenses

Line 24f - All Other Expenses Smart Worksheet

The total of the following items carry to line 24f below:

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DUES AND SUBSCRIPTIONS	348.	348.		
MISCELLANEOUS	974.	974.		
MEALS	39.	39.		
TRAINING	3,070.	3,070.		
See See All Other Expenses Smart Worksheet	11,574.	10,715.	859.	

Form 990, Page 10, Line 24f

See All Other Expenses Smart Worksheet

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
AUDIT	1,181.	1,181.		
E BOARD EXPENSE	6,119.	6,119.		
LABEL PROMO & LEGISLATION	3,164.	3,164.		
LIFE INSURANCE	749.		749.	
EQUIPMENT RENTAL	110.		110.	
WORKERS COMP	251.	251.		

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only		1. FILE NUMBER 543-522		2. PERIOD COVERED MO DAY YEAR From 01/01/2009 Through 12/31/2009		3 (a) AMENDED - If this is an amended report, check here <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here <input type="checkbox"/>	
4. AFFILIATION OR ORGANIZATION NAME BAKERY, TOBACCO & GRAIN AFL-CIO				8. MAILING ADDRESS (Type or print in capital letters)			
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION				First Name JOHN		Last Name RISKEY	
6. DESIGNATION NUMBER 167				P.O. Box - Building and Room Number			
7. UNIT NAME (if any)				Number and Street 100 N 3RD ST STE 50			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				City GRAND FORKS		ZIP Code + 4 ND 58203	

69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See Section VI on penalties in the instructions)

70. SIGNED **John G. Risky**
Digitally signed by John G. Risky
DN: cn=John G. Risky, c=US, o=US, ou=US, email=j.risky@usdoj.gov
Date: 2010.03.23 08:50:43 -0500

71. SIGNED **Chad A. Boushee**
Digitally signed by Chad A. Boushee
DN: cn=Chad A. Boushee, c=US, o=US, ou=US, email=chad.boushee@usdoj.gov
Date: 2010.03.23 08:51:07 -0500

PRESIDENT 71 SIGNED
(If other title, see instructions)

70 SIGNED
(If other title, see instructions)

Date Telephone Number

Date Telephone Number

COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER 543-522

10. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes ☐ No ☒

11. During the reporting period did the labor organization have a political action committee (PAC) fund? Yes ☐ No ☒

12. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes ☐ No ☒

13. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) Yes ☐ No ☒

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes ☐ No ☒

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes ☐ No ☒

17. Did the labor organization have any contingent liabilities at the end of the reporting period? Yes ☐ No ☒

18. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions? Yes ☐ No ☒

19. What is the date of the labor organization's next regular election of officers?

20. How many members did the labor organization have at the end of the reporting period? (Total from Line 8 of Schedule 13)

21. What are the labor organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	29	MONTH per	27.5	29
(b) Working Dues/Fees		per		
(c) Initiation Fees	45	per	10	45
(d) Transfer Fees		per		
(e) Work Permits		per		

If the answer to any of the above questions is "Yes," provide details in Item 69 (Additional Information) as explained in the instructions for each item.

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER 543-522

Complete Schedules 1 Through 20 Before Completing Statement A

Assets

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash		\$155,845	\$195,823
23. Accounts Receivable	1	\$0	\$0
24. Loans Receivable	2	\$0	\$0
25. U.S. Treasury Securities		\$2	\$0
26. Investments	5	\$0	\$0
27. Fixed Assets	6	\$10,598	\$10,641
28. Other Assets	7	\$668	\$1,802
29. TOTAL ASSETS		\$167,113	\$208,266

Liabilities

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8	\$0	\$0
31. Loans Payable	9	\$0	\$0
32. Mortgages Payable		\$0	\$0
33. Other Liabilities	10	\$618	\$337
34. TOTAL LIABILITIES		\$618	\$337

35. NET ASSETS (Item 29 Less Item 34)	\$166,495	\$207,929
---------------------------------------	-----------	-----------

STATEMENT B - RECEIPTS AND DISBURSEMENTS

Complete Schedules 1 Through 20 Before Completing Statement B

FILE NUMBER

543-522

Item	CASH RECEIPTS	SCH #	AMOUNT
36	Dues and Agency Fees		\$375,477
37	Per Capita Tax		\$0
38	Fees, Fines, Assessments, Work Permits		\$0
39	Sale of Supplies		\$166
40	Interest		\$1,097
41	Dividends		\$0
42	Rents		\$0
43	Sale of Investments and Fixed Assets	3	\$0
44	Loans Obtained	9	\$0
45	Repayments of Loans Made	2	\$0
46	On Behalf of Affiliates for Transmittal to Them		\$0
47	From Members for Disbursement on Their Behalf		\$0
48	Other Receipts	14	\$4,280
49	TOTAL RECEIPTS		\$381,020

Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50	Representational Activities	15	\$136,327
51	Political Activities and Lobbying	16	\$0
52	Contributions, Gifts, and Grants	17	\$3,364
53	General Overhead	18	\$9,136
54	Union Administration	19	\$23,026
55	Benefits	20	\$11,189
56	Per Capita Tax		\$147,133
57	Strike Benefits		\$0
58	Fees, Fines, Assessments, etc.		\$0
59	Supplies for Resale		\$1,134
60	Purchase of Investments and Fixed Assets	4	\$43
61	Loans Made	2	\$0
62	Repayment of Loans Obtained	9	\$0
63	To Affiliates of Funds Collected on Their Behalf		\$0
64	On Behalf of Individual Members		\$0
65	Direct Taxes		\$10,067

66	Subtotal		\$341,419
67	Withholding Taxes and Payroll Deductions		
67a	Total Withheld	\$21,753	
67b	Less Total Disbursed	\$21,376	
67c	Total Withheld But Not Disbursed		\$377
68	TOTAL DISBURSEMENTS (Line 66-Line 67c)		\$341,042

SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER

543-522

	Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1					
2					
3.					
4					
5					
6.					
7					
8.					
9.					
10					
11.					
12.					
13					
14.					
15.					
16					
17.					
18.					
19					
20.					
21					
22.					
23					
24					
25	Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0
26	Totals of Lines 1 through 25	\$0	\$0	\$0	\$0
27	Totals from all other accounts receivable				\$0
28	Totals of Lines 26 and 27 (Total from Line 28, Column(B) will be automatically entered in Item 23, Column(B))	\$0	\$0	\$0	\$0

SCHEDULE 2 - LOANS RECEIVABLE

FILE NUMBER 543-522

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1 Name _____					
Purpose _____					
Security _____					
Terms of Repayment _____					
2 Name _____					
Purpose _____					
Security _____					
Terms of Repayment _____					
3 Name _____					
Purpose _____					
Security _____					
Terms of Repayment _____					
4 Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0	\$0
5 Totals of loans not listed above					\$0
6 Totals of Lines 1 through 5	\$0	\$0	\$0	\$0	\$0
The Totals from Line 6 will be automatically entered in					

Item 24 Column (A) Item 61 Item 45 Item 69 with Explanation Item 24 Column (B)

SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER

543-522

	Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1					
2					
3					
4					
5.					
6					
7.					
8.					
9					
10.					
11					
12. Totals from Continuation pages (if any)		\$0	\$0	\$0	\$0
13. Totals of Lines 1 through 12		\$0	\$0	\$0	\$0
14. Less Reinvestments					
15 Net Sales					\$0

(The total from Line 15 will be automatically entered in Item 43)

SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER

543-522

	Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1	FIRE EXTINGUISHER	\$43		\$43
2				
3				
4				
5.				
6.				
7				
8				
9				
10				
11				
12	Totals from Continuation pages (if any)	\$0	\$0	\$0
13	Totals of Lines 1 through 12	\$43	\$0	\$43
14	Less Reinvestments			
15	Net Purchases			\$43

(The Total from Line 15 will be automatically entered in Item 60)

SCHEDULE 5 - INVESTMENTS

FILE NUMBER

543-522

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3 List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2	
(a) N/A	\$0
(b)	
(c)	
(d) Total from Continuation pages (if any)	\$0
Other Investments	
4. Total Cost	
5. Total Book Value	
6 List each other investment which has a book value over \$5,000 and exceeds 5% of Line 5 Also, list each Trust which is an investment	
(a) N/A	\$0
(b)	
(c)	
(d)	
(e) Total from Continuation pages (if any)	\$0
7 Total of Lines 2 and 5 (The total from Line 7 will be automatically entered in Item 26, Column(B))	\$0

SCHEDULE 6 - FIXED ASSETS

FILE NUMBER

543-522

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
1. Land (give location)				
2 Totals from Continuation pages (if any)	\$0		\$0	\$0
3. Buildings (give location)				
4 Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0
5 Automobiles and Other Vehicles				
6. Office Furniture and Equipment	\$11,911	\$1,270	\$10,641	\$10,641
7 Other Fixed Assets				
8 Totals of Lines 1 through 7 (The Total from Line 8, Column(D) will be automatically entered in Item 27, Column(B))	\$11,911	\$1,270	\$10,641	\$10,641

SCHEDULE 7 - OTHER ASSETS

FILE NUMBER

543-522

	Description (A)	Book Value (B)
1	INVENTORY	\$1,802
2		
3		
4		
5		
6		
7.		
8		
9		
10		
11		
12		
13		
14	Total from Continuation pages (if any)	\$0
15	Total of Lines 1 through 14 (The Total from Line 15 will be automatically entered in Item 28, Column(B))	\$1,802

SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

FILE NUMBER 543-522

	Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1					
2					
3.					
4.					
5					
6					
7.					
8.					
9					
10					
11					
12.					
13					
14					
15.					
16.					
17					
18					
19.					
20					
21					
22					
23					
24.					
25	Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0
26	Totals of Lines 1 through 25	\$0	\$0	\$0	\$0
27	Totals from all other accounts payable				\$0
28	Totals of Lines 26 and 27 (Line 28, Column(B) will be automatically entered in Item 30, Column(D))	\$0	\$0	\$0	\$0

SCHEDULE 9 - LOANS PAYABLE

FILE NUMBER

543-522

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12. Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0	\$0
13. Totals of Lines 1 through 12	\$0	\$0	\$0	\$0	\$0
The Totals from Line 13 will be automatically entered in					
		Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)

SCHEDULE 10 - OTHER LIABILITIES

FILE NUMBER

543-522

Description (A)	Amount at End of Period (B)
1. PAYROLL TAX LIABILITY	\$337
2.	
3.	
4	
5.	
6	
7	
8	
9.	
10	
11.	
12	
13 Total from Continuation pages (if any)	\$0
14 Total of Lines 1 through 13 (The Total from Line 14 will be automatically entered in Item 33, Column (D))	\$337

SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER. 543-522

(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL	
1A JOHN	Middle Initial G	Last Name RISKEY						
B PRESIDENT			\$68,994		\$3,101		\$72,095	
C C								
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration
2A CHAD	Middle Initial	Last Name BOUSHEE	\$1,190				\$1,190	
B SECRETARY/TREASURER								
C N								
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration
3A LISA	Middle Initial	Last Name CHRISTENSEN	\$762				\$1,133	
B VICE PRESIDENT								
C N								
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration
4A EARL	Middle Initial	Last Name COLLISON	\$487				\$487	
B VICE PRESIDENT								
C N								
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration
5A KEVIN	Middle Initial	Last Name JERIK	\$679				\$679	
B VICE PRESIDENT								
C N								
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration
6 TOTALS FROM CONTINUATION PAGES (if any)			\$14,478	\$0	\$5,175	\$0	\$19,653	
7. TOTAL OF LINES 1-6			\$86,590	\$0	\$8,647	\$0	\$95,237	
8. LESS DEDUCTIONS								
9. NET DISBURSEMENTS							\$95,237	

SCHEDULE 12 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER

543-522

(A) Name		(B) Title		(C) Other Payer		(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1A	First Name	Middle Initial	Last Name							\$0
B										
C										
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%		Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration
2A	First Name	Middle Initial	Last Name							\$0
B										
C										
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%		Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration
3A	First Name	Middle Initial	Last Name							\$0
B										
C										
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%		Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration
4A	First Name	Middle Initial	Last Name							\$0
B										
C										
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%		Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration
5A	First Name	Middle Initial	Last Name							\$0
B										
C										
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%		Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration
6	TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS									
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%		Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration
7	TOTALS FROM CONTINUATION PAGES (if any)									
8	TOTAL OF LINES 1-7									
9	LESS DEDUCTIONS									
10	NET DISBURSEMENTS									

SCHEDULE 13 - MEMBERSHIP STATUS

FILE NUMBER 543-522

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1. REGULAR ACTIVE MEMBERS	1,126	Yes <input checked="" type="checkbox"/>
2		Yes <input type="checkbox"/>
3		Yes <input type="checkbox"/>
4		Yes <input type="checkbox"/>
5		Yes <input type="checkbox"/>
6		Yes <input type="checkbox"/>
7 Total from Continuation page(s)	0	
8. Members (Total of Lines 1 through 7, Enter the Total from Line 8 in Item 20)	1,126	
9 Agency Fee Payers*		
10. Total Members/Fee Payers (Total of Lines 8 and 9)	1,126	
*Agency Fee Payers are not considered members of the labor organization		

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 14 OTHER RECEIPTS	1 Named Payer Itemized Receipts	\$0	Item 48
	2 Named Payer Non-Itemized Receipts	\$0	
	3 All Other Receipts	\$4,280	
	4 Total Receipts (add Lines 1 through 3)	\$4,280	

SCHEDULE 15 REPRESENTATIONAL ACTIVITIES	1 Named Payee Itemized Disbursements	\$0	Item 50
	2 Named Payee Non-Itemized Disbursements	\$19,051	
	3 To Officers	\$85,714	
	4 To Employees	\$0	
	5 All Other Disbursements	\$31,562	
	6 Total Disbursements (add Lines 1 through 5)	\$136,327	

SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING	1 Named Payee Itemized Disbursements	\$0	Item 51
	2 Named Payee Non-Itemized Disbursements	\$0	
	3 To Officers	\$0	
	4 To Employees	\$0	
	5 All Other Disbursements	\$0	
	6 Total Disbursements (add Lines 1 through 5)	\$0	

SCHEDULE 17 CONTRIBUTIONS, GIFTS, AND GRANTS	1 Named Payee Itemized Disbursements	\$0	Item 52
	2 Named Payee Non-Itemized Disbursements	\$0	
	3 To Officers	\$0	
	4 To Employees	\$0	
	5 All Other Disbursements	\$3,364	
	6 Total Disbursements (add Lines 1 through 5)	\$3,364	

SCHEDULE 18 GENERAL OVERHEAD	1 Named Payee Itemized Disbursements	\$0	Item 53
	2 Named Payee Non-Itemized Disbursements	\$6,300	
	3 To Officers	\$0	
	4 To Employees	\$0	
	5 All Other Disbursements	\$2,836	
	6 Total Disbursements (add Lines 1 through 5)	\$9,136	

SCHEDULE 19 UNION ADMINISTRATION	1 Named Payee Itemized Disbursements	\$0	Item 54
	2 Named Payee Non-Itemized Disbursements	\$0	
	3 To Officers	\$9,524	
	4 To Employees	\$0	
	5 All Other Disbursements	\$13,502	
	6 Total Disbursements (add Lines 1 through 5)	\$23,026	

543-522

[illegible]

FILE NUMBER 543-5222

[illegible]

FILE NUMBER. 543-522

[illegible]

SCHEDULE 20 — BENEFITS

FILE NUMBER

543-522

	Description (A)	To Whom Paid (B)	Amount (C)
1	LIFE INSURANCE	MN LIFE INSURANCE CO	\$749
2	HEALTH INSURANCE	BLUE CROSS BLUE SHEILD ND	\$7,357
3	MEDICAL REIMBURSEMENTS	KRISTINE RISKEY	\$2,832
4	WORKERS COMPENSATION INSURANCE	SOCIETY INSURANCE	\$251
5.			
6			
7			
8			
9			
10			
11.			
12.			
13			
14			
15			
16			
17.			
18			
19			
20			
21			
22 Total of Continuation pages (if any)			\$0
23 Total of Lines 1 through 22 (The Total from Line 23 will be automatically entered in Item 55)			\$11,189

SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER

543-522

(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1A BRAD	Middle Initial NELSON	Last Name NELSON	\$763		\$822		\$1,585
B VICE PRESIDENT							
C N							
I Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
2A TOM	Middle Initial SPIEKER	Last Name SPIEKER	\$900				\$900
B VICE PRESIDENT							
C C							
I Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
3A SHANE	Middle Initial SWEENEY	Last Name SWEENEY	\$3,691		\$1,440		\$5,131
B VICE PRESIDENT							
C C							
I Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
4A CHUCK	Middle Initial HUGHES	Last Name HUGHES	\$600		\$140		\$740
B RECORDING SECRETARY							
C C							
I Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
5A MIKE	Middle Initial KINN	Last Name KINN	\$325				\$325
B RECORDING SECRETARY							
C N							
I Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
6.							
7. TOTAL OF LINES 1-6			\$6,279	\$0	\$2,402	\$0	\$8,681

SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER

543-522

(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL		
1A ROSS	Middle Initial	Last Name PERRIN							
B RECORDING SECRETARY			\$600		\$176		\$776		
C C									
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	10 %
2A DAVID	Middle Initial	Last Name POKRYWINS							
B RECORDING SECRETARY			\$325		\$274		\$599		
C N									
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	10 %
3A JERMOE	Middle Initial	Last Name RAIVALA							
B RECORDING SECRETARY			\$1,926		\$92		\$2,018		
C C									
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	10 %
4A DANIEL	Middle Initial	Last Name PELLETIER							
B TRUSTEE					\$376		\$376		
C C									
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	10 %
5A PAUL	Middle Initial	Last Name FREER							
B TRUSTEE			\$138		\$422		\$560		
C P									
I	Schedule 15 Representational Activities	90 %	Schedule 16 Political Activities and Lobbying	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	10 %
6									
7. TOTAL OF LINES 1-6			\$2,989	\$0	\$1,340	\$0	\$4,329		

SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 543-522

(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1A TAMI	Middle Initial THOMPSON	Last Name THOMPSON					
B TRUSTEE					\$383		\$383
C P							
I Representational Activities	90 %	Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
2A JAMES	Middle Initial KNAPPER	Last Name KNAPPER	\$3,974		\$827		\$4,801
B RECORDING SECRETARY							
C P							
I Representational Activities	90 %	Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
3A MEL	Middle Initial MORRIS	Last Name MORRIS	\$412				\$412
B VICE PRESIDENT							
C P							
I Representational Activities	90 %	Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
4A RICHARD	Middle Initial NOVOTNY	Last Name NOVOTNY	\$412		\$169		\$581
B VICE PRESIDENT							
C P							
I Representational Activities	90 %	Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
5A DONALD	Middle Initial STASKIVIGE	Last Name STASKIVIGE	\$412		\$54		\$466
B VICE PRESIDENT							
C P							
I Representational Activities	90 %	Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	Schedule 19 Administration 10 %
6							
7. TOTAL OF LINES 1-6			\$5,210	\$0	\$1,433	\$0	\$6,643

69. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER

543-522

Schedule 13 · BCTGM Local Union 167g collects dues ranging from 27 5 to 29 00 from each member Regular active members are eligible to vote in elections as long as they are in good standing.