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CHANGE OF ACCOUNTING PERIOD

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)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

inspection

A	For the	e 2009 ca	lendar year, or tax year beginning $APR 1, 2009$ and ending I	DEC 31, 2009		
В	Check If	Please	C Name of organization	D Employer identific	cation number	
	applicabl	use IRS	· · · · · · · · · · · · · · · · · · ·			
	Addre	ess label or print or	LOCAL NO. 75			
2	Name	type	Doing Business As UFCW LOCAL 75	31-0	62122 <u>1</u>	
	Initial return	See	Number and street (or P 0. box if mail is not delivered to street address) Room/suite			
	Terminated	n- Specific Instruc-	913 LEBANON STREET	513-	539-9961	
	Amen		City or town, state or country, and ZIP + 4	G Gross receipts \$	10,288,657.	
	Application	<u> </u>	MONROE, OH 45050	H(a) Is this a group re		
	pendii	FNan	ne and address of principal officer:LENNIE WYATT	for affiliates?	Yes X No	
			E AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No	
			us: X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)	
			W.UFCW75.ORG	H(c) Group exemption		
				of formation 1937 N	State of legal domicile OH	
P	art [Summ				
ø	1	Briefly des	scribe the organization's mission or most significant activities: THE PURPOS	SE OF THE LO	CAL IS TO	
Activities & Governance	ı		IZE, UNITE, AND ASSIST PERSONS FOR THE PU		PROVING	
er	2	Check this	s box 🕨 📖 if the organization discontinued its operations or disposed of mor	e than 25% of its net as		
Š	3	Number o	f voting members of the governing body (Part VI, line 1a)	3	38	
8	4	Number o	f independent voting members of the governing body (Part VI, line 1b)	4	36	
ies	5	Total num	ber of employees (Part V, line 2a)	5	635	
Ξ	6	Total num	ber of volunteers (estimate if necessary)	6	0	
Act			s unrelated business revenue from Part VIII, column (C), line 12	7a	-69,158.	
_	b	Net unrela	ated business taxable income from Form 990-Titline 34 FCEIVED		-69,158.	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Prior Year	Current Year	
e	1		ions and grants (Part VIII, line 1h)	2,123,077.	10,049,233.	
Revenue	1		service revenue (Part VIII, line 2g) 👸 MAY 0.4.2010.	10.001	100 750	
ě			nt income (Part VIII, column (A), lines 3, 4, and 7d)	17,271.		
_			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10 DEN. UT.	15,154.	23,708.	
_			nue - add lines 8 through 11 (must equal Part VIII, column (A)-line-12)	2,155,502.	10,195,693.	
	1		d similar amounts paid (Part IX, column (A), lines 1-3)			
	1	-	paid to or for members (Part IX, column (A), line 4)	072 004	4 215 010	
es	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	973,884.	4,315,810.	
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)			
Ϋ́	Ь		traising expenses (Part IX, column (D), line 25)	1 440 015	C 044 F10	
_	17/		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,449,015.	6,044,510.	
	1		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,422,899.	10,360,320.	
	19	Revenue	less expenses. Subtract line 18 from line 12	-267,397.	-164,627.	
Net Assets or Fund Balances				eginning of Current Year	End of Year	
SSe	20		ets (Part X, line 16)	4,000,169.	3,916,392.	
et A	21		lities (Part X, line 26)	21,929.	7,282.	
6	22 art II		s or fund balances. Subtract line 21 from line 20	3,978,240.	3,909,110.	
	BLT II		Ities of penury, I declare that I have examined this return, including accompanying schedules and statements,	and to the best of my knowled	re and heliaf it is true, correct	
		and comple	te Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	end to the best of my knowledge	,	
c:-	_		Par (T)	11/201	/	
Sign 4/22/10 Here Date						
ne	16	•	NNIE WYATT, PRESIDENT	55.0		
			e or print name and title			
_		Preparer's	Date Ch		er's identifying number	
signature / homos m Poruses CPA 4-6-10 Semilored > (See instructions)						
	parer's	Firm's name			15631945	
Use	Only	yours if self-employ	∞ 15420 W. CAPITOL DR.	LIN P 37-1	17031777	
		address, an ZIP + 4	BROOKFIELD, WI 53005-2621	Phone no > (262) 784-6210	
Ma	y the If		s this return with the preparer shown above? (see instructions)	1.110110 110 -	X Yes No	
	001 02-0		A For Privacy Act and Paperwork Reduction Act Notice, see the separate ins	structions.	Form 990 (2009)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Part III Statement of Program Service Accomplishments	31 0021221 14g02
1	CEE COURDINE O FOR COMMEN	UATTON
•	THE PURPOSE OF THE LOCAL IS TO ORGANIZE, UNITE,	
	THE PURPOSE OF IMPROVING WAGES, HOURS, BENEFITS	
	CONDITIONS; TO OBTAIN THE STATUS OF EXCLUSIVE BA	
	REPRESENTATIVE FOR THE PERSONS EMPLOYED WITHIN T	HE LOCAL'S
2		
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any prog	gram services? . Yes X No
	If "Yes," describe these changes on Schedule O.	
4	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	7,11 1 1 1 1) (Revenue \$
	TO ASSIST WORKERS UNDER ITS JURISDICATIONS FOR T	
	WAGES, HOURS, AND WORKING CONDITIONS, PROGRAM EX	PENSES ARE NOT
	APPLICABLE AS THIS IS A LABOR UNION.	
4b	4b (Code:) (Expenses \$ including grants of \$) (Revenue \$
70	(Code: /(Expenses 4 including grants of 4) (i levelide ψ
4c	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$
		<u></u>
		····
	4d Other program services. (Describe in Schedule O.)	
₩	(Expenses \$ including grants of \$) (Revenue \$	\
4e		
	Pregram ou vide expenses P W	Form 990 (2009)
93200	932002 02-04-10	10111000 (2003)

Form 990 (2009) 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	1		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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	3	X	
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		<u>X</u>
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	6		<u>X</u>
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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	9		<u>X</u>
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	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	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	1		
	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 statements for the tax year? If "Yes," complete	100		v
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes. "completing Schedule D. Parts XI. XII. and XIII is optional" Yes. "X	ł		
40				X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	445		Х
45		14b		
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	4.5		Х
16	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
10		16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• •	I AND DESCRIPTION OF THE PROPERTY OF THE PROPE	17		х
18	Column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	- ''-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete School de C. Port III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			<u> </u>	 -

Form 990 (2009) Part W Checklist of Required Schedules (continued)

E 1421	Officering of required concuracy		T	T
	Date to the Arrange of the Arrange o		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			_v
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	00	1	х
02	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 11	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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? If "Yes," complete			
	Schedule L, Part I	25b		1
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		Х
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? If "Yes," complete			
	Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	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? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ŀ
	Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33		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	34	Х	
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	-	X
36	Section 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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O.	38	X	l

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Form	990 (2009) LOCAL NO. 75 31-0621	221	Р	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
			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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]		
	(gambling) winnings to prize winners?	1c	1	
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 return 2a 635			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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)?	4a		X
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, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	ļ	
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?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		<u></u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders . 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
<u>b</u>	if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	l		
		Form	990	(2009)

31-0621221

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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.

	tion A. Governing body and Management		15	
1a	Enter the number of voting members of the governing body	3	Yes	No
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2	·	Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	·
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, 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		Х
Sec	tion 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?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	ĺ ,	Х
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	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		Х
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	Х	
b	Other officers or key employees of the organization	15b	Х	
_	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	•	Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16ь	· •	
Sec	tion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			_
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fins	incial	
	statements available to the public.		., 10101	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	LENNIE WYATT - 513-539-9961	MOII.		
	913 LEBANON STREET, MONROE, OH 45050			
		Form	990	20091

Form 990 (2009)

Part VIII 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 employee."

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

- 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.

(A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cł	neck	all t	hat	арр	ly)	compensation	compensation	amount of
	per week	ctor		1				from the	from related organizations	other compensation
	week	or din	8			D E		organization	(W-2/1099-MISC)	from the
		ustee	truste		92	Suadi	1	(W-2/1099-MISC)	(11 2 1000 111100)	organization
		lual tr	tonal		yold	15 B				and related
		individual trustee or director	Institutional frustee	Officer	Кеу етріоуее	Highest compensated employee	E S			organizations
LENNIE WYATT		_	_		_	-				
PRESIDENT	50.00	Х		х				188,031.	o.	17,837.
STEVE CULTER				-			-			
SECRETARY/TREASURER	50.00	Х		Х		ļ		182,494.	0.	18,414.
WILLIAM DUDLEY										
ASSISTANT DIR COL. BAR.	50.00	X						76,651.	0.	14,189.
KEVIN GARVEY										
DIRECTOR/E-BOARD	50.00	X						85,467.	0.	14,670.
SHIRLEY BENNETT										
VP/E-BOARD	1.00	X						1,202.	0.	0.
NANCY BOWLING										
VP/E-BOARD	1.00	X				<u> </u>	_	2,251.	0.	0.
MICHAEL CASSANIO		١.,							_	_
VP/E-BOARD	1.00	Х						3,413.	0.	0.
MELINDA EDWARDS-MIONER									_	
VP/E-BOARD	1.00	X						1,898.	0.	0.
BONNIE FRANCE										
VP/E-BOARD	1.00	X						3,490.	0.	0.
JEANELLE FUSON		l								
VP/E-BOARD	1.00	Х						1,848.	0.	0.
ROBERTA GREAVER	1 00	,,						6 254		
VP/E-BOARD	1.00	X						6,354.	0.	0.
WILLIAM HARP	1 00	,,						F F74		
VP/E-BOARD	1.00	X						5,574.	0.	0.
CLAUDE MUELLER	1 1 00	,						2 464		_
VP/E-BOARD SOPHIA SIMMONS	1.00	X	-		<u> </u>	<u> </u>		3,464.	0.	0.
VP/E-BOARD	1.00	X	İ					2 447	0.	^
DONALD WATKINS	1.00	^						2,447.	U .	0.
VP/E-BOARD	1.00	X						1 675	0.	0.
JAMES WHALEY	1.00	1	-	-	├	-		1,675.	0.	- 0.
VP/E-BOARD	1.00	X				Ì		1,725.	0.	0.
DOUG BURGSTALLER	1.00	1			 	-		1,723.	ļ	
BUSINESS REP/E-BOARD	50.00	x						68,789.	0.	13,673.
DOD INDO INDIA	30.00	[A		<u> </u>	<u> </u>	٠		1 00,703.	<u> </u>	13,013.

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Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	yee	s, a	nd	High	est	Compensated Employ	ees (continued)				
(A)	(B)	ł			C)			(D)	(E)			(F)	
Name and title	Average	Position						Reportable		Est	tımate	:d	
	hours	(C							compensation	•		ount	of
	per week	actor					Ì	from the	from related organizations			other bensa	tion
	""	ji jo	8			ated		organization	(W-2/1099-MISC	ווכ		om the	
		nsta	frest		88	bens		(W-2/1099-MISC)	,	<i>'</i>		anızat	
	-	ndiwdual trustee or director	nstitutional trustee	_	oldu	5 ag				Į	anc	i relat	ed
		ig i	Instit	Office	Key employee	Highest compensated employee	F				orga	nızatı	ons
TOM BIERMAN	 	┢╌	 		\vdash	+	<u> </u>			\dashv			
DIR OF FIN/E-BOARD	50.00	X						74,132.	(0.	14	4 . 1	89.
JOY CHURCH			-		 	+	 	- 11/2000		-			
RECORDING SECRETARY	50.00	X	ŀ				l	37,782.	(0.	1:	2.9	38.
HERSEY DAVIS	 				\vdash	+-	Ì	0.7.020		-+			
VP/E-BOARD	1.00	X						3,206.		0.			0.
BRIGID KELLY			<u> </u>			1	Τ.	, , , , ,		-			
POLITICAL DIR/E-BOARD	50.00	X						45,585.		0.	1:	3.1	69.
ROBERT KIMBALL				t	T		_						
VP/E-BOARD	1.00	X						2,001.		0.			0.
JEANETTE RUCKER												_	
VP/E-BOARD	1.00	Х						3,299.		0.			0.
SHERRY MCELVAIN									<u> </u>				
VP/E-BOARD	1.00	X						3,068.	(0.			0.
BRYON O'NEAL	1												
VP/E-BOARD	50.00	X						75,589.		0.	_ 1	4,1	62.
JEFFERSON STEPHENS													
VP/E-BOARD	50.00	X				\perp		91,425.		0.		9,5	<u>50.</u>
DEBRA COLLINS													
VP/E-BOARD	50.00	X						74,706.		0.			98.
1b Total						<u> </u>				0.	15	2,4	<u>89.</u>
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	,000 in reportable				_
compensation from the organization													2
_										г		Yes	No
3 Did the organization list any former office			e, ke	y er	nplo	yee,	or l	highest compensated er	nployee on	ı	_		v
line 1a? If "Yes," complete Schedule J for			•							-	3		X
4 For any individual listed on line 1a, is the s									the organization			.,	
and related organizations greater than \$1										- }-	4	Χ	7000
5 Did any person listed on line 1a receive or	· ·			tron	n an	y un	rela	ted organization for serv	ices rendered to	İ	_		v
the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors								X					
Complete this table for your five highest c	omponented in	don	ond:		2001			that received more than	\$100,000 of comp		tion f		
the organization. NONE	ompensateu III	aep	SHUE	>11L (JUIT	ıatı	UIS.	mai received more man	φτου,σου οι comp	'ensa	1110111	OH	
(A)	····		-					(B)			(C	 :)	
Name and busines	s address							Description of s	services	Cc		'' nsatio	n
					_								

Name and Dusiness address	Description of services	Compensation
		·
	i	
		
		Ì

\$100,000 in compensation from the organization SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Total number of independent contractors (including but not limited to those listed above) who received more than

LOCAL NO. 75

1 1 1 1 1 1 1 1 1 1	Pa	ut VII	Statement of Revenue					
Business Code Business Cod					• •	Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,
Business Code Business Cod	at s	1 a	Federated campaigns 1a					
Business Code Business Cod	ga	b	Membership dues 10 , (049,233.				
Business Code Business Cod	S, C	С	Fundraising events 1c					
Business Code Business Cod	ar.	d	Related organizations . 1d					
Business Code Business Cod	ξ. Έ	е	Government grants (contributions) 1e					
Business Code Business Cod	tion is	f	All other contributions, gifts, grants, and					
Business Code Business Cod	ig t		similar amounts not included above 1f					
Business Code Business Cod	dat	9	Noncash contributions included in lines 1a-1f \$					
Business Code Business Cod	<u>ŏ</u> ĕ	h	Total. Add lines 1a-1f	. •	10,049,233.			
Total Add lines 2a-27			Bus	siness Code		7 1 11 1 111 11111111111		, , , , , , , , , , , , , , , , , , , ,
Total Add lines 2a-27	စ္ပ	2 a						
Total Add lines 2a-27	ē Š	b						
Total Add lines 2a-27	Sen	С						
Total Add lines 2a-27	ev ev	d						
Total Add lines 2a-27	<u>о</u> т	е						
119,876. 119,876.	Φ.	f	All other program service revenue					
119,876. 119,876.		. 9						
1		3	· · · · · · · · · · · · · · · · · · ·	and				
Second Continue			other similar amounts)	🕨 [119,876.			119,876.
1		4	•	eeds 🕨				
6 a Gross Rents 65,500. b Less: rental expenses 91,964. c Rental income or (loss)		5	-	. •				
December December			(i) Real (ii) Personal				
C Rental income or (loss) -26464. -26,464. -69,158. 42,694. T		6 a	01.064					
Total revenue Total revenue Total revenue See instructions Total revenue See instructions Total revenue To		-						
Total revenue Total revenue Total revenue Total revenue Total Add lines 11a-11d Total revenue Total Add lines 11a-11d Less: cost or other basis and sales expenses (ii) Other (iii) Other (iii) Other 3,876. (iii) Other 3,876. (iii) Other 3,876. (iv) Other 3,876. 2,8					26 464		60 150	42 604
assets other than inventory b Less: cost or other basis and sales expenses .					-26,464.		-69,158.	42,694.
b Less: cost or other basis and sales expenses 1,000. c Gain or (loss) 2,876. d Net gain or (loss) > 2,876.		7 a		(II) Other				
and sales expenses			·	3,8/0.				
C Gain or (loss)		b		1 000				
d Net gain or (loss)			and sales expenses	2 976				
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 b less: direct expenses _ b a b Less: direct expenses _ b a b Less: direct expenses _ b _ a b Less: direct expenses _ b _ a b Less: direct expenses _ b _ a b Less: direct expenses _ b _ a b Less: cost of goods sold _ 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			N		2 976	2 976		
including \$ _ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b			- · · · ·		2,070.	2,070.		
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 11 a SUPPORT FROM INTL UNIO 900099 47,496. 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c d All other revenue e Total. Add lines 11a-11d	2		including \$ of					
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 11 a SUPPORT FROM INTL UNIO 900099 47,496. 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c d All other revenue e Total. Add lines 11a-11d	ě		contributions reported on line 1c). See					
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 11 a SUPPORT FROM INTL UNIO 900099 47,496. 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c d All other revenue e Total. Add lines 11a-11d	ia l		Part IV, line 18					
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 11 a SUPPORT FROM INTL UNIO 900099 47,496. 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c d All other revenue e Total. Add lines 11a-11d	훈	b	Less: direct expenses					
Part IV, line 19 b Less: direct expenses 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 c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a SUPPORT FROM INTL UNIO b UNCLASSIFIED 900099 47,496. 47,496. C d All other revenue e Total. Add lines 11a-11d ► 50,172. 12 Total revenue. See instructions ► 10 195 693. 53,048. −69,158. 162,570.		c	Net income or (loss) from fundraising events	▶				·····
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SUPPORT FROM INTL UNIO 900099 47,496 47,496 b UNCLASSIFIED 900099 2,676 2,676 c C D All other revenue E Total. Add lines 11a-11d		9 a	Gross income from gaming activities. See					
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 SUPPORT FROM INTL UNIO 900099 47,496. 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c d All other revenue e Total. Add lines 11a-11d			Part IV, line 19					
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SUPPORT FROM INTL UNIO 900099 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c								
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 SUPPORT FROM INTL UNIO 900099 47,496. 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c 2,676. c 4 All other revenue e Total. Add lines 11a-11d				•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SUPPORT FROM INTL UNIO 900099 47,496. 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c 2,676. c 5 50,172. 50,172. 12 Total revenue. See instructions 10 195 693. 53,04869,158. 162,570.		10 a						
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SUPPORT FROM INTL UNIO 900099 47,496. 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c 40 All other revenue 50,172. 12 Total revenue. See instructions 10 195 693. 53,04869,158. 162,570.			· · · · · · · · · · · · · · · · · · ·					
Miscellaneous Revenue Business Code								
11 a SUPPORT FROM INTL UNIO 900099 47,496. 47,496. b UNCLASSIFIED 900099 2,676. 2,676. c	ł	<u>c</u>		. •		· · · · · · · · · · · · · · · · · · ·		
b UNCLASSIFIED 900099 2,676. 2,676. c	}		Miscellaneous Revenue Bus		47 406	47 406		
c d All other revenue e Total. Add lines 11a·11d ► 50,172. 12 Total revenue. See instructions ► 10 195 693. 53,04869,158. 162,570.					47,496.	47,496.		
e Total. Add lines 11a-11d Total revenue. See instructions 50,172. 10 195 693. 53,04869,158. 162,570.		b	ONCLASSIFIED 9	00099	2,0/6.	2,0/6.		
e Total. Add lines 11a-11d Total revenue. See instructions 50,172. 10 195 693. 53,04869,158. 162,570.		C	All -4t					
12 Total revenue. See instructions 10 195 693 53,04869,158. 162,570.		đ			EA 170			
112 TOTAL TERRITOR SEE INSTRUCTIONS . P 10,195,693. 33,048. -09,138. 102,570. 932009	}					52 040	60 150	162 570
	93200		TOTAL LEAGURE. See INSTRUCTIONS .		10,195,693.	33,040.	-03,130.	Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must comp not include amounts reported on lines 6b, Bb, 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	-	2	gonoral expenses	
	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	1,221,379.		1,221,379.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,302,055.		2,302,055.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	107,044.		107,044.	
9	Other employee benefits	420,821.		420,821.	
10	Payroll taxes	264,511.		264,511.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	37,149.		37,149.	
С	Accounting	81,037.		81,037.	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees	21,572.		21,572.	
9	Other	19,418.		19,418.	
12	Advertising and promotion	611,637.		611,637.	
13	Office expenses	484,635.		484,635.	
14	Information technology		_		
15	Royalties				
16	Occupancy	12,946.		12,946.	
	Travel	98,781.		98,781.	
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	185,362.		185,362.	
20	Interest				
21	Payments to affiliates	3,548,105.		3,548,105.	
22	Depreciation, depletion, and amortization	238,821.		238,821.	•
23	Insurance	49,249.		49,249.	
	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)				
	STEWARD FEES AND MEETIN	133,681.		133,681.	
	POLITICAL CONTRIBUTIONS	83,939.		83,939.	
	SERVICE CHARGES	53,379.		53,379.	
	BUSINESS REP REIMBURSED	52,204.		52,204.	
е	UTILITIES	44,753.		44,753.	
f	All other expenses	287,842.		287,842.	
25	Total functional expenses. Add lines 1 through 24f	10,360,320.	0.	10,360,320.	0
26	Joint costs. Check here 🕨 🔲 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				

932010 02-04-10

Pa	rt X	Balance Sheet			_
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	468,076.	1	420,602.
	2	Savings and temporary cash investments	69,230.	2	1,469,664.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		ŕ	
		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			
	1	Part II of Schedule L		6	
Ş	7	Notes and loans receivable, net		7	
Assets	8	inventories for sale or use		_8	
Ř	9	Prepaid expenses and deferred charges	12,109.	9	11,103.
	10a				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 4,162,356. 2,532,636.			
	b	Less: accumulated depreciation 10b 2,532,636.	1,403,373. 1,994,722.	10c	1,629,720.
	11	Investments - publicly traded securities	1,994,722.	11	1,629,720. 376,469. 8,834.
	12	Investments - other securities. See Part IV, line 11	52,659.	12	8,834.
	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)	4,000,169.	16	3,916,392. 7,282.
	17	Accounts payable and accrued expenses	21,929.	17	7,282.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	·····
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iat		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	21 020	25	7 202
	26	Total liabilities. Add lines 17 through 25	21,929.	26	7,282.
		Organizations that follow SFAS 117, check here X and complete			
Ses	l	lines 27 through 29, and lines 33 and 34.	2 501 042		2 (01 504
<u>a</u>	27	Unrestricted net assets	2,591,042.	27	2,691,504.
Ba	28	Temporarily restricted net assets	1,387,198.	28	1,217,606.
<u>n</u>	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117, check here and			
SO		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	2 070 240	32	2 000 110
_	33	Total net assets or fund balances	3,978,240.	33	3,909,110.
	34_	Total liabilities and net assets/fund balances .	4,000,169.	34	3,916,392.

UNITED FOOD AND COMMERCIAL WORKERS UNION

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Pa	rt XII Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Control Accrual X Other MODIFIED CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			İ
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			İ
	consolidated basis, separate basis, or both:			İ
	Separate basis X Consolidated basis Both consolidated and separate basis			İ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			ĺ
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III.	· · ·		
Name of organization UNITED	FOOD AND COMMERC	IAL WORKERS	UNION Er	nployer identification number
LOCAL N	IO. 75			31-0621221
Part I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527	organization.
1 Provide a description of the organi	zation's direct and indirect politic	al campaign activities	ın Part IV.	
2 Political expenditures	•	, 5		> \$0.
3 Volunteer hours	• • • • • • • • • • • • • • • • • • • •	••	•	0.
	•	••		
Part I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	
 Enter the amount of any excise tax 	incurred by the organization und	ler section 4955		> \$
2 Enter the amount of any excise tax	incurred by organization manag-	ers under section 495	5 🕨	> \$
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?	•	Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the or	ganization is exempt und	er section 501(c)	, except section 50)1(c)(3).
1 Enter the amount directly expende	d by the filing organization for se	ction 527 exempt fund	ction activities	\$
2 Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for s	section 527	
exempt function activities				> \$
3 Total exempt function expenditure				
line 17b			·	> \$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and e				hich payments were made.
For each organization listed, enter				
that were promptly and directly de		~	•	
(PAC). If additional space is neede	-			·
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	m (e) Amount of political
(a) Harrie	(5) / (53)	(0) 2.114	filing organization's	1
			funds. If none, enter	0 promptly and directly
				delivered to a separate
				political organization. If none, enter -0
				ii iidiid, ciiid.
				•
		- -		
				
				
			_	
	1			
For Privacy Act and Paperwork Reduced	ction Act Notice, see the Instru	ctions for Form 990 o	or 990-EZ. Schedule	C (Form 990 or 990-EZ) 2009

932041 02-04-10

LHA

UNITED FOOD AND COMMERCIAL WORKERS UNION

Schedule C (Form 990 or 990-EZ) 2009 LO	CAL NO.	75			0621221 Page 2
Part II-A Complete if the organiz	ation is exe	mpt under section	on 501(c)(3) and file	ed Form 5768	
(election under section	501(h)).				
A Check ▶ ☐ If the filing organization b	elongs to an aff	iliated group.			
B Check ► if the filing organization c	necked box A a	nd "limited control" p	rovisions apply.		
Limits on (The term "expenditure	Lobbying Expe s" means amo		1.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (dırect lobbying)	[
c Total lobbying expenditures (add lines 1	a and 1b)		[<u></u>
d Other exempt purpose expenditures .			[
e Total exempt purpose expenditures (add	lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bo	oth columns.	·····	
If the amount on line 1e, column (a) or (b) is	: The lot	obying nontaxable ar	mount is:		
Not over \$500,000	20% of	the amount on line 1	e		
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	00 \$225,0	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
· · · · · · · · · · · · · · · · · · ·					
g Grassroots nontaxable amount (enter 25	•	-			
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c. If zero or le	•		<u>[</u>		<u></u>
j If there is an amount other than zero on	either line 1h or	line 11, did the organi	zation file Form 4720		
reporting section 4911 tax for this year?	4 V Av	eraging Period Unde	- Coation FO1/h)	•	Yes No
·	s that made a s	section 501(h) election	er section 501(n) on do not have to comp les 2a through 2f on pa		
	obbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	·····	<u> </u>			
(150% of line 2d, column (e))					
(,50% of file 20, column (e))		<u> </u>			
f Grassroots lobbying expenditures					

31-0621221 Page 3

Schedule C (Form 990 or 990-EZ) 2009 LOCAL NO. 75 31-062122

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)(5	5), or se	ction
501(c)(6).			
		<u></u>	Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	
Part III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if			
"Yes."			·
Dues, assessments and similar amounts from members		1	-
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	oliticai		
expenses for which the section 527(f) tax was paid).			
a Current year	• • • • •	2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due:		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a			
, ,	no political		
expenditure next year?		5	
Part IV Supplemental Information	··	1 5	
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5	Stand Part II.D. In	na 1i Ales	complete this ===
for any additional information.), and Fart 11.5, 11	ne II. AISC	, complete this par
PART I-A, LINE 1:			
			
THE LOCAL HAS A POLITICAL ENTITY AND A POLITICAL AC	TION COM	MITTE	Ε,
ENTITY#6202 AND LA#441, WHICH FILE THE APPROPRIATE	REPORTS T	HTIW	THE
STATE OF OHIO. THERE WAS NO INCOME OR EXPENSES FOR	4/1/2009	9 то	
12/31/2009, BOTH ACCOUNTS HAD ZERO BALANCES. EMPLO	YEES AND	MEMB	ERS
TAKE PART IN VARIOUS CAMPAIGNING INCLUDING PHONE BA			
	Schedule	C (Form	990 or 990-EZ) 2

UNITED FOOD AND COMMERCIAL WORKERS UNION 31-0621221 Page 4 Schedule C (Form 990 or 990-EZ) 2009 LOCAL NO. 75 Part IV | Supplemental Information (continued) AND MEETINGS.

932044 02-04-10

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, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

UNITED FOOD AND COMMERCIAL WORKERS UNION

Employer identification number 31-0621221

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	used only
-	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. Pa	
1 1	Purpose(s) of conservation easements held by the organizati		
2	Preservation of land for public use (e.g., recreation or public use) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualification.	Preservation of an hister Preservation of a certification of a certifi	
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure 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, re		organization during the tax
	year ▶		-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ring the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizar	•	
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
سنستنسا	Complete if the organization answered "Yes" to Form	•	
	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and ha	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these	•	inc service, provide, in a arrivar, the text of
ь	If the organization elected, as permitted under SFAS 116, to		on about works of art, historical transcuras
•	or other similar assets held for public exhibition, education, or	-	
	these items:	research in furtherance of public service,	provide the following amounts relating to
	(i) Povenier included in Form 000 Part VIII line 1		▶ ¢
	(ii) Accets included in Form 000. Bort V		. • •
0	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical tre		gain, provide
_	the following amounts required to be reported under SFAS 1	•	. .
a	A. A. I. I. I. E. BOD D. IV		\$
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	🕨 \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

UNITED FOOD AND COMMERCIAL WORKERS UNION

Sche	dule D (Form 990) 2009 LOCAL N	0. 75					31_	062122	<u>1 Ра</u>	ige 2
Par	THE Organizations Maintaining C	ollections of A	t, Histo	rical Tre	easures, o	r Othe	r Similar A	sets (cont	ınued)	
3	Using the organization's acquisition, accessi									
	(check all that apply):			·						
а	Public exhibition	d	Lo	oan or exch	nange progra	ms				
b	Scholarly research	е		ther						
~	Preservation for future generations									
Α .	Provide a description of the organization's co	ollections and explain	n how the	v further th	ne organizatio	on's exer	mot purpose in	Part XIV.		
5	During the year, did the organization solicit o							,		
•	to be sold to raise funds rather than to be ma							Yes		No
p _a ,	t IV Escrow and Custodial Arran					to For	m 990. Part IV.			<u> </u>
	reported an amount on Form 990, Par			· · · · · · · · · · · · · · · · · · ·			,			
12	is the organization an agent, trustee, custodi		tiary for co	ontribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		,		0 0, 0,,,0, 0,0			Yes		No
	If "Yes," explain the arrangement in Part XIV	and complete the fo	 Nowing tal	 hle:	• • • •	•			<u> </u>	1
b	ii res, explain the arrangement in Fait Aiv	and complete me ic	mowing ta	DIC.				Amoun	+	
	Decree halana						1c	Alliouti		
C	Beginning balance	•	••	•			1d			
a	Additions during the year						1e			
e	Distributions during the year	•	•			•	1f			
1	Ending balance		010	• •			<u> </u>	Yes		No
	Did the organization include an amount on F		211					162	L	J 140
Par	If "Yes," explain the arrangement in Part XIV. TY Endowment Funds. Complete it		oworod "\	Vos" to For	rm 000 Part	IV line 1	n			—
Fe	Endownient Funds. Complete				(c) Two year		(d) Three years I	ack (a) Fou	r vears	hack
4.	Danis and a standard land	(a) Current year	(D) P10	or year	(C) IWU year	S Dack	(G) Tillee years i	ack (e) rou	years	Dack
1a	Beginning of year balance					•••••••••••••••••••••••••••••••••••••••		······]····· ····		
D	Contributions									
C	Net investment earnings, gains, and losses				[······································		······	/ 	(***********
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs						·····			
f	Administrative expenses								:::::::: -:	
9	End of year balance .		<u> </u>		<u> </u>	<u></u>				
2	Provide the estimated percentage of the year	r end balance held a	as:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	<u></u> %								
C		. %								
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd admıniste	red for t	he organizatior	l		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	_	
	(ii) related organizations		•					3a(ii)	├ ──-	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedu	ıle R? .			•	. 3b		<u> </u>
4	Describe in Part XIV the intended uses of the									
Pa	rt VI Investments - Land, Building	gs, and Equipm	ent. See	Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o			or other		ccumulated	(d) Boo	k valu	e
		basis (investi	ment)		(other)	de	preciation			
1a	Land				9,806.				9,8	
b	Buildings			1,68	8,298.		887,584.	80	0,7	14.
c	Leasehold improvements									
d	Equipment				7,104.	1,	066,116.		0,9	
e	Other			1,14	7,148.		578,936.		8,2	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	10(c).) .		>	1,62	9,7	20.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 LOCAL NO.			31-	-0621221	Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1	2.			
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuat ost or end-of-year mark		
	 				
Financial derivatives					
Other					
O. 10.					
					
		-			·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	5 000 5 13/1	10	<u></u>		
Part VIII Investments - Program Related.		13.	(c) Method of valuat	lon'	
(a) Description of investment type	(b) Book value	Co	est or end-of-year mark		
					
					
					-
				•	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			······	
Part IX Other Assets. See Form 990, Part X, lin					
(a) Description			(b) Book va	alue
				·	
	 				
					
				<u>-</u>	
					
					
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)		•		
Part X Other Liabilities. See Form 990, Part X					
1. (a) Description of liability		(b) Amount			
Federal income taxes					
		·			
			_		
			4		
			_		
			4		
			-		
Total (Column (b) must am 15 m 200 Day V 170	05)	· · · · · · · · · · · · · · · · · · ·	┤ ` `		
Total. (Column (b) must equal Form 990, Part X, col (B) Iii		la financial -t-t t	<u>.1</u>		
2. FIN 48 Footnote. In Part XIV, provide the text of the fo	omote to the organization	s imanciai statement	s mai reports the orga	anization s habili	ty tor

uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

LOCAL NO. 75

Questions Regarding Compensation

UNITED FOOD AND COMMERCIAL WORKERS UNION Employer identification number 31-0621221

Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	<u></u>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			1
	Independent compensation consultant X Compensation survey or study			1
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	ĺ	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the revenues of:			ł
а	The organization?	5a	•	
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the net earnings of:			ĺ
а	The organization?	6a		l
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	'	[Į
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	Initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LHA		ule J (Form	990)	2009

LOCAL NO. 75

Schedule J (Form 990) 2009 LOCAL NO. 75 31-0621221

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(0)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	l otal of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Θ	188,031.				17,837.	205,868.	
WYAIT	= =	182,494.				18,414.	200,908.	
STEVE CULTER	(ii)							
	(i)							
	(ii)							
	ε							
	(ii)							
	(3)							
	(ii)							
	(1)							
	(ii)							
	(1)							
	(ii)							
	(1)							
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	<u>(ii)</u>							
	(3)							
	(3)							
	Θ				5			
	▣				,			
	8							
	(3)							

Schedule J (Form 990) 2009

SCHEDULE J-2

Department of the Treasury

Internal Revenue Service

(Form.990)

Continuation Sheet for Form 990

OMB No 1545-0047

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL NO. 75

Employer Identification number 31-0621221

DOCAL NO.		4		- 14		<u></u>			31-062	
Part I Continuation of Officers, Di		ust	ees			EIT	pic			
(A) Name and title	(B) Average				C) ation			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours	(cl			that		ly)	compensation	compensation	amount of
	per	<u> </u>	Ι			ΓĖ	<u>,, </u>	from	from related	other
	week	8				95 01		the	organizations	compensation
		gract				demi		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		83	Ste			arsate		(** 2. 1000 11.100)		and related
		al trus	Tal Tal		ag (c)	Ē.				organizations
		individual trustee or director	institutional frustee	Officer	кеу етріоуев	Highest compensated employee	Former			
MUEDECA MIDDIEMON		드	르	5	2	I	5			
THERESA MIDDLETON VP/E-BOARD	1.00	Х	ļ		ļ			2 642	0.	_
BILL WHITNEY	1.00	Λ	_	-	 	-	_	2,642.	0.	0.
VP/E-BOARD	1.00	X						3,313.	0.	0.
JOHN SMITH	1.00	^			├			3,313.	0.	
VP/E-BOARD	1.00	Х						2,535.	0.	0.
BRIAN HOLLAR	1.00	 ^	\vdash	-	\dagger	-	 -	2,333.	<u> </u>	
VP/E-BOARD	1.00	х	ļ	ĺ				2,315.	0.	0.
NANCY ANDERSON		<u></u> -		 	†		-	2,313.		•
VP/E-BOARD	1.00	Х						2,120.	0.	0.
DONA WYANT				T						
VP/E-BOARD	1.00	Х						1,597.	0.	0.
STEVEN TONEY										
VP/E-BOARD	1.00	X						1,537.	0.	0.
TED BURDEN										
VP/E-BOARD	1.00	X		<u> </u>				1,515.	0.	0.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL NO. 75

Employer identification number 31-0621221

	cess Benefit		ons (,	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	
Cor	nplete if the organ (a) Name of disc	•		Yes	on Form	990, Part IV,		Description			V, line 40)b	(c) Cor	rected?
													Yes	No
2 Enter the ar section 495	nount of tax impo	osed on the c	organiz	ation	manager	s or disqualif	ied person	s during the	year un	der	> \$			
3 Enter the ar	nount of tax, if an	y, on line 2,	above,	reimt	oursed by	the organiz	ation				> \$		-	
	ans to and/or													
(a) Name o	n <u>plete if the orgar</u> f interested d purpose	(b) Loan the organ	to or fre	om	(c) Ongi	990, Part IV, nal principal nount		Form 990-E ance due	(e)	/, line 38 In ault?	(f) App	proved pard or nittee?		/ritten ment?
		То	Fro	m					Yes	No	Yes	No	Yes	No
	· · · · · · · · · · · · · · · · · · ·										<u> </u>		 	
Total						▶ \$						<u> </u>		
	ants or Assist			_										
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	nplete if the organ ne of interested p		verea	(b) R	elationsh	990, Part IV, ip between II d the organiz	nterested	(c) Amo transa			Descript transact			aring of zation's nues?
LENNIE WY	ATT			יזסח	CULL	OF UEC	M DEM	224	001	mus	1 100	NT P	Yes	No
STEVE CUI						OF UFC			,001		LOC	AL R		X
LENNIE WY			K	CHA	IRMAN	I DIA I	RUSTE	53	,635	.THE	LOC	AL R		X
STEVE CUI LENNIE WY						OF UFC					LOC			X
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

932131 02-01-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULEN	Liquidation. Termination. Dissolution. or Significant Disposition of Assets	OMB No 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.	2009
1	▶ Attach certified copies of any articles of dissolution, resolutions, or plans.	On the British
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ.	luspection .
Name of the organization	UNITED FOOD AND COMMERCIAL WORKERS UNION	Employer identification number
	LOCAL NO. 75	31-0621221
Part I Liquidation, Tern	Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional	N-1 if additional
space is needed.		

	(g) IRC section of recipient(s) (if tax-exempt) or type of entity	·	i			Yes
	(f) Name and address of recipient					
	(e) EIN of recipient					
	(d) Method of determining FMV for asset(s) distributed or transaction expenses					
· · · · · · · · · · · · · · · · · · ·	(c) Fair market value of asset(s) distributed or amount of transaction expenses	•		,		
	(b) Date of distribution					
space is needed.	(a) Description of asset(s) distributed or transaction expenses paid					
	-					

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	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.
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Schedule N (Form 990 or 990-EZ) 2009

LHA 932151 02-01-10

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

Decoring a supervision of a successor of database or galication?

 d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? c Become a direct or indirect owner of a successor or transferee organization?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

UNITED FOOD AND COMMERCIAL WORKERS UNION

Schedule N (Form 990 or 990 EZ) 2009 LOCAL NO. 75

31-0621221

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Part	Part 1 Liquidation, Termination, or Dissolution (continued)		,	
-	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal ·0.		Yes	å
က	3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4 a	4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?	4a		•
۵	b If "Yes," provide the date of the letter.			
5a	5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	Sa		
۵	b If "Yes," did the organization provide such notice?	5b		
9	6 Did the organization discharge or pay all liabilities in accordance with state laws?	9	_	
7a	7a Did the organization have any tax-exempt bonds outstanding during the year?	7а		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

7b

	(g) IRC section of reciplent(s) (if tax-exempt) or type of entity	(5)		
		ORATI 501(C)(5)		
	(f) Name and address of recipient	DFCW 911 REAL ESTATE CORPORATI 913 LEBANON STREET MONROE, OH 45050		
	(e) EiN of recipient	34-1127219		
	(d) Method of determining FMV for asset(s) distributed or transaction expenses			
e is needed.	(c) Fair market value of asset(s) distributed or amount of transaction expenses	1,935,637,BOOK VALUE		
4-1 if additional spac	(b) Date of distribution	11/25/09		
Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.	(a) Description of asset(s) distributed or transaction expenses paid	DATE		
	+	REAL ESTATE		

ie organization:
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employe
or key
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trustee,
ö,
direct
ıy officer,
any
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J or W
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a Become a director or trustee of a successor or transferee organization?
 b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

8 8

26

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL NO. 75

Employer identification number 31-0621221

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WAGES, HOURS, BENEFITS AND WORKING CONDITIONS; TO OBTAIN THE STATUS OF
EXCLUSIVE BARGAINING REPRESENTATIVE FOR THE PERSONS EMPLOYED WITHIN THE
LOCAL'S JURISDICTION AND TO PROCESS AND RESOLVE GRIVANCES AND ALL OTHER
RIGHTS ARISING OUT OF SUCH COLLECTIVE BARGINING RELATIONSHIPS; AND TO
ADVANCE AND SAFEGUARD THE FULL EMPLOYMENT, ECONOMIC SECURITY, AND
SOCIAL WELFARE OF ITS MEMBERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JURISDICTION AND TO PROCESS AND RESOLVE GRIVANCES AND ALL OTHER RIGHTS

ARISING OUT OF SUCH COLLECTIVE BARGINING RELATIONSHIPS; AND TO ADVANCE

AND SAFEGUARD THE FULL EMPLOYMENT, ECONOMIC SECURITY, AND SOCIAL

WELFARE OF ITS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 4: UFCW LOCAL 1099 AND UFCW LOCAL 911
WERE MERGED TO CREATE UFCW LOCAL 75. THE EFFECTIVE DATE OF THE MERGER WAS
APRIL 1, 2009. THE NEW LOCAL 75 IS USING THE EIN OF LOCAL 1099. AS A
RESULT OF THE MERGER, NEW BY-LAWS AND A NEW CONSTITUTION WERE CREATED.

FORM 990, PART VI, SECTION A, LINE 6: THE LOCAL IS ORGANIZED AS A NON-PROFIT CORPORATION WITH MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ARE ELIGIBLE TO VOTE IN ELECTIONS OF THE EXECUTIVE BOARD.

FORM 990, PART VI, SECTION A, LINE 8B: THE LOCAL HAS NO COMMITTEE WITH THE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

SCHEDULE O (Form' 990)

Supplemental Information to Form 990

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.

2009 Open to Public Inspection

Name of the organization

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL NO. 75

Employer identification number 31-0621221

AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE PRESIDENT, SECRETARY-TREASURER, AND FINANCIAL MANAGER TO REVIEW AND APPROVE. THE FORM 990 IS THEN PRESENTED TO THE REST OF THE EXECUTIVE BOARD AT THEIR SUBSEQUENT MEETING.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE PRESIDENT AND SECRETARY/TREASURER IS APPROVED BY THE OTHER MEMBERS OF THE EXECUTIVE BOARD EVERY THREE YEARS. THE APPROVAL IS DOCUMENTED IN THE EXECUTIVE BOARD MEETING MINUTES. THE DIRECTOR OF FINANCE PREPARES A COMPENSATION STUDY AND PRESENTS THE DATA TO THE BOARD. IN THE COMPENSATION STUDY, THE WAGES ARE COMPARED TO THOSE OF OTHER LOCAL UNIONS. THE COMPENSATION OF THE OTHER OFFICERS IS ALSO PRESENTED TO THE EXECUTIVE BOARD FOR APPROVAL. THE COMPENSATION IS APPROVED EVERY THREE YEARS AND IS NOTED IN THE EXECUTIVE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE LOCAL MAKES ITS GOVERNING

DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 1:

THE LOCAL USES THE MODIFIED CASH BASIS OF ACCOUNTING. NO CHANGE FROM PRIOR YEARS.

FORM 990, PART XI, LINE 2C:

THE EXECUTIVE BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

SCHEDULE O

(Form:990)

Supplemental Information to Form 990

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.

2009
Open to Public Inspection

Name of the organization

UNITED FOOD AND COMMERCIAL WORKERS UNION

Employer identification number 31-0621221

AND FOR THE SELECTION ON AN INDEPENDENT ACCOUNTANT. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: NAME OF PERSON: LENNIE WYATT RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE OF UFCW BENEFIT PLAN OF SW OHIO DESCRIPTION OF TRANSACTION: THE LOCAL REMITS HEALTH AND WELFARE CONTRIBUTIONS TO THE UFCW BENEFIT PLAN OF SW OHIO, AND THE BENEFIT PLAN PAYS RENT AND REIMBURSEMENTS TO THE LOCAL. (A) NAME OF PERSON: STEVE CULTER RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SECRETARY AND TRUSTEE OF UFCW BENEFIT PLAN OF SW OHIO DESCRIPTION OF TRANSACTION: THE LOCAL REMITS HEALTH AND WELFARE CONTRIBUTIONS TO THE UFCW BENEFIT PLAN OF SW OHIO, AND THE BENEFIT PLAN PAYS RENT AND REIMBURSEMENTS TO THE LOCAL. NAME OF PERSON: LENNIE WYATT RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: CHAIRMAN AND TRUSTEE OF UFCW UNIONS AND FOOD ERS PENSION PLAN OF CENT OH DESCRIPTION OF TRANSACTION: THE LOCAL REMITS PENSION CONTRIBUTIONS TO THE UFCW UNIONS AND FOOD EMPLOYERS PENSION PLAN OF CENTRAL OHIO. (A) NAME OF PERSON: STEVE CULTER RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

932211

Schedule O (Form 990) 2009

SCHEDULE 0

Supplemental Information to Form 990

(Form⁹⁹⁰)

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.

2009 Open to Public inspection

Name of the organization	LOCAL NO. 75	AND COMMERCIA	L WORKERS UNI	ON Employer identification number 31-0621221
TRUSTEE OF UFCW	UNIONS AND FO	OOD EMPLOYERS	PENSION PLAN	OF CENTRAL OHIO
(D) DESCRIPTION	OF TRANSACTIO	ON: THE LOCAL	REMITS PENSI	ON CONTRIBUTIONS
TO THE UFCW UNIO	ONS AND FOOD I	EMPLOYERS PEN	SION PLAN OF	CENTRAL OHIO.
(A) NAME OF PER	SON: LENNIE WY	/ATT		
(B) RELATIONSHI	P BETWEEN INTE	ERESTED PERSO	N AND ORGANIZ	ATION:
SECRETARY/TREAS	URER AND TRUST	TEE OF UFCW R	EGION 4 CENTR	AL STATES COUNCIL
(D) DESCRIPTION	OF TRANSACTIO	ON: THE LOCAL	REMITS DUES	TO THE UFCW REGION
4 CENTRAL STATE	S COUNCIL, ANI	THE COUNCIL	REIMBURSES T	HE LOCAL FOR
VARIOUS ORGANIZ	ING EFFORTS.	· · · · · · · · · · · · · · · · · · ·		
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			- ·· ·	
			 	

Schedule R (Form 990) 2009 Employer identification number 31–0621221 2009 Open to Public Inspection OMB No 1545-0047 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A End-of-year assets status (if section Public charity 501(c)(3)) **e** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total Income section D 501(C)(5) ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) UNITED FOOD AND COMMERCIAL WORKERS UNION OHIO "HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶ Attach to Form 990. TO HOLD REAL PROPERTY IN TRUST FOR UFCW LOCAL 75 Primary activity Primary activity Ю LOCAL NO. 75 34-1127219, 913 LEBANON STREET, MONROE, UFCW 911 REAL ESTATE CORPORATION Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part Part II 45050

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UNITED FOOD AND COMMERCIAL WORKERS UNION

LOCAL NO. 75

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

31-0621221

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets <u>G</u> Type of entity (C corp, S corp, or trust) Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ፱ **e** Legal domicite (state or foreign country) 32 Direct controlling entity Primary activity ত্ত Legal domicile (state or foreign country) ত Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 932162 02-04-10 Part IV

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL NO. 75

Page 3

31-0621221

Schedule R (Form 990) 2009 LOCAL NO. 75

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36,)

Note. Complete line I if any entity is listed in Parts II, III, of IV of this schedule.			Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)	•	4		×
c Gift, grant, or capital contribution from other organization(s)		ဥ		×
d Loans or loan guarantees to or for other organization(s)		P		×
e pans or loan migrantees by other organization(s)			-	×
		2	-	
f Sala of accate to other organization(c)		;		>
	•	= = ::	+	: ۵
g Purchase of assets from other organization(s)		19	_	×
h Exchange of assets		£		×
i Lease of facilities equipment, or other assets to other organization(s)	•	;		×
				:
i I ease of facilities equipment or other assets from other organization(s)		Ţ	×	1
Forest of contract of contracts		 	+	>
R Performance of services of membership of fundraising solicitations for other organization(s)	:	¥	1	: ۵
l Performance of services or membership or fundraising solicitations by other organization(s)	:	=		×
m Sharing of facilities, equipment, mailing lists, or other assets	٠	Ę		×
n Sharing of paid employees				×
o Rembursement paid to other organization for expenses			1	×
		2	+	;
p Reimbursement paid by other organization for expenses	:	2		×

q Other transfer of cash or property to other organization(s)		19	×	
r Other transfer of cash or property from other organization(s)	٠	1		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	action thresholds.			
(6)	14	(3)		
Name of other organization(s)	Transaction	(c) Amount involved	olved	
	type (a1)			
(1) UFCW 911 REAL ESTATE CORPORATION	Ŋ			•
MIECW 911 REAT. REMARK CORDOBARTON		,	0	c
HIGH TUTY II	צכ	-	•	5
(2)				1
(y)				
(9)				
(9)				
932163 02-04-10	Schedul	Schedule R (Form 990) 2009	990) 2(600

UNITED FOOD AND COMMERCIAL WORKERS UNION

LOCAL NO. 75 Schedule R (Form 990) 2009 Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Page 4

31-0621221

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.

s, and EIN Primary activity Legal domincille Are all patients Strate (state or foreign regularizations Studie)	(a)	9	9	5	(a)	9	[5]	3
Primary activity Legal domicile Are all parters of foreign organizations of country) Yes No Country) Yes No Country Nets and Country Nets No C				2	(a)		6	
	Name, address, and EIN of entity	Primary activity		Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate altocations?	Code V-UBI amount in box 20	General or managing partner?
			1	Yes No			(Form 1065)	Yes No
						·		
						-		_
					•			
								-
								-
								-

Schedule R (Form 990) 2009