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DLN: 93493073003031

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

		pplicable Please	C Name of organization		0	D Employer i	dentification number
	lress ch	· · · · · · · · · · · · · · · · · · ·	SOCIAL SERVICE EMPLOYEES LOCAL 371 ADMINISTRATIVE I			13-28581	
┌ Nar	ne cha	nge print or	Doing Business As			E Telephone	number
┌ Inıt	ıal retu			ox if mail is not delivered to street addre	ess) Room/suite	(212) 777	
┌ Ten	mınate	Instruc- tions.	817 BROADWAY			G Gross receipt	s \$ 31,153,136
┌ Am	ended	return	City or town, state or country	, and ZIP + 4		1	
┌ App	lication	n pending	NEW YORK, NY 10003				
		F Na	ame and address of principal	officer	H(a) Is th	■ ıs a group retu	rn for
					affilia	ates?	⊤Yes ▼ No
					H(b) Are a	II affiliates inclu	ıded?
					If "N	o," attach a lıs	t (see instructions)
	x-exem	npt status 🖊 501((c) (9) 4 (insert no)	(a)(1) or 527	H(c) Grou	up exemption r	umber ►
J W	ebsit e	: ► SSEU371 OI	RG		<u> </u>		
		-	ration 🔽 Trust 🦳 Association 🦵 O	other 🟲	L Year of fo	ormation 1973	M State of legal domicile NY
Pai	1	Summary Briefly describe t	:he organization's mission or	most significant activities			
	•	•	-	S RECEIVED PURSUANT TO A	COLLECTIVE	BARGAINING	GAGREEMENT
e e			JNION AND THE CITY OF N LL ADMINISTRATIVE EXPE	NEW YORK,REMIT THESE CONT	RIBUTIONS	TO THE UNIO	NS BENEFIT FUNDS
Ě		AND, TO TATAL	LADMINISTRATIVE EXTE	INSESTOR THOSE TEAMS			
Ĕ.							
Governance	١,	Chack this hay		itinued its operations or disposed	of more than	25% of its not	- nacata
	3		•				3
es S	4			oody (Part VI, line 1a) e governing body (Part VI, line 1			4
Activities &	5	•	employees (Part V, line 2a)		o,		- 5 4
ទូ			volunteers (estimate if neces				6
-				Part VIII, column (C), line 12		•	7a
			siness taxable income from				
			-		Pric	or Year	Current Year
	8	Contributions ai	nd grants (Part VIII, line 1h)			0
를	9	Program service	e revenue (Part VIII, line 2g)		27,881,598	30,314,275
Revenue	10	Investment inco	ome (Part VIII, column (A),	lines 3, 4, and 7d)		185,561	168,414
ď	11	Other revenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			0
	12		- ,	t equal Part VIII, column (A), lın	е	28,067,159	30,482,689
	13			olumn (A), lines 1-3)		26,120,182	26,093,111
	14			lumn (A), line 4)		20,120,102	20,033,111
	15	•		nefits (Part IX, column (A), lines	5 -		
&		10)		(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,529,945	1,615,400
Expenses	16a	Professional fun	ıdraısıng fees (Part IX, colur	nn (A), line 11e)			0
ਡੌ	ь	Total fundraising ex	penses (Part IX, column (D), line	25) ▶ - ⁰			
	17	Other expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		1,078,598	931,332
	18	•		ual Part IX, column (A), line 25)		28,728,725	28,639,843
	19	Revenue less ex	kpenses Subtract line 18 fro	om line 12		-661,566	1,842,846
Not Assets or Fund Balances					_	g of Current Cear	End of Year
to ge	20	Total assets (Pa	art X, line 16)			11,099,155	12,709,693
줐	21		(Part X, line 26)			2,318,310	2,041,151
žĒ	22	Net assets or fu	und balances Subtract line 2	1 from line 20		8,780,845	10,668,542
Par	t II	Signature B	lock				
				nined this return, including accompanying			
		and belief, it is true	, correct, and complete Declaratio	n of preparer (other than officer) is base	u on an imonna	ion of which prep	alei ilas aliy kilowledge
Sign		*****			2011-	-03-14	
Here	e	Signature of offi	cer		Date		
		JOHN BROWN A					
		Type or print na	me and title			1	
		Preparer's Steve	en T Schlapp		Check If self-	Preparer's ider	tifying number ns)
Paid		o.g.matao	сп т эспирр		empolyed 🕨 🦵	(See instruction	· - ,
Prepa			urs 🔓 GOULD KOBRICK & SCHLAP	P PC		EIN Þ	
Use (Only	ıf self-employed), address, and ZIP +	4 3 PARK AVE 14TH FL				_
			NEW YORK, NY 100165902	2		Phone no 🕨	(212) 564-9451
Mav t	he IR	S discuss this ret	·	above? (see instructions)			⊤Yes ⊤No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO COLLECT EMPLOYER CONTRIBUTIONS RECEIVED PURSUANT TO A COLLECTIVE BARGAINING AGREEMENT BETWEEN THE UNION AND THE CITY OF NEW YORK, REMIT THESE CONTRIBUTIONS TO THE UNIONS BENEFIT FUNDS AND, TO PAY ALL ADMINISTRATIVE EXPENSES FOR THOSE PLANS

	D. J. H		h h		
2	the prior Form 990 or 990		t program services during the year which		Yes 🔽 No
	If "Yes," describe these n	ew services on Sch	edule O		
3	Did the organization ceas services?	_ ·	ke significant changes in how it conducts	, any program	Yes ✓ No
	If "Yes," describe these c	hanges on Schedule	e O		
4	Section 501(c)(3) and 50)1(c)(4) organizatio	for each of the organization's three largest ns and section 4947(a)(1) trusts are requ I revenue, if any, for each program service	ured to report the amount	
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
-	•		PAID ALL ADMINISTRATIVE EXPENSES OF THOSE PL	, ,	,
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Sched	dule O)		
	(Expenses \$	ınclud	ding grants of \$) (R	evenue \$)
4e	Total program service ex	kpenses ⊩ \$			

Part IV	Checklist	of Red	uired	Schedule

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
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		Νο
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		Νο
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		Νο
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		Νο
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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	Yes	
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		No
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		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other IRS	Filings and	Tax	Compliance
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			Yes	No
la	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 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		Νo
h	return?	3a 3b		No
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	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		Νο
1	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	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		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
	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		Νο
2	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
ט)	Section 501(c)(7) organizations. Enter			140
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

817 BROADWAY

(212) 777-9000

NEW YORK, NY 100034709

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

Se	ection A. Governing Body and Management						
			Yes	No			
		1					
1a	Enter the number of voting members of the governing body						
ь	Enter the number of voting members of the governing body						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1					
_	other officer, director, trustee, or key employee?	2		Νo			
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?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a		Νo			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b		Νo			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)						
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		Νο			
D	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		Νo			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b		Νo			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο			
13	Does the organization have a written whistleblower policy?	13		Νo			
14	Does the organization have a written document retention and destruction policy?	14		Νo			
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		Νo			
b	Other officers or key employees of the organization	15b		Νo			
	If "Yes" to line a or b, 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		Νο			
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		Νo			
Se	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table						
20		ie orga	ınızatıor	n 🕨			
	CHRIS LEAVEY CONTROLLER						

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, and current key employees 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, or 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 n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Highest compensated employee Key employee Officel		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
STEPHANIE MEYER Trustee	1 00	Х						0	0	0
rosemary cıulla-frısone Trustee	1 00	Х						0	0	0
JOHN BROWN administrator	10 00				Х			162,360	0	46,914
FARYCE B MOORE Trustee	1 00	Х						0	105,789	8,379
christopher leavey Controller	6 00				Х			137,981	0	42,524
adrienne miller Trustee	1 00	Х						0	28,672	0
-										

For	m 990 (2009)				Page 8
1b	Total	300,341	134,461		97,81
2	Total number of individuals (including but not limited to those listed above) who re \$100,000 in reportable compensation from the organization •2	eceived more than			
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or hon line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule J for such individual			3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and oth organization and related organizations greater than \$150,000? If "Yes," complete individual	•		4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelat rendered to the organization? If "Yes," complete Schedule J for such person	-		5	No
s	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors th \$100,000 of compensation from the organization	hat received more tha	n		
	(A) Name and business address	(E Description			C) ensation
253	IEL H COOK ASSOCIATES WEST 35 STREET -12FL NY 10001	CONSULTANT			100,000
	Total number of independent contractors (including but not limited to those listed a	above) who received n	nore than		

Form **990** (2009)

\$100,000 in compensation from the organization 🗗 0

Form 99								Page 9
Part V	/	Statement o	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
nts Dts	1a	Federated camp	_					
gra	Ь	-	es 1b					
ffs,	С		ents 1c					
<u> </u>	d e	Government grants	rations 1d s (contributions) 1e					
Sin Sin	f	All other contribution	ons, gifts, grants, and 1f					
ber Fer	<u> </u>	sımılar amounts no	ot included above butions included in					
Contributions, gifts, grants and other similar amounts	g							
ဝင်္ခ	h		s 1a-1f	▶	0			
<u> </u>				Business Code				
Program Service Revenue	2a	employer contribut	cions	525,100	30,314,275	30,314,275		
ē.	b							
¥Ce	С	-						
Š	d e							
Ta E	f	All other progra	am service revenue					
<u>ر</u> م	•							
	g 3		s 2a-2f		30,314,275			
			ome (including dividendar ar amounts)	. F	163,942			163,942
	4		tment of tax-exempt bond	-	0			
	5	Royalties		▶	0			
	_		(ı) Real	(II) Personal				
	6а ь	Gross Rents Less rental						
	ء ا	expenses Rental income						
		or (loss)	me or (loss)	<u> </u>	0			
	d	Net rental incol	(i) Securities	(II) O ther	Ü			
	7a	Gross amount from sales of assets other than inventory	674,919	()				
	ь	Less cost or other basis and	670,447					
	c	sales expenses Gain or (loss)	4,472					
	d		s)		4,472			4,472
ψ	8a	Gross income f	rom fundraising					
Other Revenue		\$	reported on line 1c)					
ъ	ь	Less direct ex	penses b					
ŏ	С		loss) from fundraising	events ►	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming acti	vities	0			
		Gross sales of returns and allo	unventory, less owances .					
	ь	=	a oods sold b					
	С		(loss) from sales of inve		0			
	11a	Miscellaneous	s Kevenue	Business Code				
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions .	▶	30,482,689	30,314,275		168,414

Part IX Statement of Functional Expenses

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

А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	26,093,111			<u> </u>
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	389,779			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	908,692			_
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	87,206			
9	Other employee benefits	142,109			
10	Payroll taxes	87,614			
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	90,000			
c	Accounting	45,750			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	27,894			
g	Other	156,015			
12	Advertising and promotion	0			
13	Office expenses	267,458			
14	Information technology	53,243			
15	Royalties	0			
16	Occupancy	221,914			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,359			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	33,248			
23	Insurance	27,754			
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	GOOD & WELFARE	2,697			
b					
c		1			
d		1			
e		1			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	28,639,843	0	0	0
26	Joint costs. Check here ► ☐ If following SOP 98-2	20,039,843	0		<u> </u>
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Parit X Balance Sheet (A) (B) End of year Beginning of year 86.750 62.023 1 Cash—non-interest-bearing 1 2.728.082 2 1.923.720 2 n 3 3 4 3.797.599 4 3.739.531 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 Notes and loans receivable, net 0 Inventories for sale or use 8 10.308 9 50,677 Land, buildings, and equipment cost or other basis Complete 408.582 10a 10a Part VI of Schedule D 10b 299.492 109.090 b Less accumulated depreciation 108,260 **10c** 4.368.158 11 6.824.652 11 0 12 12 Investments—other securities See Part IV, line 11 13 0 13 Investments—program-related See Part IV, line 11 . . 14 14 0 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 11,099,155 16 12,709,693 113.897 17 104.726 17 Accounts payable and accrued expenses 18 18 12,375 19 9,076 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 2.192.038 1,927,349 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 2,318,310 2,041,151 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🔽 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets Paid-in or capital surplus, or land, building or equipment fund 31 31 32 8,780,845 32 10,668,542 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 8,780,845 33 10,668,542 34 Total liabilities and net assets/fund balances 11.099.155 12,709,693 34

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		No

Form **990** (2009)

DLN: 93493073003031

OMB No 1545-0047

Open to Public Inspection

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.

CIAL SERVICE EMPLOYEES UNION		Emp	loyer identification number
CAL 371 ADMINISTRATIVE FUND			2858100
	nor Advised Funds or Other Simil	ar Funds	or Accounts. Complete if the
organization answered "Yes" to Fe	(a) Donor advised funds		b) Funds and other accounts
Total number at end of year	(a) Bonor davised rands	<u>'</u>	by runus and other accounts
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and doi funds are the organization's property, subject	-		sed Yes N
Did the organization inform all grantees, dono used only for charitable purposes and not for conferring impermissible private benefit	•	•	
	nplete if the organization answered "\	es" to Form	, ,
Purpose(s) of conservation easements held b		103 10 10111	1 3 3 0, 1 d 1 1 1 , iii e 7 .
Preservation of land for public use (e.g.,		n of an histori	cally importantly land area
Protection of natural habitat			d historic structure
Preservation of open space	,		
Complete lines 2a-2d if the organization held easement on the last day of the tax year	l a qualified conservation contribution in th	e form of a co	onservation
casement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	Held at the End of the Teal
Total acreage restricted by conservation eas	ements	2b	
Number of conservation easements on a cert		2c	
	• •		
Number of conservation easements included		2d	
Number of conservation easements modified,	transferred, released, extinguished, or teri	minated by th	e organization during
the taxable year ►			
Number of states where property subject to c	onservation easement is located 🗠		
Does the organization have a written policy re enforcement of the conservation easements i	egarding the periodic monitoring, inspection		violations, and Yes N
Staff and volunteer hours devoted to monitori	ng, inspecting and enforcing conservation	easements du	uring the year ►
A mount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ease	ements during	j the year ►\$
Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements	ofsection	☐ Yes ☐ N
In Part XIV, describe how the organization re balance sheet, and include, if applicable, the the organization's accounting for conservatio	text of the footnote to the organization's fin	•	•
t III Organizations Maintaining Co	llections of Art, Historical Treasu vered "Yes" to Form 990, Part IV, line		ner Similar Assets.
If the organization elected, as permitted under art, historical treasures, or other similar asse provide, in Part XIV, the text of the footnote to	er SFAS 116, not to report in its revenue st ets held for public exhibition, education or r	atement and esearch in fu	
If the organization elected, as permitted unde historical treasures, or other similar assets h provide the following amounts relating to thes	er SFAS 116, to report in its revenue statei eld for public exhibition, education, or rese	ment and bala	•
(i) Revenues included in Form 990, Part VII	I, line 1		► \$
(ii) Assets included in Form 990, Part X			-
If the organization received or held works of a following amounts required to be reported und		sets for finan	· •
Revenues included in Form 990, Part VIII, li			▶ \$
Revenues included in Fulli 330, Fait VIII, III	HE T		FΦ

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>t, His</u>	tori	<u>cal Tr</u>	easu	res, or O	the	<u>r Similar</u>	<u>Asse</u>	ts (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne fol	lowing	that are	e a significa	nt u	se of its col	lection	1	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	Γ	Other	-						
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t								ılar	_	Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organ	ızatıon			es" to Fori	n 990	,	,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	for c	ontribu	itions o	r other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	ing t	able		Г	I		A mou	nt	
c	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	10 717				L				Yes	┌ No
			G Z I '							'	. 63	, 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		n ans	:Wer	ad "Va	s" to F	orm gan	Dar	t IV line 1	10		
Га	Endownient i dids. Complete i	(a)Current Year		Prior			Years Back		Three Years Ba		Four Y	ears Back
1a	Beginning of year balance			-								
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as							•		
а	Board designated or quasi-endowment	%										
ь	Permanent endowment %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dministered	l for	the			
	organization by							-	_		Yes	No
	(i) unrelated organizations								-	3a(i)		<u></u>
_	(ii) related organizations									3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization	•						٠	[3b		<u> </u>
4 Dar	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings					00 D-	rt V line	10				
Fdl	t VI Investments—Land, Buildings	, and Equipme	:nt. 5			•	· ·		(=) (======	 		
	Description of investment				a) Cost o		(b)Cost or o basis (other		(c) Accumu depreciat		(d) Bo	ook value
1a	Land		•									
	Buildings		•									
c	Leasehold improvements		•				111	,382		71,314		40,068
d	Equipment		•				241	,136	1	79,361		61,775
	Other		•				56	,064	<u> </u>	48,817		7,247

(a) Description of security or category	-orm 990, Part X, line 1. I		d of valuation
(including name of security)	(b) Book value		f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	<u>Form 990, Part X, line</u> I		4 -61
(a) Description of investment type	(b) Book value		d of valuation f-year market value
			,
Total (Column (h) should agust Form 000, Part V, sel (P) Inc. 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	e 15.		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	, , , , , ,	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount	, , , , , , >	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount	, , , , , -	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNUSED TIME - PAYROLL	5.) , line 25. (b) A mount	, , , , , ,	(b) Book value

Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments Total adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements
3 1,842,8 4 Net unrealized gains (losses) on investments 4 44,8 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 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 1,887,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements
A Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Investment expenses Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Total revenue, gains, and other support per audited financial statements With Revenue per Return Total revenue, gains, and other support per audited financial statements
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 1,887,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements
5 Donated services and use of facilities 6 Investment expenses 6 7 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 1,887,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 1,887,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 1,887,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements
Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements
Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 1,887,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements
1 Total revenue, gains, and other support per audited financial statements
2 A
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
a Net unrealized gains on investments
b Donated services and use of facilities
c Recoveries of prior year grants
d Other (Describe in Part XIV)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a
b Other (Describe in Part XIV)
c Add lines 4a and 4b
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
1 Total expenses and losses per audited financial 28,611,9 statements
2 A mounts included on line 1 but not on Form 990, Part IX, line 25
a Donated services and use of facilities
b Prior year adjustments
c Other losses
d Other (Describe in Part XIV) 2d
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b 4a
b Other (Describe in Part XIV)
c Add lines 4a and 4b
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)
Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
,	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	INVESTMENT EXPENSE \$27894

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

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

OMB No 1545-0047

2009

DLN: 93493073003031

pen to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

SOCIAL SERVICE EMPLOYEES UNION

Employer identification number

13-2858100

Part I General Inform		and Assistance				13-2838100	
1 Does the organization main			a grante or accietance	the grantees' eligibility	for the grants or as	cictance and	
the selection criteria used	to award the grants	orassistance?					✓ Yes
2 Describe in Part IV the org							
Form 990, Part IV	, line 21 for any i	o Governments and recipient that received 0) if additional space i	l more than \$5,000.	Check this box if no	one recipient rec	eived more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SSEU LOCAL 371 WELFARE FUND817 BROADWAY NEW YORK, NY 10003	136194130	501 c (3)	21,726,146	0			TO FUND EXPENSES FOR A RELATED BENEFIT PLAN
SSEU LOCAL 371 LEGAL SERVICES FUND817 BROADWAY NEW YORK, NY 10003	132831385	501c(9)	4,053,518	0			TO FUND EXPENSES FOR A RELATED BENEFIT PLAN
SSEU LOCAL 371 EDUCATIONAL FUND817 BROADWASY NEW YORK, NY 10003	136199762	501c (3)	313,447	0			TO FUND EXPENSES FOR A RELATED BENEFIT PLAN
2 Enter total number of section3 Enter total number of other							1 2

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
				<u> </u>	·

Part IV	Supplemental Informa	ation. Complete this j	part to provide the infor	mation required in Part	t I, line 2, and any other a	additional information.	
Ident if ier	Return Referen	nce Exp	planation				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493073003031

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

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Name of the organization SOCIAL SERVICE EMPLOYEES UNION LOCAL 371 ADMINISTRATIVE FUND

Employer identification number

13-2858100

Ра	Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropiate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide				
	First-class or charter travel	ousing allowance or residence for personal use			
	☐ Travel for companions ☐ P	ayments for business use of personal residence			
	Tax idemnification and gross-up payments	ealth or social club dues or initiation fees			
	☐ Discretionary spending account ☐ P	ersonal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described abov	, , , , ,	1b		
2	Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director,		2		
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			
	Compensation committee W	√rıtten employment contract			
	☐ Independent compensation consultant ☐ C	ompensation survey or study			
	Form 990 of other organizations	pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, S or a related organization	Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonqu	alified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based comp	pensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must comple	te lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, di compensation contingent on the revenues of	d the organization pay or accrue any			
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, di compensation contingent on the net earnings of	d the organization pay or accrue any			
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, d payments not described in lines 5 and 6? If "Yes," describe in		7		
8	Were any amounts reported in Form 990, Part VII, paid or acc				
	subject to the initial contract exception described in Regs section Part III	ction 53 4958-4(a)(3)? If "Yes," describe			
			8	igwdown	
9	If "Yes" to line 8, did the organization also follow the rebuttabl section 53 4958-6(c)?	le presumption procedure described in Regulations	9		

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

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

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

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MISC compensation (ii) Bonus & (iii) Other reportable compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
JOHN BROWN	(I) (II)	162,360			22,773	24,141	209,274	
christopher leavey	(I) (II)	137,981			18,383	24,141	180,505	

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

Ident if ier	Ret urn Ref erence	Explanation

Schedule J (Form 990) 2009

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DLN: 93493073003031

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(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.

Name of the organization SOCIAL SERVICE EMPLOYEES UNION LOCAL 371 ADMINISTRATIVE FUND Employer identification number
13-2858100

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493073003031

2009

Open to Public Inspection

Name	of	t he organizat ion
SOCIA	L SEI	RVICE EMPLOYEES UNION
LOCAL	371	ADMINISTRATIVE FLIND

Employer identification number

				13-2030100		
Part I Identification of Disregarded Entities (Complet	e if the organization a	nswered "Yes" on	Form 990, Part	IV, line 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the		e organization and	swered "Yes" or	n Form 990, Part IV,	line 34 because it had one	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	
SSEU UNION LOCAL 371 AFSCME AFL-CIO						
817 BROADWAY	TO ENFORCE CBA FOR ITS	NY	501(C)5		N/A	
NEW YORK, NY 10003 13-5668027	MEMBERS	IVI	301(0)3		N/A	
SSEU LOCAL 371 ANNUITY FUND						
817 BROADWAY NEW YORK, NY 10003	PROVIDE ANNUITY BENEFITS TO QUALIFYING MEMB	NY	401 (B)		N/A	
13-4076810						
SSEU LOCAL 371 FUNDS STAFF PENSION PLAN						
817 BROADWAY	PROVIDE PENSION BENEFITS TO ELIGIBLE MEMBERS	NY	401(B)		N/A	
NEW YORK, NY 10003 13-3841856						
SSEU LOCAL 371 WELFARE FUND						
817 BROADWAY	PROVIDE HEALTH BENEFITS TO ITS MEMBERS	NY	501C(9)		N/A	
NEW YORK, NY 10003 13-6194130						
SSEU LOCAL 371 LEGAL SERVICE FUND						
817 BROADWAY NEW YORK, NY 10003	PROVIDE LEGAL BENEFITS SERVICES TO MEMBERS	NY	501C(9)		N/A	
13-2831385						
SSEU LOCAL 371 EDUCATIONAL FUND 817 BROADWAY	PROVIDE EDUCATIONAL BENEFITS TO MEMBERSHIP	NY	501C(3)	170(b)(1)(a) N/A	
NEW YORK, NY 10003 13-6199762	DERECTION OF PERIODENCIALE					

(a) Name, address, and EIN of related organization	(b) Primary activity	(state or entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations?		Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

chedule R (Form 990) 2009		Рa	age 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36	6.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1 c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
	1f		No
f Sale of assets to other organization(s)	1g		No
g Purchase of assets from other organization(s)	19 1h		No
h Exchange of assets	11		No
i Lease of facilities, equipment, or other assets to other organization(s)	<u> </u>		+ 100
	1j	Yes	+
j Lease of facilities, equipment, or other assets from other organization(s)	1k	163	No
k Performance of services or membership or fundraising solicitations for other organization(s)	11		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1m	Yes	140
m Sharing of facilities, equipment, mailing lists, or other assets	1n		₩
n Sharing of paid employees	<u> </u>	res	+
• Reimbursement paid to other organization for expenses	10	Yes	+
	1p	Yes	+
p Reimbursement paid by other organization for expenses	14	163	+
q Other transfer of cash or property to other organization(s)	1 q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thresholds		

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) SSEU LOCAL 371 WELFARE FUND	b	21,716,146
(2) SSEU LOCAL 371 LEGAL SERVICE FUND	b	4,053,518
(3) SSEU LOCAL 371 EDUCATIONAL FUND	b	313,447
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or nagıng rtner?	
			Yes	No		Yes	No		Yes	N	
										+	
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Software ID: 09000047

Software Version: 2009v1.7

EIN: 13-2858100

Name: SOCIAL SERVICE EMPLOYEES UNION

LOCAL 371 ADMINISTRATIVE FUND

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
SSEU UNION LOCAL 371 AFSCME AFL-CIO 817 BROADWAY NEW YORK, NY10003 13-5668027	TO ENFORCE CBA FOR ITS MEMBERS	NY	501(C)5		N/A
SSEU LOCAL 371 ANNUITY FUND 817 BROADWAY NEW YORK, NY10003 13-4076810	PROVIDE ANNUITY BENEFITS TO QUALIFYING MEMB	NY	401 (B)		N/A
SSEU LOCAL 371 FUNDS STAFF PENSION PLAN 817 BROADWAY NEW YORK, NY10003 13-3841856	PROVIDE PENSION BENEFITS TO ELIGIBLE MEMBERS	NY	401(B)		N/A
SSEU LOCAL 371 WELFARE FUND 817 BROADWAY NEW YORK, NY10003 13-6194130	PROVIDE HEALTH BENEFITS TO ITS MEMBERS	NY	501C(9)		N/A
SSEU LOCAL 371 LEGAL SERVICE FUND 817 BROADWAY NEW YORK, NY10003 13-2831385	PROVIDE LEGAL BENEFITS SERVICES TO MEMBERS	NY	501C(9)		N/A
SSEU LOCAL 371 EDUCATIONAL FUND 817 BROADWAY NEW YORK, NY10003 13-6199762	PROVIDE EDUCATIONAL BENEFITS TO MEMBERSHIP	NY	501C(3)	170(b)(1)(a)	N/A

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493073003031

OMB No 1545-0172

Department of the Treasury nternal Revenue Service	F See Separate histractions. F Attach to your tax return.							
Name(s) shown on return	OYEES UNION		·	this form relate		•	ng number	•
LOCAL 371 ADMINISTI Part I Election		Form 990/99 Certain Property Un		170	13	3-2858:	100	•
	•	isted property, comple			lete Part I.			
		for a higher limit for cert				1	\$ 125,000	•
		ced in service (see instru				2	,	
		y before reduction in limit	•	ustions)		3	\$ 500,000	
		•	•	uctions) .			\$ 500,000	
		from line 2 If zero or les	•			4		
		line 4 from line 1 If zero	or less, enter - (0- If married fil	ıng			
separately, see instr	uctions					. 5		
6 (a)) Description of pr	operty	(b) Cost	(business use	(c) Electe	ed cost	<u> </u>	
				only)	(4) 21000			
6								
							ᆛ	
7 Listed property Ente				. 7				
8 Total elected cost of	section 179 prop	erty Add amounts in col	umn (c), lınes 6	and 7		. 8		
9 Tentative deduction	Enter the smaller	of line 5 or line 8 .				. 9		
10 Carryover of disallow	ed deduction from	line 13 of your 2008 Fo	rm 4562 .			. 10		
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)		11		
12 Section 179 expense	deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11 •		12		
·		010 Add lines 9 and 10,		.▶ 13			 	
		pelow for listed proper						-
		Allowance and Othe			nclude lieted	nropert	ty) (See instructions)	
		lified property (other than					(See histiactions)	-
tax year (see instruc		illied property (other than	instea property) placed ill selv	ice during ti	16 14		
15 Property subject to s		alaction				15		
, , ,							22.240	
16 Other depreciation (i		De met include listed i				. 16	33,248	•
Part IIII MACRS D	epreciation (Do not include listed j	ection A	ee instructions	5.)			
17 MACRS deductions f	or accets alaced i	n service in tax years be		1000		17		
	•	·	-					
		ssets placed in servic						
general asset acco					▶			-
Section B-As	sets Placed in	Service During 200	US Tax Year	Using the G	eneral De	precia	ation System	
	(b) Month and	(c) Basis for depreciation						
(a) Classification of	year placed in	(business/investment	(d) Recovery	(e) Convention	n (f) Mei	thod	(g)Depreciation	
property	service	use	period				deduction	
		only—see instructions)						
L 9a 3-year property				<u> </u>				
b 5-year property								
c 7-year property				ļ				
d 10-year property								
e 15-year property				ļ				
f 20-year property				ļ				
g 25-year property			25 yrs	ļ	S/L			
h Residential rental			27 5 yrs	ММ	S/L			
property			27 5 yrs	ММ	S/L			-
i Nonresidential real			39 yrs	ММ	S/L			
property				ММ	S/L			
	ion C—Assets Plac	ced in Service During 200	9 Tax Year Using	g the Alternativ	1 -		em	
20a Class life				ļ	S/L			
			12 yrs	ļ	S/L			
b 12-year		İ.	40 yrs	MM	S/L			
b 12-year c 40-year		l	1 10 713	1	•			
c 40-year Non-Res Prop Type 1 co	unt 0 Non-Res Pi ary (see instruc	l rop Type 2 count 0 Non- itions)	•	•				. 21 Listed p
c 40-year Non-Res Prop Type 1 co Part IV Summa	ry (see instruc		Res Prop Total:	s count 0	21 Enterhe	re	<u> </u>	. 21 Listed p
c 40-year Non-Res Prop Type 1 co Part IV Summa 22 Total. Add amounts f	ary (see instruc	tions)	Res Prop Totals	s count 0 nn (g), and line 2	21 Enter he		33,248	. 21 Listed p

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ole.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h) Depreciation deduction			(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ss use													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21 .			S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44