

# 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



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

Δ	Forthe 2009 ca	ilendar year, or tax year beginning $02/01/09$ , and ending $12/31/09$		
	Check if applicable	Please C Name of organization UNITED FOOD AND COMMERCIAL WORKERS	D Ei	mployer identification number
		use IRS INTERNATIONAL UNION 1208 LOCAL		imployer identification flumber
⊢'	Address change	label or	<del></del>	0-0356571
	Name change	print or Doing Business As		
X	nitial return	type. Number and street (or P O box if mail is not delivered to street address)  Room/		elephone number 110 - 879 - 1208
	Termination	Specific FO BOX 69		
		Instruc- City or town, state or country, and ZIP + 4	G Gross	s receipts \$ 486,259
片'	Amended return	tions TAR HEEL NC 28392		
	Application pending	F Name and address of principal officer		s this a group return for
		KEITH LUDLUM		affiliates? Yes X No
		PO BOX 69	ı	ncluded? Yes No
		TAR HEEL NC 28392		f "No," attach a list (see instructions)
	Tax-exempt statu			
		ufcw1208.org		Group exemption number ▶ 0278
	Type of organization		rmation 2009	M State of legal domicile NC
P	art I Sı	ummary		
	•	escribe the organization's mission or most significant activities		
q.	TO I	IMPROVE THE LIVES OF WORKING FAMILIES AND TO BRING ECONO	MIC JUSTIC	CE TO
anc	THE	WORKPLACE.		
Ĕ				
9.6	2 Check th	his box > if the organization discontinued its operations or disposed of more than 25% of its	net assets	
Ď		of voting members of the governing body (Part VI, line 1a)		3   11
တ္		of independent voting members of the governing body (Part VI, line 1b)	<u> </u>	4 7
Activities & Governance		mber of employees (Part V. line 2a)	<del> </del>	5 22
۲į			<b>├</b> ─	6
ĕ		mber of volunteers (estimate if necessary)	F	<del>-  </del>
	_	oss unrelated business revenue from Part VIII, column (C), line 12	F-	7a
	<b>b</b> Net unre	elated business taxable income from Form 990-T, line 34	Prior Year	7b Current Year
	9 Contribut	tions and grants (Part VIII, line 1h)	Titol Teal	170,351
ne				315,868
Revenue	i	service revenue (Part VIII, line 2g)		313,808
Re		ent income (Part VIII, column (A), lines 3, 4, and 7d)	<del></del>	40
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Te)	_ <del></del> . ·	40
		renue – add lines 8 through 11 (RUS) Equal Part Will, column (A), line 12)		486,259
		ind similar amounts paid (Part-IX <del>, column (A), lines 1-3)</del>		
_	14 Benefits	paid to or for members (Ran IX, column (A), line (4)		
	15 Salaries,	, other compensation, employee benefits (Part IX, column (A), lines 5–10)		145,441
Zig i	16a Professio	onal fundraising fees (Part IX column (A), line 11e)	· <del></del>	
ကမ္မီး	<b>b</b> Total fun	ndraising expenses (Part X, colum (P) (E) 25)		
က <sup>ဋိ</sup>	17 Other ex	spenses (Part IX, column (A), lines 11a-11d, 11f-24f)		160,022
>	18 Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	_	305,463
9	19 Revenue	e less expenses Subtract line 18 from line 12		180,796
SCANNED NOV			nning of Current Yea	r End of Year
a sets	20 Total ass	sets (Part X, line 16)		208,824
Z AS B	21 Total liab	pilities (Part X, line 26)		29,595
<b>Z</b> \$5	22 Net asse	ets or fund balances Subtract line 21 from line 20		0 179,229
P	art II Si	ignature Block		
$\widetilde{\mathbf{x}}$	Un	ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the b	est of my knowledge
-		d belief, it is true confect, and complete. Declaration of preparer (other than officer) is based on all information of		
Sig	n k		1.4	0-18-12
Hei		Signature of officer		Date
		Beith Ludlum, President	•	54.6
		Type or print name and title		
	<del></del>		T 65 - 1 1	Preparer's identifying number
Pai	a 1	eparer's Date	Check if self-	(see instructions)
	parer's	10/18/1:	2 employed ▶	X P01240701
	• 1 -	m's name (or yours NOMEO, WIGGINS & COMPANY, LLP	EIN	<b>▶</b> 56-1627242
-50	ıfs	self-employed) / 8210 Creedmoor Rd., #202	Pho	one
	ado	dress, and ZIP+4 Raleigh, NC 27613	no	▶ 919-870-5151
May	the IRS discus	ss this return with the preparer shown above? (see instructions)		X Yes No
For	Privacy Act ar	nd Panerwork Reduction Act Notice, see the separate instructions		- 000

			COMMERCIAL WORKERS	80-0356571	Page 2
		Statement of Program Ser	vice Accomplishments	<del></del>	
T	O' IMPR	cribe the organization's mission COVE THE LIVES OF KPLACE.	WORKING FAMILIES AND	TO BRING ECONOMIC	JUSTICE TO
	the prior Fo If "Yes," des	rm 990 or 990-EZ? scribe these new services on Sche			Yes X No
	services?	anization cease conducting, or mak scribe these changes on Schedule	e significant changes in how it conducts, a	ny program	Yes X No
4	Describe the Section 501	e exempt purpose achievements for (c)(3) and 501(c)(4) organizations	or each of the organization's three largest p and section 4947(a)(1) trusts are required evenue, if any, for each program service re	to report the amount of grants and	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other progr	am services (Describe in Schedul	e O )		

) (Revenue \$

including grants of \$

(Expenses \$

4e Total program service expenses ▶

Pa	art 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
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		х
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		х
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	Ì	Х
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		1	
	Schedule D, Part VI		1	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		1	
•	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 related 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		Ī	
•	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		-	
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	42		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		<u> </u>
	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	Ī	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	j	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		Х
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		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20	- 1	X

19? Note. All Form 990 filers are required to complete Schedule O

P	art IV Checklist of Required Schedules (continued)			uge .
•	- Constitution of Magainer Continues of	7	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 29 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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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	1		
	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	
¢	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 7701-39 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	1		<del></del>
	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	<del>                                     </del>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
18	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	T		

80-0356571

<del></del>	Otatomente Regarding Other INO 1 mings and Tax Compilance			1	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		F	Yes	No
	U.S. Information Returns Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report	<del></del>	-		
•	gaming (gambling) winnings to prize winners?	abic	1c	i :	х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		10		-
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	Ī
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				$\vdash$
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1			
	this return?		3a	1	х
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 auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ial	1	Ì	
	account)?		4a		х
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 Ban	k			
	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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng		Ī	
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_ i _ '		
	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 of	or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls			
	and services provided to the payor?		7a	!	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nal	_		
	benefit contract?		7e		
7	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7f		
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		7 <u>g</u>		
"	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	1	:
9	Sponsoring organizations maintaining donor advised funds.		-		
а	Did the organization make any taxable distributions under section 4966?		9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	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	7		
11	Section 501(c)(12) organizations. Enter		7	. 1	
а	Gross income from members or shareholders	11a	_	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		7	1	
	amounts due or received from them )	11b_	[	I	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	11?	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.

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body  1a 11			
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	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	77
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		v	
a	The governing body?	8a	X	
þ	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			X
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal	9	L	
	venue Code)			
	7-31140-0040-7		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	- 33	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		i
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11a	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
Ь	Other officers or key employees of the organization	15b	X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement.			
16a	with a taxable entity during the year?	465	1	v
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
	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		İ
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, 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 ► KEITH LUDLUM PO BOX 69			
	AR HEEL NC 28392 9	10-87	<u>9-1</u>	208

DAA

Form 990 (2009)

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."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CARL GREEN										
PRESIDENT	20.00	x		X				23,516	0	0
DONALD MINOR										
SECRETARY/TREASURER	20.00	$\mathbf{x}$		x			ĺ	15,865	0	0
ADALBERTO SANTANA										
EXECUTIVE BOARD	5.00	x						14,372	0	0
LIDIA VICTORIA										
RECORDING SECRETARY	10.00	x				ļ	ļ	11,351	0	0
WANDA BLUE		1 -								
EXECUTIVE BOARD	5.00	x		1				2,835	0	0
ANGEL PEREZ										
EXECUTIVE BOARD	5.00	X						2,083	0	0
THEODORE THOMAS										
EXECUTIVE BOARD	5.00	X						1,919	0	0
CARMEN IZQUIERDO	DE KOZ	T								
EXECUTIVE BOARD	5.00	X						1,784	0	0
LEONARD WALKER										
EXECUTIVE BOARD	5.00	X	Ĺ					226	0	0
RONNIE SIMMONS										
EXECUTIVE BOARD	5.00	X						222	0	0
VICTOR VICTORIA										
EXECUTIVE BOARD	5.00	X	_	<u> </u>		<u> </u>	_	115	0	0

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	/ees	, an	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average hours per			(chec	. –	hat a		(D) Reportable compensation	(E) Reportable compensation		(F) stimate		
	•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org an	other npensa rom the panizati d relati anizati	ition e ion ed	
		ļ												
								_					<del></del>	
			ļ	 							ļ			
										ļ				
						<u> </u>		_						
								_			<u> </u>			
				 	<u></u>									
		1	-			_								
								-				·- <del></del> -		
				-										
1b	Total							•	74,288					
2	Total number of individuals (inc				ose	liste	d abo	ove)	who received more than \$1	00,000 in				
	reportable compensation from	the organization I	<u> </u>	<u>U</u>									Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated			3	162	X
4	For any individual listed on line the organization and related or	1a, is the sum of	frep	ortab	le co	mpe	ensat	ion						х
5	individual  Did any person listed on line 1a services rendered to the organ											5	1	X
Sec	tion B. Independent Contracto	ors												
1	Complete this table for your five compensation from the organize	ation	nsate	ed inc	depe	nder	nt cor	ntrad			<del></del>		(C)	
	Name and	(A) business address				_		-	Descrip	(B) otion of services		Com	(C) pen <u>sa</u> tio	on
								ļ  -		·				
	<del> </del>	<del></del>						<u> </u>						<del></del>
								<u> </u>						
								-						
2	Total number of independent of		-				to th	ose	listed above) who received	<del></del>			, <del></del> .	
	more than \$100,000 in comper	nsation from the c	rgan	ızatı	on 🕨	· 						0	000	

Pa	rt V	III Statement of Reve	nue					
	1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
93 93	12	Federated campaigns	1a	<u> </u>		10001120		012, 010, 01014
ant		· -	1b					
ge		Membership dues						
ifts		Fundraising events	1c		1			
<u> </u>	đ	Related organizations	1d	———— <del> </del>				
sin	е	Government grants (contributions)	1e					
iti e	f	All other contributions, gifts, grants,						
E		and similar amounts not included above	1f	170,351				
on	9	Noncash contributions included in lines 1a-	1f \$	1				
Program Service Revenue Contributions, gifts, grants	h	Total. Add lines 1a-1f		▶	170,351			
ne				Busn. Code		***************************************		
ver	2a	DUES			315,868	315,868		
8	b			L1				
iç.	С							
Š	d							<del></del>
E	e							
g	f	All other program service reven	ue					······································
P	g	Total. Add lines 2a–2f		<b>•</b>	315,868		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including d	vidends intere	est and			<del></del>	
	•	other similar amounts)	machae, mach	<b>b</b>				
	4	Income from investment of tax-	ovamat hand r	raggade			····	<del></del>
	5		exempt bond p	noceeds			<del></del> , <del></del>	<del></del>
	9	Royalties (i) Real		) Personal				
	٥-		<del>-   · · · ''</del>	Personal	1			
	6a	Gross Rents						
	b	Less rental exps		————				
	С	Rental inc or (loss)			<b>†</b>		•	
	d 7a	Oross amount from (1) Securities	<del></del>	<b>P</b>				
	sales of assets (ii) Securities (iii)			(ii) Other				
		other than inventory						
	ь	Less cost or other						
ļ		basis & sales exps					•	
	С	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>				
a	8a	Gross income from fundraising even	nts					
une		(not including \$	ĺ	ĺ	1			
ě		of contributions reported on line 1c)						
Other Reven		See Part IV, line 18	a					
the	b	Less direct expenses	b					
0	С	Net income or (loss) from fundr	aising events	<b>•</b>				
		Gross income from gaming activities						
		See Part IV, line 19	a					
	ь	Less direct expenses	b					
		Net income or (loss) from gamil	no activities	•				<del></del>
		Gross sales of inventory, less	ng douvilled				· <del></del>	
		returns and allowances	a	l				
	b	Less cost of goods sold	b		1			
					†		1	
	C	Net income or (loss) from sales  Miscellaneous Revenue		Busn. Code			,,,	<del></del>
	44			Busii. Code	4.5			
	11a	MISCELLANEOUS		<del></del>	40		<del></del>	40
	b			<del>                                     </del>			<del></del>	
	С.	<b>A</b> 11		<del>-</del>  -				
	d	All other revenue		<u> </u>				· · · · · · · · · · · · · · · · · · ·
	0	Total. Add lines 11a–11d		<b>•</b>	40			***************************************
	12	Total Revenue. See instruction	is		486,259	315,868	0	40

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).

	All other organizations must				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	, 8b, 9b, and 10b of Part VIII.		ехрепѕеѕ	general expenses	expenses
1					
	organizations in the U.S. See Part IV, line 21				<del></del>
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the			1	
	U.S. See Part IV, lines 15 and 16	<u> </u>			······································
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,288		<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	<u>54,606</u>			<del></del>
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	6,120		<u> </u>	
10	Payroli taxes	10,427			
11	Fees for services (non-employees)				
а	Management				
b	Legal				<del></del>
С	Accounting				·
d	Lobbying		····		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	4,500			
12	Advertising and promotion				
13	Office expenses	17,140			
14	Information technology				·
15	Royalties				
16	Occupancy	3,627			<del></del>
17	Travel	37,471			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				- <del></del>
19	Conferences, conventions, and meetings	995		<u> </u>	
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	315	<u> </u>		
23	Insurance				
		1		1	
24	Other expenses Itemize expenses not	1			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below)				
а	PER CAPITA TAXES	86,370		<u> </u>	
b	OTHER EXPENSES	4,516			
С	EQUIPMENT RENTAL & MAINT	2,623			
d	PENALTIES	1,528			
e	OTHER BUSINESS EXPENSES	362			
f	All other expenses	575			
25	Total functional expenses. Add lines 1 through 24f	305,463			
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs			1	
	from a combined educational campaign and				
= ::	fundraising solicitation				
DAA	-		<u> </u>		Form <b>990</b> (2009)

•		•			(A)		(B)		
	<u>, `</u>				Beginning of year	1	End of year		
	1	Cash—non-interest bearing		Ļ		1	207,565		
	2	Savings and temporary cash investments		<u>_</u>		2			
	3	Pledges and grants receivable, net		<u> </u>		3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors, to	rustees	key		1 1			
	}	employees, and highest compensated employees. Comp	lete Pai	t II of					
		Schedule L				5			
	6	Receivables from other disqualified persons (as defined in	ınder se	ection		1 1			
		4958(f)(1)) and persons described in section 4958(c)(3)(I	3) Com	plete		1 1			
10	]	Part II of Schedule L				6			
Assets	7	Notes and loans receivable, net				7			
SS	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	1,574 315		1 1			
	ь	Less accumulated depreciation	10b	315		10c	1,259		
	11	Investments—publicly traded securities				11			
	12	Investments—other securities See Part IV, line 11				12			
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11				15			
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	)			16	208,824		
	17	Accounts payable and accrued expenses				17			
	18	Grants payable		18	_				
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
S	21	Escrow or custodial account liability. Complete Part IV of	Schedu	le D		21			
Liabilities	22	Payables to current and former officers, directors, trustee	s, key						
igi		employees, highest compensated employees, and disqua	lified						
Lia		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third	parties			23			
	24	Unsecured notes and loans payable to unrelated third pa	rties			24			
	25	Other liabilities Complete Part X of Schedule D		ſ		25	29,595		
	26	Total liabilities. Add lines 17 through 25				26	29,595		
S		Organizations that follow SFAS 117, check here ▶ 2	and						
Balances		complete lines 27 through 29, and lines 33 and 34.	_						
lar	27	Unrestricted net assets				27	179,229		
Ba	28	Temporarily restricted net assets	nporarily restricted net assets						
Fund	29	Permanently restricted net assets		_ Γ		29			
ַהַ.		Organizations that do not follow SFAS 117, check he	re 🕨 🗍	<u> </u>					
Jr.		and complete lines 30 through 34.	_	-		1			
S	30	Capital stock or trust principal, or current funds		{		30			
set	31	Paid-in or capital surplus, or land, building, or equipment	Γ		31				
AS	32	Retained earnings, endowment, accumulated income, or	other fu	nds		32			
Net Assets or	33	Total net assets or fund balances		Γ		33	179,229		
Ź	34	Total liabilities and net assets/fund balances		Γ	(	34	208,824		

Form **990** (2009)

orm	990 (2009)	UNITED	FOOD	AND	COMMERCIAL	WORKERS_	80-0356571		Pa	ge <b>12</b>
Pa	rt XI	inancial St	tatemen	ts and	Reporting					
									Yes	No
1	Accounting	method used t	to prepare	the Form	990 <b>X</b> Cash	Accrual	Other			
	If the organ	ization change	d its metho	d of acc	ounting from a prior ye	ar or checked "Oth	er," explain in			
	Schedule C	)								
2a	Were the o	rganızatıon's fir	nancial stat	ements	compiled or reviewed b	y an independent	accountant?	_2a		X
þ	Were the o	rganızatıon's fir	nancial stat	ements	audited by an independ	dent accountant?		_2b		X
С	If "Yes" to I	ne 2a or 2b, do	es the org	anızatıor	have a committee tha	it assumes respons	sibility for oversight of			
	the audit, r	eview, or comp	olation of it	s financi	al statements and sele	ction of an indepen	dent accountant?	2c		
	If the organ	zation change	d either its	oversigh	it process or selection	process during the	tax year, explain in			
	Schedule C	)								
d	If "Yes" to I	ne 2a or 2b, ch	neck a box	below to	indicate whether the fi	inancial statements	for the year were			
	issued on a	consolidated b	basis, sepa	rate bas	is, or both				:	
	Separa	te basis	Consolida	ated basi	s 🔲 Both consolid	lated and separate	basis			
За	As a result	of a federal aw	ard, was th	ne organi	zation required to unde	ergo an audit or au	dits as set forth in			
	the Single	Audit Act and C	MB Circula	ar A-133	?			_ 3a		_X_
b	If "Yes," did	the organization	on undergo	the requ	uired audit or audits? If	f the organization d	id not undergo the			
	required au	dit or audits, ex	xplain why	ın Sched	lule O and describe an	y steps taken to un	dergo such audits	3b		L
	-							For	ո 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

Open to Public Inspection

Employer identification number Name of the organization UNITED FOOD AND COMMERCIAL WORKERS 80-0356571 INTERNATIONAL UNION 1208 LOCAL Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 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? 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 Yes purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 Preservation of certified historic structure Protection of natural habitat 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 Total number of conservation easements 2b Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 Yes No violations, and enforcement of the conservation easements it holds? 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 Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Assets included in Form 990, Part X

		D AND COMMER			80-03		Page 2
	irt III Organizations Maintaining C						s (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following	that are a	significant us	se of its	
а	Public exhibition	<b>d</b> Loan o	or exchange progran	ns			
b	Scholarly research	e Other					
С	Preservation for future generations				<del></del>	·	
4	Provide a description of the organization's collect Part XIV	tions and explain how the	ey further the organiz	zation's exc	empt purpose	e in	
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be	ceive donations of art, his maintained as part of the	torical treasures, or e organization's colle	other simil	lar		Yes No
Pa	art IV Escrow and Custodial Arrar				swered "Y	es" to Form	
	IV, line 9, or reported an amo						,
1a	Is the organization an agent, trustee, custodian of			assets no	ot		<del></del>
	included on Form 990, Part X?	, , , , , , , , , , , , , , , ,			-		Yes No
b	If "Yes," explain the arrangement in Part XIV and	complete the following to	able				
_							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Form	990, Part X, line 21?				<u></u>	Yes No
	If "Yes," explain the arrangement in Part XIV						
	ert V Endowment Funds. Comple	te if organization ar	swered "Yes" to	o Form 9	990, Part	IV, line 10.	
		(a) Current year	(b) Prior year			(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses			1	1		
d	Grants or scholarships						
e	Other expenditures for facilities						
	and programs			İ			
f	Administrative expenses						
g	End of year balance			T			
2	Provide the estimated percentage of the year en	d balance held as	-				
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ _ %	- <b>-</b> -					
С	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	on of the organization that	are held and admin	istered 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 lis	ted as required on Sched	ule R?				3b
4	Describe in Part XIV the intended uses of the or						
Pa	art VI Investments—Land, Buildin	gs, and Equipmen	t. See Form 990	0, Part X	(, line 10.		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or of basis (othe	1	(c) Accu depred		(d) Book value
1a	Land						
	Buildings						
	Leasehold improvements						
	Equipment		1	,574		315	1,259
е	Other						
ota	I. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colur	mn (B), line 10(c))			<b>)</b>	1,259

Schedule D (Form 990) 2009 UNITED FOO	DD AND COMMER	CIAL WORKERS	80-0356571	Page <b>3</b>
Part VII Investments—Other Securi	ties. See Form 990			
(a) Description of security or categ	ory	(b) Book value	(c) Method of val	
(including name of security)			Cost or end-of-year m	arket value
Financial derivatives				
Closely-held equity interests				
Other				
		ļ		
				<del></del>
		<del></del>		
		<del></del>		
		<del></del>	<del></del>	
T-1-1 (0-1) (1) (15	(D) L = 40 )			
Total. (Column (b) must equal Form 990, Part X, col Part VIII Investments—Program Rel		Dort V line 13		
Part VIII Investments—Program Rel		(b) Book value	(c) Method of val	uation
(a) Description of investment type	3	(b) Book value	Cost or end-of-year m	
	<del></del>	<del>                                     </del>		<del></del>
				<del></del> -
<del></del>	<del></del>			
		-		
			_	
Total. (Column (b) must equal Form 990, Part X, col				
Part IX Other Assets. See Form 99	0, Part X, line 15.			
	(a) Description			(b) Book value
		<del></del>		
			·	
<del></del>	· <del></del>			
		<del> </del>		<del></del>
<del></del>				<del></del>
Total. (Column (b) must equal Form 990, Part X, col	(B) line 15.)			<del></del>
Part X Other Liabilities. See Form				
1 (a) Description of liability		(b) Amount		<del></del>
Federal income taxes				
PAYROLL LIABILITIES		29,595		
<del></del>				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Total. (Column (b) must equal Form 990, Part X, col		29,595		
2. FIN 48 Footnote In Part XIV, provide the text of the	ne footnote to the organiza	ation's financial statements t	hat reports the	- · · <del>- · ·</del>
organization's liability for uncertain tax positions under	FIN 48			

Sche	dule D (Form 990) 2009 UNITED FOOD AND COMMERCIAL WOR	KER	S 80-035657	1	Page <b>4</b>	
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Financial Statem	ents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		
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		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	4 107	··· B	10	<u> </u>	
	art XII Reconciliation of Revenue per Audited Financial Statemen	ts vv	ith Revenue per Ret	urn		
1	Total revenue, gains, and other support per audited financial statements					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	۱ ـ	1			
	Net unrealized gains on investments	2a		-		
	Donated services and use of facilities	2b		-		
	Recoveries of prior year grants	2c		1		
	Other (Describe in Part XIV )	2d	<u> </u>	2e		
9 3	Add lines 2a through 2d Subtract line 2e from line 1			<u> 2e</u>		
4		i		-		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV )	4b		1 :		
	Add lines 4a and 4b	_ 40	L	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	<del></del>	
	art XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per F		1	
1	Total expenses and losses per audited financial statements		·	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
a	Donated services and use of facilities	2a		] ;		
b	Prior year adjustments	2b		]		
С	Other losses	2c		]		
d	Other (Describe in Part XIV)	2d				
9	Add lines 2a through 2d			2е		
3	Subtract line 2e from line 1		1	3		
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	<u></u>	4		
b	Other (Describe in Part XIV)	4b		-		
С	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	٠.		5		
	art XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines					
	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			
tnis p	part to provide any additional information					
<del>-</del> -					·	
					. <del></del>	
			·			

Sched	ule D	(Fo	rm 99	90) 2	009	Ū	NI:	rei	) F	<b>POC</b>	D_C	ANI	) C	OM	MEI	RCI	AL	. W	OR	KEI	<u> </u>	8	<u> 10 – </u>	<u>03</u>	<u>56</u>	<u>57</u>	<u>1</u>						Pag	<u>e 5</u>
Sched	t XI	٧	Su	pple	mer	ntal	Info	rm	atic	on (	con	tinue	ed)																_					
			•																															
	_	_	_		<del>-</del> -	_	_	_	_	_	_			_	_	_	_	_				_	_			_	-	_	_	_	_	_		-
	_	_	_				_	_	_	-	_			_	_	_	_	_				_	-		<del>-</del> -	_	_	_	-	-	_	_	<u> </u>	_
	_	_	_				_	_	_	_	_		- —			_	_	_				_	_			_	_		_		_	_		_
				_	_		_				_		_		_	_	_	_				_	_			_		_	_	_	_	_		_
	_	_	_			_	_		_																									
	_	_	_			_	_	_		_	_			_	_	_	_						_		_ •		_	_	_	_	_	_		_
	_	_	_			_	_	_	_	_	_			_	_	_	_	-			- —	_	_			-	_	—	-	-	-	-	-	-
	_	_	_			-	_	_	_	_	_	<b>-</b> -		_	_	_	_	_				_	_			_	_	_	_	_	_			_
	_	_	_				_	_	_	_	_			_	_	_	_	_				_	_			_	_	_	_		_			_
		_		_			_	_	_	_	_				_		_	_				_	_			_	_	_	_	_	_			
_																																		
	_	_	_			_	_	_	_	_	_		_	_	_	_	_	_				_	_	_	_	_	_	_	_	_	_	_		_
	_	_	_			-	_	_	_	_	_			_		_	_	_					_	-		_	_	_	-	_	_		_	
	_	_	_			-	_	_	-	_				_	_	_	_					_	_			_	_	_	-	_				_
		_	_			_	_	_	_	_	_			_	_	_	_	_	<u> </u>			_	_	_		_	_	_	_	_		_		_
	_	_	_			_	_	_	_	_	_			_	_	_	_		<u> </u>			_	_			_	_	_	_	_	_			_
_																																		
	_	_	_			_	_	_	_	_	_			_	_	_	_	_				_		_		_	_	_	_	_	_	_	_	_
	_	_	_			_	_	_		_	_			_	_	_	_	_	_			_	_	_		_	_		_	_	_		_	_
	· -	_				· —	_	_	_	_	_	<b>–</b> -		_	_	_	_				- —	_	_	_	•		_	_	_	-	-		-	_
	. —	_	_			_	_	_		_	_			_	_	_	_	_				_	_	_		_	_	_	_	_	_		_	
	. <b>_</b>	_	_			_		_	_						_	_	_	_				_	_	_		_	_	_	_	_			_	
																					_						_					_		
	_	_	_			_	_	_	_	_	_			_	_	_	_	_	_			_	_	_	_		_		_		_	_	_	_
	_	_	_			· –	_		_	_				_	_	_	_	_	_			_	_	_	_	_	_	_	_	_	_	_	_	
	_	_		_		<del>-</del>	_	_	_	_	_	<b>–</b> -		_	_	_	_	_	_				_	-	-	_	-	_	-	_	-	-	_	_
	. —	_	_			· _	_		_	_	_			· —	_	_		_				_	_	_			_	_	_	_	_		_	_
			_				_	_	_	_	_				_	_	_	_	_					_	_	_	_	_	_	_	_		_	_
_	_	_	_	_	_		_	_	_	_	_	_	_		_	_	_	_	_		_		_	_	_	_	_	_	_		_	_	_	_
	_	_	_			_	_	_	_	_	_			_	_	_	_	_	_			_	_	_	_		_	_	_	_	_	_	_	_
	-	_	_				_	_	-	_	_			_	_	_	_	_	_			_	-		_	_	_	_	_	_	_	_	_	_
	-	-	_			. —	-	-	_	_	_			-	_	_	-	_	_		- <b>-</b>	_	-	_	-	-	_	_	_	_	_		_	_

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

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

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 **2009** 

> Open To Public Inspection

Name of the organization UNITED FOOD AND COMMERCIAL WORKERS
INTERNATIONAL UNION 1208 LOCAL

Employer identification number

80-0356571

	INTERNATIONAL ON	- OIA .	120	<u> </u>	CAL_			00	00-	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>,                                    </u>			
Part I	Excess Benefit Transactions (section Complete if the organization answered "Yes"								40b					
			(c) Corre											
1	(a) Name of disqualified person				1		(b) Description	on of transaction				Yes	1	10
					1									
					1	<del></del>						<u> </u>		
	<del></del>				-									
													_	
	the amount of tax imposed on the organization ma section 4958	nagers	or disc	qualified	persons	during th	e year		<b>▶</b> \$			·		
3 Enter	the amount of tax, if any, on line 2, above, reimbu	sed by	the org	janizatio	on				<b>&gt;</b> \$					
Part II	Loans to and/or From Interested I	Perso	ns.											
_	Complete if the organization answered "Yes"	on Form	1 990, I	Part IV,	line <u>26,</u>	or Form 9	90-EZ, Part \	/, line 38a						
(a) Name of interested person and purpose		or fro	oan to om the zation?		(c) Origin		(d) Ba	(d) Balance due			by bo	proved ard or nittee?	(g) Written agreement?	
		<u> </u>	-			}			Yes	No	Yes	No	Yes	No
<del></del>		10	From			<del></del>	<del></del>		162	NO	162	140	162	-140
			) )				)		ļ	]	]			
							<del> </del>		<del> </del>	<del>                                     </del>				
<del></del>		+					<del>                                     </del>		<del>                                     </del>	<del>                                     </del>		<u> </u>		
		+	1						<del>                                     </del>			<del>                                     </del>		
											i			
	<del></del>						<del></del>		<del>                                     </del>		_			
		1					1		1	ł		l		ı
Total		1				▶ \$	5 5	······································						
Part III	Grants or Assistance Benefitting	Intere	sted	Perso	ns.				<u> </u>					
	Complete if the organization answered "Yes"													
	(a) Name of interested person			(t	) Relation		en interested p	erson and the	(c)	Amour	it and i	type of	assista	nce
									L					
									ļ					
									ļ					
									<del> </del>					
•									<u></u>					
Part IV	Business Transactions Involving Complete if the organization answered "Yes"					, 28b, or 2	!8c						T	
	(a) Name of interested person			nship bet			mount of	(d) Desc	ription	of tran	saction	1	(e) S	haring ora
		ınter		erson an	d the	tran	saction						rever	nes?
		<u> </u>		nization ————						-			Yes	No
LIDIA V	CICTORIA	FAM	ILY	OF B	OARD		11,351	WAGES				_	<u> </u>	X_
		ļ											<b> </b>	
		<u> </u>											↓	
		ļ <u>.</u>											<u> </u>	
		1											1	i

SCHEDULE O

(Form 990)

### Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION 1208 LOCAL

Employer identification number 80 - 0356571

Form 990, Part VI, Line 2 - Related Party Information Among Officers

LIDIA VICTORIA

VICTOR VICTORIA

REC SECRETAR

BOARD

FAMILY RELATIONSHIP

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
THE ORGANIZATION IS COMPOSED OF UNION MEMBERS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
THE MEMBERS ELECT THE EXECUTIVE BOARD TO SERVE THREE YEAR TERMS.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 THE FORM 990 IS PROVIDED TO THE EXECUTIVE BOARD PRIOR TO ITS FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official THE PRESIDENT'S SALARY IS SET AND APPROVED BY THE EXECUTIVE BOARD.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE PRESIDENT SHALL DETERMINE THE COMPENSATION AND EXPENSES FOR ALL

PERSONNEL EMPLOYED OR RETAINED BY THE LOCAL UNION, SUBJECT TO THE APPROVAL

OF THE LOCAL UNION EXECUTIVE BOARD.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation REQUIRED DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION'S OFFICE.

\*UFCW1208 UNITED FOOD AND COMMERCIAL WORKERS 80-0356571 Federal Statements

10/18/2012 9:08 AM

• FYE: 12/31/2009

### Form 990 - Federal General Footnote

#### Description

NEW MANAGEMENT RECENTLY ENGAGED ACCOUNTANTS TO PREPARE FORM 990 FOR 2011 AND ONLY THEN BECAME AWARE THAT PRIOR YEAR RETURNS HAD NOT BEEN FILED.

			_			
10/18/2012 9:08 AM	,	Fund Raising		Fund Raising	w	
	mployee)	Management & General		Management & General	v.	
tements	ees for Service (Non-er	Program Service \$ 4,500	f - All Other Expenses	Program Service	\$ 160 140 107 100	\$ 575
IAL WORKERS <b>Federal Sta</b>	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Total Expenses \$ 4,500	Form 990, Part IX, Line 24f	Total Expenses	\$ 160 140 107 100 68	\$ 275
UNITED FOOD AND COMMERCIAL WORKERS  Federal Statements 2009	Form 990, Pa		P S	tion	ONS	
UFCW1208 UNITED FO 80-0356571 FYE: 12/31/2009		Description CONTRACT SERVICES Total		Description	LICENSES BUSINESS REGISTRATIONS BOOKS, SUBSCRIPTIONS CONTRIBUTIONS BANK FEES	BANK FEES Total