Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

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

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization INTL LONGSHOREMENS 1624 ILA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 400 W OLNEY ROAD — Room/suite C

City or town, state or country, and ZIP + 4 NORFOLK VA 23507

D Employer identification number 54-0460808

E Telephone number (757) 480-2868

G Gross receipts $ 348,260

F Name and address of principal officer: LARRY A BACHTELL 212 86TH STREET, UNIT C, VIRGINIA BEACH, VA

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: [X] 501(c) (5) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.ila1624.org

K Form of organization [ ] Corporation [ ] Trust [X] Association [ ] Other ►

L Year of formation 1940

M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SERVICES FOR MEMBERS--UNION BARGAINING, DEATH BENEFITS, SCHOLARSHIP AWARDS, ETC.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	317
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	410,794	340,143
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,085	8,117
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	422,879	348,260
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,000	6,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	67,607	8,096
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	291,858	302,919
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	92,600	78,242
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	460,065	395,257
	19	Revenue less expenses. Subtract line 18 from line 12	-37,186	-46,997

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	342,539	295,544
	21	Total liabilities (Part X, line 26)	1,687	1,689
	22	Net assets or fund balances. Subtract line 21 from line 20	340,852	293,855

RECEIVED AUG 1 2010 OGDEN, UT IRS-OSC

Part II Signature Block

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

Sign Here

► Bruce L. Gray — Signature of officer — Date 8-10-10

► BRUCE L. GRAY FINANCIAL SECRETARY — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Charles R. Cooper III — Date 8-10-10 — Check if self-employed ► [X] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► COOPER and COOPER, PLC, 5541 PARLIAMENT DRIVE, SUITE 103, VIRGINIA BEACH, VA — EIN ► — Phone no. ► (757) 490-2159

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III **Statement of Program Service Accomplishments**

1. Briefly describe the organization's mission:
SERVICES FOR MEMBERS - UNION BARGAINING, DEATH BENEFITS, SCHOLARSHIP AWARDS, ETC

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 160,074 including grants of $ 0) (Revenue $ 0)
SERVICES FOR MEMBERS - UNION BARGAINING, DEATH BENEFITS, SCHOLARSHIP AWARDS, ETC

4b (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ 160,074

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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	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 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 Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* — 12A Yes: ; No: X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *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, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	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		
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	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		X
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		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 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? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *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? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V 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	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
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	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	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		
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		X
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).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . 1a 317			
b	Enter the number of voting members that are independent . . . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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*	9a		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► BRUCE L GRAY (757) 480-2868

400 W OLNEY ROAD, SUITE C, NORFOLK, VA 23507

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MICHAEL W HEATH TRUSTEE	3.	X						4,572	0	0
SHANNON C JONES TRUSTEE	3.	X						2,688	0	0
JAMES RAPISARDI TRUSTEE	3.	X						3,516	0	0
LANCE E WRIGHT TRUSTEE	3.	X						2,688	0	0
LARRY A BACHTELL PRESIDENT/BUSINESS AGENT	56.			X				137,353	0	21,158
CHARLES CAPPS 1ST VICE PRESIDENT	15.			X				21,030	0	0
ROBERT A VERSPRILLE 2ND VICE PRESIDENT	18.			X				25,913	0	0
IRENE C HEATH RECORDING SECRETARY	7.			X				10,080	0	0
BRUCE L GRAY FINANCIAL SECRETARY	11.			X				16,156	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								223,996	0	21,158

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts							
1a	Federated campaigns	1a	0				
b	Membership dues	1b	0				
c	Fundraising events	1c	0				
d	Related organizations	1d	0				
e	Government grants (contributions)	1e	0				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	0				
g	Noncash contributions included in lines 1a-1f: $		0				
h	**Total.** Add lines 1a–1f ▶			0			
Program Service Revenue			Business Code				
2a	MEMBERSHIP DUES AND ASSESSMENTS			340,143			
b				0			
c				0			
d				0			
e				0			
f	All other program service revenue			0			
g	**Total.** Add lines 2a–2f ▶			340,143			

Other Revenue

		(i)	(ii)	(A) Total revenue	(B)	(C)	(D)
3	Investment income (including dividends, interest, and other similar amounts) ▶			8,117			
4	Income from investment of tax-exempt bond proceeds ▶			0			
5	Royalties ▶			0			
		(i) Real	(ii) Personal				
6a	Gross Rents						
b	Less: rental expenses						
c	Rental income or (loss)	0	0				
d	Net rental income or (loss) ▶			0			
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	0	0				
b	Less: cost or other basis and sales expenses	0	0				
c	Gain or (loss)	0	0				
d	Net gain or (loss) ▶			0			
8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
b	Less: direct expenses	b	0				
c	Net income or (loss) from fundraising events ▶			0			
9a	Gross income from gaming activities. See Part IV, line 19	a	0				
b	Less: direct expenses	b	0				
c	Net income or (loss) from gaming activities ▶			0			
10a	Gross sales of inventory, less returns and allowances	a	0				
b	Less. cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory ▶			0			
	Miscellaneous Revenue		Business Code				
11a				0			
b				0			
c				0			
d	All other revenue			0			
e	**Total.** Add lines 11a–11d ▶			0			
12	**Total revenue.** See instructions. ▶			348,260	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,000	6,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	8,096	8,096		
5	Compensation of current officers, directors, trustees, and key employees	245,154	94,890	150,264	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	38,951	3,952	34,999	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	18,814	6,585	12,229	
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	3,665	3,082	583	
c	Accounting	5,450		5,450	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	200	200		
13	Office expenses	12,746		12,746	
14	Information technology	1,741		1,741	
15	Royalties	0			
16	Occupancy	10,970		10,970	
17	Travel	20,208	20,208		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	8,387	5,587	2,800	
20	Interest	100		100	
21	Payments to affiliates	6,273	6,273		
22	Depreciation, depletion, and amortization	1,023	0	1,023	0
23	Insurance	2,215		2,215	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	DONATIONS - SCHEDULE ATTACHED	5,201	5,201		
b	PENALTIES AND FINES	63		63	
c					
d					
e		0			
f	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24f	395,257	160,074	235,183	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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	527	1	11,941
	2	Savings and temporary cash investments	86,566	2	90,066
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 12,683			
	b	Less: accumulated depreciation — 10b: 3,813	1,370	10c	8,870
	11	Investments—publicly traded securities	253,308	11	182,917
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	768	15	1,750
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	342,539	16	295,544
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	1,687	25	1,689
	26	**Total liabilities.** Add lines 17 through 25	1,687	26	1,689
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	340,852	27	293,855
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	340,852	33	293,855
	34	Total liabilities and net assets/fund balances	342,539	34	295,544

Part XI Financial Statements and Reporting

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

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
	INTL LONGSHOREMENS 1624 ILA	54-0460808
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions	
	400 W OLNEY ROAD, Room No. C	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	NORFOLK VA 23507	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ BRUCE L GRAY 400 W OLNEY ROAD, SUITE C NORFOLK VA 23507

Telephone No. ▶ (757) 480-2868 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box . . . ▶ [ ] . If it is for part of the group, check this box. . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning ______, and ending ______

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: INTL LONGSHOREMENS 1624 ILA

Employer identification number: 54-0460808

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ___________

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

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

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

b Assets included in Form 990, Part X ▶ $ ___________

INTL LONGSHOREMENS 1624 ILA 54-0460808

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

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

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

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

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

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

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

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

			Amount
c	Beginning balance	1c	0
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	0

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

b If "Yes," explain the arrangement in Part XIV.

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	0				
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	0	0			

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Term endowment ▶ ______ %

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

			Yes	No
(i)	unrelated organizations	3a(i)		
(ii)	related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	12,683	3,813	8,870
e Other	0	0	0	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				8,870

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15)* ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	0
PAYROLL TAXES PAYABLE	1,689
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,689

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	348,260
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	395,257
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-46,997
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-46,997

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

1	Total revenue, gains, and other support per audited financial statements			1	348,260
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	348,260
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	348,260

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

1	Total expenses and losses per audited financial statements			1	395,257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	395,257
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	395,257

Part XIV Supplemental Information

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

Part XIV Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: INTL LONGSHOREMENS 1624 ILA
Employer identification number: 54-0460808

Part I — General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II — Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶

3 Enter total number of other organizations . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP AWARDS	4	6,000	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part III Line 1 ORGANIZATION PAYS SCHOLARSHIP AWARDS TO DEPENDENT CHILDREN OF UNION MEMBERS. THE DEPENDENT CHILDREN MUST MEET ESTABLISHED CRITERIA AND THE SELECTION PROCESS IS PERFORMED BY THREE NON-MEMBERS.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
INTL LONGSHOREMENS 1624 ILA	54-0460808

Form 990 Part VI Section A Line 2 FAMILY RELATIONSHIP BETWEEN OFFICER AND TRUSTEE - MICHAEL W HEATH, TRUSTEE & IRENE C HEATH, RECORDING SECRETARY ARE HUSBAND & WIFE

Form 990 Part VI Section A Line 6 ORGANIZATION IS A LABOR UNION WITH DUES-PAYING MEMBERS

Form 990 Part VI Section A Line 7a ACTIVE MEMBERS HAVE VOTING RIGHTS TO ELECT THE GOVERNING BODY

Form 990 Part VI Section A Line 7b DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL OF THE ACTIVE MEMBERS

Form 990 Part VI Section A Line 11A NO REVIEW WAS OR WILL BE CONDUCTED

Form 990 Part VI Section B Line 15a COMPENSATION OF PRESIDENT/BUSINESS AGENT AS THE SOLE FULL-TIME EMPLOYEE OF THE ORGANIZATION IS DETERMINED BY THE MEMBERS AND RECORDED IN THE ORGANIZATION'S CONSTITUTION & BYLAWS

Form 990 Part VI Section B Line 15b COMPENSATION OF THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS REVIEWED AND APPROVED BY THE MEMBERS AND IS BASED ON THE CURRENT WAGE SCALE CONTRACT OF THE LONGSHOREMENS UNION

Form 990 Part VI Section C Line 18 ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON RECEIVING A WRITTEN REQUEST

Form 990 Part VI Section C Line 19 NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC AS A WHOLE. HOWEVER, THE ORGANIZATION DOES MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO ANY MEMBER IN GOOD STANDING UPON THE MEMBER'S REQUEST. THE ORGANIZATION DOES NOT HAVE ANY WRITTEN CONFLICT OF INTEREST OR WHISTLEBLOWER POLICIES. HOWEVER, THERE ARE WRITTEN POLICIES ON THESE MATTERS IN THE INTERNATIONAL LONGSHOREMENS ASSOCIATION AFL-CIO (NATIONAL LEVEL).

Item F (990) - Name and Address of Principal Officer

Name			Phone Number
LARRY A BACHTELL			
Address			Foreign Country
212 86TH STREET, UNIT C			
City, Town, or Post Office	State	Zip Code	Check ("X") if a business
VIRGINIA BEACH	VA	23451	☐

Item M (990) - State of Legal Domicile

State	Foreign Country
VA	

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Totals	Gross sales	Cost, other basis and expenses
Public Securities	0	0
Non-Public Securities	0	0
Other sales	0	0

Index	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only) Cost	Donated value	Expense of sale and cost of improvements	Depreciation	Description of Basis Method
1	FURNITURE AND FIXTURES						12/31/1977	PURCHASE	8/31/2009	0	842		0	842	
2	DESK						9/14/1995	PURCHASE	8/31/2009	0	75		0	75	
3	2-LINE SPEAKER PHONE						12/11/1999	PURCHASE	8/31/2009	0	102		0	102	
4	2 PRINTERS						1/7/2000	PURCHASE	8/31/2009	0	836		0	836	
5	CALLBOARD COMPUTER						11/24/2003	PURCHASE	8/31/2009	0	1,320		0	1,320	
6	COMPUTER						8/26/2004	PURCHASE	8/31/2009	0	952		0	952	
7	CALLBOARD SOFTWARE						9/21/2004	PURCHASE	8/31/2009	0	500		0	500	
8	MODEM-CALLBOARD COMP						9/21/2004	PURCHASE	8/31/2009	0	167		0	167	
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

PART IX, LINE 4 (990) - BENEFITS PAID TO OR FOR MEMBERS

Total: 8,096

1	DEATH BENEFITS	1	4,000
2	CHRISTMAS PARTY FOR MEMBERS	2	1,012
3	GIFTS TO MEMBERS - DATE BOOKS	3	1,298
4	FRUIT BASKETS & FLOWERS	4	1,786
5		5	

PART IX, LINE 21 (990) - PAYMENT TO AFFILIATES

		Total:	6,273
1	VIRGINIA AFL-CIO - PER CAPITA DUES	1	2,880
2	EASTERN VIRGINIA LABOR FEDERATION AFL-CIO - PER CAPITA DUES	2	1,097
3	HAMPTON ROADS DISTRICT COUNCIL - DUES	3	2,059
4	COPE - DUES	4	147
5	HAMPTON ROADS PORTS COUNCIL - DUES	5	90
6		6	
7		7	

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1	1,023		1,023	
2 Depletion	2	0			
3 Amortization	3	0			
4 Total	4	1,023	0	1,023	0

LIST OF DONATIONS - FORM 990 PAGE 10 PART IX LINE 24a		Total:	5,201
1	STRELITZ DIABETES INSTITUTE FOUNDATION	1	2,201
2	AMERICAN CANCER SOCIETY	2	100
3	SPECIAL OLYMPICS OF VIRGINIA	3	200
4	HOLE IN THE WALL GANG CAMP	4	200
5	NORFOLK STATE UNIVERSITY FOUNDATION	5	2,500

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
									12,683	7,584	3,813	0	1,370	8,870
1	OFFICE FURNITURE & EQUIPMENT - S/A				X				12,683	7,584	3,813		1,370	8,870
2									0	0			0	0
3									0	0			0	0
4									0	0			0	0
5									0	0			0	0
6									0	0			0	0
7									0	0			0	0
8									0	0			0	0
9									0	0			0	0
10									0	0			0	0
11									0	0			0	0
12									0	0			0	0
13									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									0	0			0	0
17									0	0			0	0
18									0	0			0	0
19									0	0			0	0
20									0	0			0	0
21									0	0			0	0
22									0	0			0	0
23									0	0			0	0
24									0	0			0	0
25									0	0			0	0
26									0	0			0	0
27									0	0			0	0
28									0	0			0	0
29									0	0			0	0
30									0	0			0	0
31									0	0			0	0
32									0	0			0	0
33									0	0			0	0
34									0	0			0	0
35									0	0			0	0
36									0	0			0	0
37									0	0			0	0
38									0	0			0	0
39									0	0			0	0
40									0	0			0	0
41									0	0			0	0
42									0	0			0	0
43									0	0			0	0
44									0	0			0	0
45									0	0			0	0
46									0	0			0	0
47									0	0			0	0
48									0	0			0	0
49									0	0			0	0
50									0	0			0	0
51									0	0			0	0
52									0	0			0	0
53									0	0			0	0

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported:

[X] Cost

[ ] End of year market value (FMV)

	Description	Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value Cost	Ending Balance Book Value Cost
						0	253,308	182,917
1	WACHOVIA MONEYMART ASSETS	X			0 00	0	153,308	82,917
2	WACHOVIA - L-T CD - GE CAPITAL FINANCIAL	X			0.00	0	50,000	0
3	WACHOVIA - L-T CD - STERLING SAVINGS BANK	X			0 00	0	50,000	0
4	WACHOVIA - L-T CD - PACIFIC CAPITAL BANK	X			0 00	0	0	50,000
5	WACHOVIA - L-T CD - BANK OF AMERICA	X			0 00	0	0	50,000
6					0.00	0	0	0
7					0 00	0	0	0
8					0 00	0	0	0
9					0 00	0	0	0
10					0.00	0	0	0
11					0 00	0	0	0
12					0 00	0	0	0
13					0.00	0	0	0
14					0.00	0	0	0
15					0 00	0	0	0
16					0 00	0	0	0
17					0.00	0	0	0
18					0 00	0	0	0
19					0 00	0	0	0
20					0.00	0	0	0
21					0 00	0	0	0
22					0 00	0	0	0
23					0 00	0	0	0
24					0.00	0	0	0
25					0 00	0	0	0
26					0 00	0	0	0
27					0.00	0	0	0
28					0 00	0	0	0
29					0 00	0	0	0
30					0 00	0	0	0
31					0 00	0	0	0
32					0 00	0	0	0
33					0 00	0	0	0
34					0 00	0	0	0
35					0 00	0	0	0
36					0 00	0	0	0
37					0 00	0	0	0
38					0 00	0	0	0
39					0 00	0	0	0
40					0 00	0	0	0
41					0 00	0	0	0
42					0 00	0	0	0
43					0 00	0	0	0
44					0 00	0	0	0
45					0 00	0	0	0
46					0 00	0	0	0
47					0 00	0	0	0
48					0 00	0	0	0
49					0 00	0	0	0
50					0 00	0	0	0
51					0 00	0	0	0
52					0 00	0	0	0
53					0 00	0	0	0
54					0 00	0	0	0
55					0 00	0	0	0
56					0 00	0	0	0
57					0 00	0	0	0
58					0 00	0	0	0

Part X, Line 15 (990) - Other Assets

768 1,750

	Description	Beginning	End
1	PREPAID FIDELITY BOND	768	512
2	RENTAL DEPOSIT	0	1,000
3	UTILITY DEPOSIT	0	238
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part X, Line 25 (990) - Other Liabilities

	Description	Beginning	End
		1,687	1,689
1	PAYROLL TAXES PAYABLE	1,687	1,689
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

STEAMSHIP CLERKS LOCAL 1624-ILA
DEPRECIATION

	OFFICE FURNITURE	ACQUIRED	METH	LIFE	COST	PRIOR DEPRECIATION	DEPRECIATION THIS YEAR	ACCUMULATED DEPRECIATION
	FILE CABINET	1974	S-L	10	94.43	94.43	- - -	94.43
<1>	FURNITURE & FIXTURES	1977	"	"	842.00	842.00	- - -	842.00
	REFRIGERATOR	05/25/90	"	7	282.00	282.00	- - -	282.00
<1>	DESK	09/14/95	"	"	75.00	75.00	- - -	75.00
<1>	2-LINE SPEAKER PHONE	12/11/99	"	5	101.80	101.80	- - -	101.80
<1>	2 PRINTERS	01/07/00	"	"	835.97	835.97	- - -	835.97
	FAX/SCANNER	04/12/00	"	"	574.74	574.74	- - -	574.74
	FAX/SCANNER	11/15/00	"	"	600.88	600.88	- - -	600.88
	2 CHAIRS & 2 EXECUTIVE CHAIRS	06/19/01	"	"	501.56	501.56	- - -	501.56
	2 VERTICLE FILE CABINETS	07/27/01	"	"	150.00	150.00	- - -	150.00
	1 PRINTER STAND, 1 PLANT	07/27/01	"	"	45.00	45.00	- - -	45.00
	4-LINE SPEAKER PHONE	02/05/03	"	"	116.37	116.37	- - -	116.37
<1>	CALLBOARD COMPUTER	11/24/03	"	"	1,320.00	1,320.00	- - -	1,320.00
	VACUUM CLEANER	01/21/04	"	"	104.49	103.63	0.86	104.49
<1>	COMPUTER (PRESIDENT)	08/26/04	"	"	951.96	832.96	119.00	951.96
<1>	CALLBOARD SOFTWARE	09/21/04	"	"	500.00	429.17	70.83	500.00
<1>	MODEM - CALLBOARD COMPUTER	"	"	"	166.96	143.30	23.66	166.96
	BATTERY BACKUP (CALLBOARD)	09/05/06	"	"	192.14	88.07	38.43	126.50
	COMPUTER (TREASURER)	01/23/07	"	"	564.89	221.24	112.97	334.21
	LASER JET PRINTER (TREASURER)	01/23/07	"	"	136.49	53.46	27.30	80.76
	8' CONFERENCE TABLE	09/05/07	"	7	100.00	18.46	14.29	32.75
	4 STACKABLE FILE CABINETS	09/18/07	"	"	200.00	36.90	28.57	65.47
	10 CHAIRS	09/18/07	"	"	90.00	16.61	12.86	29.47
	PAPER SHREDDER	02/28/07	"	5	186.86	73.07	37.37	110.44
	HEADSET SYSTEM (CALLBOARD)	05/27/08	"	"	220.69	27.59	44.14	71.73
	2 WIRELESS MODEMS	05/20/09	"	"	191.00	- - -	23.88	23.88
	COMPUTER FOR CALL BOARD	07/07/09	"	"	1,262.13	- - -	115.70	115.70
	WIRELESS ROUTER & ADAPTORS	07/07/09	"	"	335.97	- - -	30.80	30.80
	CARPET - NEW OFFICE	08/03/09	"	7	3,552.00	- - -	190.29	190.29
	WALDEN SERIES CHERRY CORNER DESK	09/17/09	"	"	657.23	- - -	27.39	27.39
	PAOLI L-SHAPED DARK CHERRY DESK	"	"	"	766.77	- - -	31.95	31.95
	36" WIDE LATERAL FILE W/BOOKCASE	"	"	"	438.15	- - -	18.26	18.26
	DOUBLE PEDESTAL LIGHT CHERRY DESK	"	"	"	438.15	- - -	18.25	18.25

STEAMSHIP CLERKS LOCAL 1624-ILA
DEPRECIATION

	48" HIGH LIGHT CHERRY BOOKCASE	"	"	"	175.25		- - -	7.31	7.31
	2 BLACK GUEST ARM CHAIRS	"	"	"	262.88		- - -	10.96	10.96
	1 BLACK EXECUTIVE TASK CHAIR	"	"	"	163.99		- - -	6.84	6.84
	3 AT&T 993 2-LINE PHONES	09/03/09	"	5	188.85		- - -	11.02	11.02
	GN 1000 REMOTE	12/30/09	"	"	89.86		- - -	0.00	0.00
					17,476.46		7,584.21	1,022.93	8,607.14
<1>	DISPOSED IN 2009				4,793.69				4,793.69
	BALANCES AT 12/31/09				12,682.77		7,584.21	1,022.93	3,813.45