

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED JUN 1 7 2010

Form **990**

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)

20**09**

Open to Public Inspection

benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

Α	For th	ie 2009 ca	alendar	year, or tax year beginning	January 1	, 2009, and end			, 20 09	
В	Check if a	applicable	Please	C Name of organization Office	and Professional I	Employees Into	ernational Un	D Employe	r identification	ı number
_		change	use IRS label or	Doing Business As OPEIU L	ocal 109			71	10169	72
			print or	Number and street (or P O box if ma		address) Room	/suite	E Telephon	e number	
	Name cl		type. See	309 Greenwoods Lane				(863)	398-61	122
	Initial ref		Specific	City or town, state or country, a	and 7ID + 4	. <u> </u>		(000)		
	Termina		Instruc- tions.	Lakeland. FL 33813-4635						
\square	Amende	ed return					1	G Gross rece		<u>,897.47</u>
	Application	on pending	F Nan	ne and address of principal officer.	Phillip Newson		H(a) Is the	s a group return fo	or affiliates? Ye :	s 🗹 No
	_		23 Pa	rk Drive East Greenbush, l	NY 12061-1812		H(b) Are	all affiliates inc	cluded? 🗆 Ye	s 🗌 No
ı	Tax-exe	empt status	s: 🗹 9	501(c) (5) ∢ (insert no))47(a)(1) or 527		If "N	No," attach a li	st (see instruct	iions)
J	Websi	ite: ► wv	ww.am	cpilots.com			H(c) Group	exemption numb	oer ▶	
ĸ	Form of	organization	Corp	oration 🔲 Trust 🔲 Association 🗹	Other > Union	L Year of form	nation 2006	M State of I	egal domicile.	CO
	art I	Summ								
_		Briefly de	escribe	the organization's mission orporation in thirty nine (3	9) states. Through	the grievance	process, art	oitrations a	ing litigation	n, we
Activities & Governance	1 .			ed several unjust terminat						aining
Ĕ	1 .	agreeme	ent hav	e been on going for most	of this year, seeki	ng improveme	nt in working	; condition	s and pay.	
o Ve	2	Check this	box ►	If the organization discontinue	d its operations or dispo	sed of more than 2	25% of its net ass	ets.		
Ŏ	3			ng members of the governing				1 2 1		848
S.	4			pendent voting members o		· · · · · · · · · · · · · · · · · · ·		1 4 1		848
itie	-			f employees (Part V, line 2a				5		1
슗	5				•					30
Ā	1 -			f volunteers (estimate if nec				7a		0
				elated business revenue fro				. 7a		0
_	l D	Net unre	iated b	usiness taxable income froi	n Form 990-1, line	34	Prior Y		Current Y	<u>_</u>
							Prior Y			
0	8	Contribut	tions ai	531,965		553079				
Revenue	9	Program	service	e revenue (Part VIII, line 2g))			0		0
ě	10	Investme	ent inco	ome (Part VIII, column (A), li	nes 3, 4, and 7d)		,			
œ	11			Part VIII, column (A), lines		and 11e)		1		
				add lines through in must				531965		553079
_	13	Cronto o	nd orm	ılar amounts pard (Part IX,	polyenn (A) lines 1	3)			-	
							•			
8	14	Benefits	paid to	or the members (Part IX, o	· 	155.112		144000		
nse.	15	Salaries,	other co	ompersation employee2belle	its (Part IX, column	(A), lines 5–10)		133,112		177000
Expenses		Profession	onal fun	ndraising fees (Part IX, colum	in (A) [ine 11e)					
û	b	Total fund	draisıng	gerpenses(Part X, column ((Part IX, column (A), unes	D), liπe 25) ▶		-			
	17	Other ex	penses	(Part IX, column (A), unes	<u>11a-1</u> d, 11f-24f)			379,572		<u>430,185</u>
	18	Total exp	oenses.	. Add lines 13-17 (must equ	ual Part IX, column	(A), line 25).		534684		574185
		Revenue	less_ex	penses. Subtract line 18 from	n line 12	<u> </u>		(2,719)		(21,106)
٥ و							Beginning of C	Current Year	End of Y	ear
Assets	20	Total ass	sets (Pa	art X, line 16)				80066		58761
Ass	21		•	Part X, line 26)			'	0		0
Net	22		•	and balances Subtract line	21 from line 20		•	80066	-	58761
	art II			Block		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			
Ш	31 (11			f paryry, I declare that I have exam	uned this return, including	accompanying sc	hadulas and state	ments and to	the best of my	knowledge
		and belie	ef, it is to	ue gomect, and complete Declarat	ion of preparer (other the	an officer) is based	on all information	of which pre	parer has any k	nowledge
		1.					1 -	m 1	1001	^
Si	_			d // Dos				MAY 2	,2010	
He	ere	▼ Sign	ature of	officer			Da	ite /		
		 	66	exT S. Box	Secretary.	- Ireasur	er			
		Туре	e or print	name and title						
	_	Preparer'	's			Date	Check if		entifying number	
D.:		signature					self- employed ▶ □	(see instruction	ons)	
Pai	_									
	parer's	Firm's na	ame (or y	ours L		-	EIN	<u> </u>		
Use	e Only	ıf self-em	ployed),				Phone r	no. P ()	
8.4	ab-	address,			hown shove? (see	(netructions)	/ Irnone i		Yes	T No.
				s return with the preparer s			 	<u> </u>		No No
Fo	r Priva	cy Act an	d Paper	rwork Reduction Act Notice,	see the separate ins	structions/	Cat. No 1	1282Y	Form 9	90 (2009)

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: OPEIU Local 109 represents the pilots of Air Methods Corporation, seeking improved working conditions, pay and benefits. We also strive to increase safety of flight operations by working with the Company and the Federal Aviation Administration, to implement aircraft equipment as well as pilot awareness of safe flying techniques.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Par	Checklist of Required Schedules	1		
			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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓_
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓_
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		✓
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		✓
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		✓_
•	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	✓	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓_
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		✓
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_		✓
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20_		_ ✓

Pa	rt 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		1
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		1
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	1	
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		1
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		1
þ	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 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		
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		1
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		1
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		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
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		1
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		1
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		
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	1	

Par	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			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1
	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			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	·	1
	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)?	4 a		1
Ь	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		√
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_
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_		✓
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		1
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
¢	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			
é	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	And depited outside of the decided of the transfer of the tran			
	Choss receipts, included on Form 990, Fart vin, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross prome from members or shareholders			
	diosa income from members of strateholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	122		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
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 officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6_	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	√	
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	✓	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	rnal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	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	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓_
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
_	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		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
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	✓	
	Other officers or key employees of the organization	15b	✓	
_	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		1
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		l .
Sec	tion 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			
	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 inte	erest	
	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 reco	rds of	f the	
	organization: ► Robert S. Box 309 Greenwoods Lane Lakeland, FL 33813-4635			

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 co	pmpensate	any o	urr			cer, d	irec	tor, or trustee.		 .
(A)	(B)			(D)	(E)	(F)				
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Dean Mischke Director	5	1						6800	0	0
Gale Wolff Director	5	1						800	0	0
Craig Fielding Director	5	1						800	0	0
Michale Cobb Director	5	1						800	0	0
James Mayors Director	5	1						800	0	0
Alan Jewett Trustee	5	1						800	0	0
Douglas Bernreuter Trustee	5	1						800	0	0
Kevin Kyzer Trustee	5	1						2623	0	0
Michael Cheek Recording Secretary	10	1						800	0	0
Phillip Newson President	20			1				10400	0	0
Robert S Box Secretary Treasurer	30			1				14400	0	0
Danny M McDade Vice President	10			1				7000	0	0
Troy Montanez Full Time Representative	40				1	1		78577	0	0
Jeff Stackpole Former President	20						1	12800		
Stephen W. Grace Former Trustee	5						1	1600		
Laurens B. Grandy Former Trustee	5						1	1600		

Part VII Section A. Officers, Directors, Tre	ustees, Key	/ Emp	loy	ees,	an	d Hig	hest	Compensate	Employees (c	ontinue	ed)	
(A)	(B) (C)							(D)	(E)		(F)	
Name and title	Average	Positi	on (d	checl	k all	that ap		Reportable	Reportable		stimate	
	hours per week	Individual trustee or director	Ins	全	Көу	en E	Former	compensation from	compensation from related	a	mount other	Oī
		d a	Institutional	Officer	ē	Bes	H H	the organizati			npensa	
		당교	ğ	`	륗	è c		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th ganızat	
		ੇ ਫ਼ੁੱ	ᄪ		employee	ğ		(44-21 1099-141130)			nd relat	
		stee	trustee		١٣	Highest compensated employee				org	ganızatı	ons
			9			ate						
Robert B. Lapsley		 	\vdash	├		-				+		
Former Board Member	2							1600				
Brian S. Thomas						-	V			-		
Former Board Member	2	ł						1600				
FOITHER BOAIG MEITIDE		 	<u> </u>	├	<u> </u>		V					
	-	1						:				
	ļ	<u> </u>	_	_								

			<u> </u>	<u> </u>						<u> </u>		
	Į						1					
				<u>L</u>								
	1					,				ŀ		
	1							1				
	 	!		-	_	-		_		1		
	1	1										
		 	_	-	-					┼		
	1											
	<u> </u>	ļ	├		_		₩			-		
	1									İ		
	ļ	Ь	<u> </u>	_			lacksquare			—		
	1	ľ				}						
	ļ											
]											
	l								_			
]			1						ļ		
1b Total							•	145400				
2 Total number of individuals (including but	not limited	to th	ose	liste	ed a	above	e) wł	no received mo	ore than \$100,0	000 in		
reportable compensation from the organiz							•		•			
											Yes	No
3 Did the organization list any former office										3	✓	Į.
employee on line 1a? If "Yes," complete S										۳	+	
4 For any individual listed on line 1a, is the												ł
the organization and related organizations	greater tha	an \$15	50,0	00?	If "	'Yes,"	' cor	nplete Schedu	le J for such			/
										4		
5 Did any person listed on line 1a receive	or accrue	com	oen:	satio	on 1	from	any	unrelated org	anızatıon for	1_		
services rendered to the organization? If '	Yes," com	olete -	Scn	eau	ie J	tor s	ucn	person	• • •	5	L	✓
Section B. Independent Contractors												
1 Complete this table for your five highest of	ompensate	ed ind	epe	nde	ent d	contra	acto	rs that receive	d more than \$1	00,00	0 of	
compensation from the organization.												
(A)							1	(B)			C)	
Name and business ad	dr es s							Description of s	ervices	Comp	ensatio	n
	-											
			-				İ					
			_				<u> </u>					
							\vdash					
O Total number of radional data and a section 1.	ا	•	.			these	ا د دوران	ad about the	rocoured			
2 Total number of independent contractors (more than \$100,000 in compensation from					ı.	เกอรe	IIST	eu abovej wno	received			
more man productin compensation nor	n the organ	וובמנונ	// <u>-</u>									

Pari	VII	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	b c d e f	Federated campaigns . 1a 0 Membership dues 1b 551,897 Fundraising events 1c 0 Related organizations 1d 1160 Government grants (contributions). 1e 0 All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ 0 Total. Add lines 1a-1f	553057			
	<u>''</u>	Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue . Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and			****	
	4 5	other similar amounts)	0 0			
	b	Gross Rents Less: rental expenses Rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
		Less: cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss)	0			
Other Revenue		Gross income from fundraising events (not including \$				
ō	ŀ	Net income or (loss) from fundraising events	0			
		Gross income from gaming activities. See Part IV, line 19				
		Net income or (loss) from gaming activities	0			
	l	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b				
		Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	0			
	11a	Wilderance State S				
	b					
	C	All other revenue				
		Total. Add lines 11a–11d				
	12	Total revenue. See instructions.	553,079	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 col	umn (A) but are no	.	 	
Do 7b	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	145,400			
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)	0			
_	and section 403(b) employer contributions)	771			
9	Other employee benefits	6,601		 	
10	Payroll taxes	0,001			
11	Fees for services (non-employees)				
	Management	141,549			
b	3	9,160	_		-
С	Accounting	9,100			
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	46,000			
13	Office expenses	16,860 2,219			
14	Information technology	2,219			
15	Royalties				
16	Occupancy	65,823			
17	Travel	05,0∠3			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .				
20	Interest	440.007			
21	Payments to affiliates	149,387			
22	Depreciation, depletion, and amortization.	3 64=1			
23	Insurance	3,647			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Payment for Lost Time to Air Methods Cor	20,663			
b					
C					
d					
e					
f	All other expenses	12,254			
25	Total functional expenses. Add lines 1 through 24f	574,334			
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				

Pа	rt X	Balance Sheet			
			(A) Beginn i ng of year		(B) End of year
_	1	Cash—non-interest-bearing	68886	1	47559
	2	Savings and temporary cash investments	11180	2	11202
	3	Pledges and grants receivable, net	_	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	0
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	Marco o n		
		Part II of Schedule L	0	6	0
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0	11	0
	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	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			58761
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ab		employees, highest compensated employees, and disqualified			
		persons Complete Part II of Schedule L	0		0
	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		25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
<u></u>	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
AS	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
Net Assets or	33	Total net assets or fund balances	0	33	0
Z	34	Total liabilities and net assets/fund balances	80066		58761

Page	1	2
· ugc		_

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С		2c	✓	
	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:			
3a	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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		√
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 **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Employer identification number Name of the organization Office and Professional Employees International Union Local 109 1016972 71 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **>**..... Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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. 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: 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:

Page 2	2
--------	---

Par	t III Organizations Maintain	ing Collections	of Art, Histor	ical Treasures,	or Other Similar	Assets (continued)
3	Using the organization's acquisition collection items (check all that app		other records,	check any of the f	following that are a	significant use of its
а	Public exhibition		аЦ	Loan or exchan		
b	Scholarly research		e ∐	Other		
С	Preservation for future genera	tions				
4	Provide a description of the organic Part XIV.	zation's collections	s and explain i	now they further t	he organization's e	xempt purpose in
5	During the year, did the organization assets to be sold to raise funds rather	er than to be mainta	ained as part of	the organization's	collection? .	. Yes No
Par	rt IV Escrow and Custodial A IV, line 9, or reported an				swered "Yes" to F	orm 990, Part
	Is the organization an agent, truste included on Form 990, Part X?					oot Yes No
b	If "Yes," explain the arrangement in	n Part XIV and cor	nplete the follo	owing table:		Amount
					1c	Amount
	3 3				1d	
d	Additions during the year				1e	
e	Distributions during the year				1f	
	Ending balance	ount on Form 990				. Yes No
	If "Yes," explain the arrangement in the transfer of the trans		ganization an	swered "Ves" to	Form 990 Part	IV line 10
. Gr	Endownion Funds: 50	(a) Current year	(b) Prior year	1		
10	Beginning of year balance					
1a	Contributions		1			
C	Net investment earnings, gains, and losses					
d	Grants or scholarships					
	Other expenditures for facilities					
	and programs					
	Administrative expenses End of year balance					
2	Provide the estimated percentage	of the year end ba	lance held as:			
а	Board designated or quasi-endowr	ment ▶	%			
b	Permanent endowment ▶	%				
С	Term endowment ▶	%				
3a	Are there endowment funds not in the	he possession of the	he organization	that are held and	administered for the	e Vaal Na
	organization by:					Yes No
	(i) unrelated organizations					. 3a(i)
_	(ii) related organizations			0-1-41-50		. 3a(ii)
ь 4	If "Yes" to 3a(ii), are the related org Describe in Part XIV the intended in					. [3b]
	rt VI Investments—Land, B				t X line 10	
r ai	· · · · · · · · · · · · · · · · · · ·			Cost or other	(c) Accumulated	(d) Pook value
	Description of investment	(a) Cost or o (investm		basis (other)	depreciation	(d) Book value
1a	Land					
	Buildings					
			+	-		
		-				
	Other		190 Part Y colu	mn (R) line 10(c))		
ı ota	i. Add lines ta tillough te (Column (d)	musi equal FUIII 9	JO, Fait A, COIL	(D), IIIIE 10(C).)		

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.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	ate	ments
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	553,079
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	574,185
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(21,106)
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	_5_	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
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	<u> </u>
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e pe	
1	Total revenue, gains, and other support per audited financial statements	1	1 554,137
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments	<u>ગ</u>	
b	Donated services and use of facilities	<u> </u>	
C	Recoveries of prior year grants)	
d	Other (Describe in Part XIV.)	3	
е	Add lines 2a through 2d		<u>2e 1,058</u>
3	Subtract line 2e from line 1	L	3 553,079
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	0	
b	Other (Describe in Part XIV.)	<u> </u>	
C	Add lines 4a and 4b	4	kc0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	5 553,07 <u>9</u>
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es	
1	Total expenses and losses per audited financial statements		1 574334
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<u> </u>	
b	Prior year adjustments	0	
С	Other losses	0	
d	Other (Describe in Part XIV.)	<u> </u>	
е	Add lines 2a through 2d	_2	2e 149
3	Subtract line 2e from line 1	ئــا	3 574,185
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	0	
b	Other (Describe in Part XIV.)	0	ļ
С	Add lines 4a and 4b		lc 0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	<u>574,185</u>
Par	t XIV Supplemental Information		
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar part to provide any additional information.		
Par	rt XII The \$1058.00 was a rebate from PHPA for expenses incurred, for travel of Danny McDac	le Vi	ice President, for
a c	onference in Montreal. The Local had paid the travel expenses to this traveler.		
Par	t XIII The \$149.00 was a rebate from Air Wethods Corporation processed in our books as a d	ecre	ease in expense for a
sha	ared expense for a meeting room for Arbitration.		
		. -	

Schedule D (Form 990) 2009

Schedule D (Fo	rm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
· ·		
		•••••
		•••••
	/	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

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

Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV line 23

Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

20**09**

Open to Public Inspection

Name of the organization

Office and Professional Employees International Union Local 109 OPEIU Local 109

Part I Questions Regarding Compensation

Employer identification number
71 1016972

				Yes	No
1a	Check the appropriate box(es) if the organization provided any of 990, Part VII, Section A, line 1a. Complete Part III to provide any re	the following to or for a person listed in Form elevant information regarding these items.			
	☐ First-class or charter travel ☐ Housii	ng allowance or residence for personal use		ļ	
	☐ Travel for companions ☐ Payme	ents for business use of personal residence	1		
		or social club dues or initiation fees	İ		
		nal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization	n 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		
2	Did the organization require substantiation prior to reimbursing	or allowing expenses incurred by all		- [
	officers, directors, trustees, and the CEO/Executive Director, re	- '	2		
	, and an an an an an an an an an an an an an		ı		
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director. Check all that apply.	establish the compensation of the			
		n employment contract			
		ensation survey or study			
		val by the board or compensation committee	ŀ		
	□ 10111 990 of other organizations	var by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Se	ection A, line 1a, with respect to the filing			
	organization or a related organization:		4a	İ	
a	Receive a severance payment or change-of-control payment?		4b		
b	Participate in, or receive payment from, a supplemental nonqu		4c		
С	Participate in, or receive payment from, an equity-based comp		70		
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must con	nplete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any			
	compensation contingent on the revenues of:		İ		
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	l		
	compensation contingent on the net earnings of:		ļ		
а	The organization?		6a		
b	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	ĺ		
	payments not described in lines 5 and 6? If "Yes," describe in	Part III	7		L
8	Were any amounts reported in Form 990, Part VII, paid or acci	rued pursuant to a contract that was	1		
	subject to the initial contract exception described in Regs. sec				
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable	e presumption procedure described in	ŀ		
	Pagulations section 53 4958-6(c)?		9		1

Page 2

Schedule J (Form 990) 2009

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

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)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		C 191 30 minopological		And/or 1000 MISC componentian				
		(b) Dreakdown o		oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reparted in prior Form 990 or Form 990-EZ
Jeffery B. Stackpole	€ €	12,800					12,800	19,200
Brian S. Thomas	€ 9	1,600					1,600	2,400
Laurens B. Grandy	E	1,600					1,600	2,400
Stephen W. Grace		1,600					1,600	2,400
Robert B. Lapsley	€ €	1,600					1,600	2,400
Dean A. Wischke	88	0089					6,800	2,400
Gale J. Wolff	88	800					800	0
Craig V. Fielding	E E	008					800	0
Michale D. Cob	€ €	008					800	0
James A. Mayors	€ €	800					800	0
Alan G. Jewett	EE	800					800	0
Douglas B. Bernreuter	€ 🖲	800					008	0
Kevin Kyzer	(3)	2623					2623	3574
Michael S. Cheek	9	800					008	0
Phillip Newson	(E)						10,400	18,000
Robert S. Box	EΞ	14,400					14,400	14,400
							Sche	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.										
te this										
nple										
100 0										
Als.										
lud 8										
7, a										
a, 6b										
) 0, 0,						;				
5a, 5										
4c,										
ı, 1b,										
es 18										
ii,										
Part				1	1		! ! ! !			
for				1	1		t ! !			
							• • • •			
s req										
otion							! ! !			
escri		1								
or d										
tion,										
lana										
exb '										
ation							! !	! ! !		
ion form							! !	! ! !	1	
he in			1 1 1 1					! ! !		
Infor ide t							! ! !	1 1 1 1 1		
ntal prov rmat										
Supplemental Information this part to provide the information ditional information.							! ! !	1 1 1 1 6		
is pa		! !					; ; ; ;	1 1 1 1		
Schedule J (Form 990) 2009 Part III Supplem Complete this part to for any additional inf			ļ							
ੂ ⊟ ਦੇ ≥		-		1			:	•		

SCHEDULE J-1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

See Instructions for Schedule J (Form 990).

2009

OMB No. 1545-0047

Open to Public Inspection Employer identification number

2017 77,015 (F) Compensation reported in prior Form 990 or Form 990-EZ 1016972 78,577 2000 (E) Total of columns (B)(i)+(D) Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II) (D) Nontaxable benefits (C) Retirement and other deferred compensation (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation Office and Professional Employees International Union Local 109 OPEIU Local 109 (ii) Bonus & incentive compensation 2000 78,577 compensation \in \mathbf{E} € € \in Ξ €€ \in Ξ ≘≘ \mathbf{E} € € Ξ \equiv (A) Name Danny M. McDade Troy V. Montanez Part I

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Office and Professional Employees International Union Local 109 OPEIU Local 109

OMB No 1545-0047

Open to Public Inspection

1016972

Employer identification number

71

9a. Alan G. Jewett 23523 Esaws Ave. Apple Valley, CA 92307
Douglas B. Bernreuter 840 Cloudberry Branch Way Jacksonville, FL 32259
Danny M. McDade 4609 Brookview Road Rockford, IL 61108
Craig V. Fielding 3600 Walker Road Hillsborough, NC 27278
Kevin C. Kyzer 7477 South Lamar ST. Littleton, CO 80128
James A. Mayors 1399 49th Ave. N. E. St. Petersburg, FL 33703
Michael S. Cheek 1001 E. 109 Street Kansas City, MO 64131
Michale D. Cobb 2929 River Bend Drive Nashville, TN 37214
Dean A. Mischke 5700 W. Brookdale Dr. Reno, NV 89523
Phillip Newson 23 Park Dr. East Greenbush, NY 12061
Gale J. Wolff 425 Roosevelt Woods Ct. Fenton, MO 63026
11. Form 990 is forwarded via email to all board members.
19. All information, except financial is available on our web site www.amcpilots.com. This information is available to
anyone visiting the web site. Financial information is available under the freedom of information act at the Department
anyone visitig the web site. Financial information is available under the freedom of information act at the Department
anyone visitig the web site. Financial information is available under the freedom of information act at the Depatment of Labor by asking for the LM2 report. The IRS 990 is available similarily.