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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

_	nai Revenue			e to use a copy of this return to s			irements.	Inspection			
<u> </u>	For the 2		ndar year, or tax year beginning		IO, and endin	9		, 20			
B	Check if a	pplicable:	C Name of organization United Ste		 		D Employer identification number				
	Address c	hange	Doing Business As Local Union					23-1092686			
	Name cha	nge	Number and street (or P.O. box if mail	is not delivered to street address)	Room/sui	te	E Teleph	one number			
	Initial retur	n	200 Gibson Street					717-939-9366			
	Terminate	d	City or town, state or country, and Z	GP + 4							
	Amended	return	Steelton, PA 17113				G Gross	receipts \$ 482511			
$\overline{}$	Application		F Name and address of principal off	icer:		H(a) Isth	is a group return	for affiliates? Yes V No			
_			Gregory E. Bowers, Pres. 200 Gil	bson St., Steelton, PA 17113				included? Yes No			
$\overline{}$	Tax-exem	nt status.) (5) ◀ (insert no.) ☐ 4947(a)(1) or 527			a list. (see instructions)			
<u>:-</u>	Website:		· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	-		n number ▶ 0260			
	Form of org	-		ation Other Labor Unio	L Year of forma			e of legal domicile. PA			
_	art I	Summ		ducit Labor one	L rear or torna	ition. 100	i iii Ciat	7 Or logar dornione. 174			
1 Briefly describe the organization's mission or most significant activities: Local Union enforced collective bargaining agree-											
	1	-	_	_				uve barganning agree-			
9	-	ment to i	petter working conditions of the	Local Union and provide repre	sentation to	its member	5. 				
ā								***************************************			
Ē											
<u>§</u>			is box 🕨 🗌 if the organization discr		more than 25%	of its net asse		, I			
8	L.		of voting members of the gove				. 3	11			
8	1		of independent voting member				. 4	0			
Activities & Governance	5 T	otal nur	nber of individuals employed i	n calendar year 2010 (Part V,	line 2a) .		. 5	54			
죵	6 T	otal nur	nber of volunteers (estimate if	necessary)			. 6	0			
4	7a 1	Total unr	elated business revenue from	Part VIII, column (C), line 12			. 7a	0			
	b N	let unre	ated business taxable income	from Form 990-T, line 34 .			. 7b	0			
						Prior \	/ear	Current Year			
Revenue	8 (Contribu	tions and grants (Part VIII, line	1h)	[0			
	I .		service revenue (Part VIII, line	· ·			-	478221			
Š		_	nt income (Part VIII, column (A	_ ,			· · · · · · ·	1998			
æ			enue (Part VIII, column (A), line		<u>-</u>			2292			
			enue—add lines 8 through 11 (r		· _			482511			
	+		nd similar amounts paid (Part I					7645			
	14 E	20 aprila	paid to offermembers (Part I)	(column (A) line (1)	+			16270			
Expenses	15 5	alaries,	other compensation, employee	object (A) line 14 c	les 5-10)			174935			
Ë	16a F	TOIRSE	onal/prodraising 1905 (Par IX, c	Column (A), line (Te)				0			
꿃	b 1	otalitun	draising expenses (Part X), col	umn (D), line 25)							
_	17 (Jiner ex	penses (Part IX, column TA), lin	es 11a-11d, 11f-24f)	· : . · · -			326859			
			enses Adamhes 3-17 (must		e 25) .		·	525709			
	1	Revenue	less expenses. Subtract line 1	8 from line 12				(43198)			
Net Assets or Fund Belances			•		<u> </u>	Beginning of C		End of Year			
age to	20 7	Total ass	ets (Part X, line 16)		L		1134470	1091272			
ŽŽ	21 7	Total liab	ilities (Part X, line 26)		[207997	188375			
	1	Vet asse	ts or fund balances. Subtract I	ine 21 from line 20			926473	902897			
P	art II	Signa	ture Block,								
	•		ry, I declare that I have examined this			•		my knowledge and belief, it is			
tru	e, correct,	and comp	lete. Declaration of preparer (other than	officer) is based on all information of	which prepared	has any know	wledge				
			atrick D M' buch	(
Sig	gn	Sign	ature of officer		/	C	Date .	- 0			
He	re	VA	TRICK D. MCHUR	4 FIN-SECY	•		4-	29-11			
		Тур	or print name and title				•				
D.		Print/Ty	pe preparer's name	Preparer's signature	Da	ite	Chart	, PTIN			
Pa							Check self-em				
	eparer		ame ►			F:	rm's EIN ▶				
US	e Only		address ►				none no.				
Ma	v the IRS		s this return with the preparer	shown above? (see instruction	ns)		OIRO IIO.	· · Yes No			
_			ction Act Notice, see the separa	<u></u>		o 11282Y		Form 990 (2010)			
. 41	· apq: W	JIN NEUU	mot undered about the actigue		oat. N	U 112021		101111 334 (2010)			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III									
1	Briefly describe the organization's mission:									
•	The mission statement of this organization includes, but is not limited to on behalf of its members; collective bargaining, grievance									
	procedures, arbitration, strike benefits, education, organize and to improve the working conditions of its members.									
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									
	prior Form 990 or 990-EZ?									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	If "Yes," describe these changes on Schedule O.									
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section									
	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to									
	others, the total expenses, and revenue, if any, for each program service reported.									
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
	The Local Union continues in an ongoing effort to defend and enforce the negotiated collective bargaining agreement for our members' wages, benefits and working conditions. The members dues, related income and expenses are used to carry out these activi-									
	tios. The local union is continually striving to maintain or accomplish improvements for our mambers									
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)									
	•••••••••••••••••••••••••••••••••••••••									
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)									
₩	/ (Lode:) (Lopenses w including grants of w) (Nevende w)									

	•									
4d	Other program services. (Describe in Schedule O.)									
TU	(Expenses \$ including grants of \$) (Revenue \$)									
4 -	/ / / / / / / / / / / / / / / / / / /									

Part I	V 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		V
	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			0. V2. ¥€
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	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	11b		1
c	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	11c		1
d	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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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, Parts I and IV	14b		1
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, Parts II and IV	15		1
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, Parts III and IV	16		1
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 (see instructions)	17		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a	1	1
_	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

	D (2010)		· · ·	ago
Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	✓
	13: 14016. All I Offit 330 filets are required to complete confedure O	<u> 30</u>	<u> </u>	

•				
Form 99				Page :
Part '	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			. 7
4 -			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 54	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			-
20		1c		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		İ	
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	20	-	╁
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	-	+
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		✓
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		—
	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?	-		·
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	ļ	+
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		-
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		_	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1-
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			<u> </u>
	organization, have excess business holdings at any time during the year?	8		<u> </u>
	Sponsoring organizations maintaining donor advised funds.			ļ
	Did the organization make any taxable distributions under section 4966?	9a		├
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		├
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			t
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a

13b

13c

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions. Check if Schedule O contains a response to any question in this Part VI	es in		
Secti	on A. Governing Body and Management		14	
1a b 2	Enter the number of voting members of the governing body at the end of the tax year	2	Yes	No V
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		<u> </u>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4 5 6	✓	√
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	✓	
a b 9	The governing body?	8a 8b	1	
Casti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ada l	<u>✓</u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	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	✓	
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		√
14 15	Does the organization have a written document retention and destruction policy?	14		_
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
b	with a taxable entity during the year?	16a 16b		✓
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only	y) ava	ilable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.		·	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Patrick D. McHugh, Fin. Secy, 717-939-9366, 200 Gfibson Street, Steelton, PA 17113	of the)	

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated Employ	ees,
	and Independent Contracto	ors			

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.																						
(A)	(B)	(B) (C)						(D)	(E)	(F)												
Name and Title	Average	Positi	ion (d	check	k all 1	that ap	ply)	Reportable	Reportable compensation from	Estimated												
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations												
(1) Gregory Bowers	40							11104	030													
President	70			√				11104	030													
(2) Lynn Myers	2							928	528													
Trustee		L		1				320	320													
(3) Raymond Napoli	4							4000	599													
Vice Pres	•			✓				4000	353													
(4) Ramon Fernandez	4							3149	030													
Treasurer	7			✓				3143	030													
(5) Carol Bricker	4							3753	764													
Recording Secy.	7			1				3,33	704													
(6) William Brognia	2							030	o													
Trustee				✓			L	030	0													
(7) Marin Ivanoff	,	2							1248	1075												
Safety Chairman				✓			L	1246	1073													
(8) Edward Breach] ,	.] ,	.] ,	,	,	2	,	2	2	2	2		ŀ					0.00	583			
Trustee				1				0.00	303													
(9) Patrick McHugh			_	2	9	,	2	,	2	,	,	,	2				l		l	1617	0.00	
Financial Secy.			L	✓				1017	0.00													
(10) Cathy Weaver	0							0.00	0.00													
Guard		<u> </u>	L	✓	<u>L</u>			0.00	0.00													
(11) Robert Crater	- 0							0.00	0.00													
Guide] "			✓				0.00	0.00													
(12) Christopher Hardy	0							0.00	0.00													
Guard				1	<u> </u>			0.00	0.00													
(13) Linda Hare	40						Ī	47111	477													
Office Manager] 40	<u> </u>			✓			47111	4//													
(14) Gregory Reese	40							11466	077													
Grievance Committee Chairman	70		L		✓	<u></u>		11400	377													
(15) James Roberts	- 25						1	10909	1370													
Social Hall Manager	25				1		<u> </u>	10303	1370													
(16)	_																					
	I	<u> </u>		<u> </u>	<u>L.</u> .	<u> </u>																

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	yee	es, e	ınd	Highe	est (Compensated	Employees	(continue			
	(A)		(B) (C) Average Position (check all that appli							(E)			F) .	
	Name and title	Average hours per week (describe	—		Officer	_		y) Former	Reportable compensation from the	Reportable compensation related organizatio	from	amoi oti	nated unt of her nsation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Đ,	organization (W-2/1099-MISC)	(W-2/1099-M		fron organ and n	the ization elated zations	
(17)					-									
(18)					-									
(19)														
(20)					-									_
(21)														
(22)														
(23)														
(24)													-	
(25)													· =-	
(26)														
(27)														
(28)												· ·	.,	
1b	Sub-total		٠	٠.	•			>						
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section					 	>						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$10	00,000 ii	n		
													Yes	No
3	Did the organization list any former or employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3		✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of regreater th	porta an \$	ble 150,	con ,000	npe:)? <i>I</i>	nsatio f "Ye	on a s,"	and other complete Sci	pensation from the dule of the	om the			
5	individual											4		√
	for services rendered to the organization	? If "Yes," (comp	lete	Sci	neai	ule J 1	or s	sucn person	· · · ·	• •	5		<u>✓</u>
Section 1	on B. Independent Contractors Complete this table for your five highest	compensal	ed in	den	end	ent	contr	act	ors that receiv	ed more tha	n \$100.0	000 of		
	compensation from the organization.			шор				T						
	(A) Name and business add	tress						_	(B) Description of	services	C	(C) ompens	ation	_
								-						
	Total number of independent contractor	ore (includi	ng b	ıd -	not	limi	ted to		hose listed at	nve) who				
2	received more than \$100,000 in compen							J LI	nose nsieu di	OTO, WITO				

Part VIII		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क्ष क	1a	Federated campaigns 1a					
ırar Dun	b	Membership dues 1b					
s, g	C	Fundraising events 1c					ļ
ar a	ď	Related organizations 1d			'		
ξĒ	е	Government grants (contributions) 1e					
arto a	f	All other contributions, gifts, grants,	:				
듚		and similar amounts not included above 1f					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f: \$					
	<u>h</u>	Total. Add lines 1a-1f					
an l			Business Code				
9,0	2a	Membership Dues	900099	318570	318570		
Program Service Revenue	b						
Ž	C						
S	d						
Tan.	e	All other program on the revenue					<u> </u>
ğ	7	All other program service revenue.		318570			<u> </u>
-	<u>g</u> 3	Total. Add lines 2a–2f		310370			
	•	and other similar amounts)		1998	1998		
	4	Income from investment of tax-exempt be		1330	1330		
	5	Royalties	•				
		(i) Real	(ii) Personal				
į	6a	Gross Rents . 159651					
	Ь	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>	159651	159651		
e n	_						
Z.	8a	Gross income from fundraising		ļ			
9		events (not including \$					
Other Reven		of contributions reported on line 1c). See Part IV, line 18 a	,				}
the tr	_						
Ò		Less: direct expenses b Net income or (loss) from fundraising	L				J
		Gross income from gaming activities.	CVGIRG . P				<u> </u>
	"	See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming acti					
	10a	Gross sales of inventory, less			_		
		returns and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inve	entory ►				
		Miscellaneous Revenue	Business Code				
	11a	Misc. rebates/reimbursements	900099	2292	2292		
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		2292			
	12	Total revenue. See instructions	<u>•</u>	482511	482511		

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 (

	All other organizations must complete co		requirea to compi	ete columns (B), (C),	and (D).
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	7645			:
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			ر	
	U.S. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	16270			
5	Compensation of current officers, directors,	10270			
	trustees, and key employees	29437			
6	Compensation not included above, to disqualified	20107		-,	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
-		129360		 	
7	Other salaries and wages	129360			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	_			
_		0	· · · · · · · · · · · · · · · · · · ·		
9	Other employee benefits	0		ļ	 -
10	Payroll taxes	16138			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0	···		
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	78831			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	73877			
17	Travel	8405			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings .	0			
20	Interest	0	-		
21	Payments to affiliates	4846			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	9238			
24	Other expenses. Itemize expenses not covered	3.33			
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Mortgage escrow shortage	23409			<u> </u>
b	Caterer, Manager, Social Hall Rentals	86898			
	Evenness for Social Hall	15213			
d	Flortric Rills	26142			
ū	***************************************	20142	·····		
f	All other expenses				
-	Total functional expenses. Add lines 1 through 24f	525709			
25	Joint costs. Check here ▶ if following	323709			
26	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation			l	ł

Ľ	art X	Balance Sneet				
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		287370	1	244172
	2	Savings and temporary cash investments			2	
ł	3	Pledges and grants receivable, net			3	
1	4	Accounts receivable, net			4	
1	5	Receivables from current and former officers,	_			
		employees, and highest compensated employ				
		Schedule L			5	
	6	Receivables from other disqualified persons (a	as defined under section			
		4958(f)(1)), persons described in section 4958(
		employers and sponsoring organizations of se	ection 501(c)(9) voluntary		:	
တ		employees' beneficiary organizations (see instru	ctions) ˈ		6	
Assets	7	Notes and loans receivable, net			7	· · · · · · · · · · · · · · · · · · ·
Asi	8	Inventories for sale or use	F		8	_
	9				9	· · ·
	10a	Land, buildings, and equipment: cost or	1 1 1 1 1 1 1 1 1 1			
		other basis. Complete Part VI of Schedule D	10a 847100			
	ь	Less: accumulated depreciation	10b	847100	10c	847100
	11				11	
	12	Investments—other securities. See Part IV, line			12	
	13	Investments—program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	-		15	
	16	Total assets. Add lines 1 through 15 (must equa		1134470	16	1091272
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
co.	21	Escrow or custodial account liability. Complete			21	
Ë	22	Payables to current and former officers,				· · · · · · · · · · · · · · · · · · ·
░		employees, highest compensated employees,				
Liabilities					22	
	23	Secured mortgages and notes payable to unrela	ated third parties	207997	23	188375
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities. Complete Part X of Schedule D	·		25	,
	26	Total liabilities. Add lines 17 through 25	+	207997	26	188375
_		Organizations that follow SFAS 117, check h				_
98		lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets		926473	27	902897
ä	28	Temporarily restricted net assets	F	***	28	
D E	29	Permanently restricted net assets			29	··
Ē		Organizations that do not follow SFAS 117, c				
Ë		complete lines 30 through 34.	_			
ă. O	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or e			31	
As	32	Retained earnings, endowment, accumulated in			32	··-·
Net Assets or Fund Balances	33			926473	33	902897
Z	34	Total liabilities and net assets/fund balances .	· · · · · · · · · · · · · · · · · · ·	1134470		1091272
	ــــــــــــــــــــــــــــــــــــــ					

om 99	00 (2010)			Р	age 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	 1		4	82511
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	25709
3	Revenue less expenses. Subtract line 2 from line 1	3			13198)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	26473
5	Other changes in net assets or fund balances (explain in Schedule O)	5			19622
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		9	02897
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				. 🗆
1	Accounting method used to prepare the Form 990:	plain i	in	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 28	3	1
b	Were the organization's financial statements audited by an independent accountant?			,	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	versigh	ht		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain i	in		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar wer	re		

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

Form **990** (2010)

За

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. ▶ See separate instructions.

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a 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. Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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: 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 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Cat. No. 52283D

Schedule D (Form 990) 2010

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

Р	ao	A	2

Par	• Organizations Maintaining Co	Hections of A	Art, His	torica	il Treasures	s, or O	ther Similar	Ass	ets (con	tinued) `
3	Using the organization's acquisition, according to the collection items (check all that apply):	ession, and ot	her reco	rds, cl	neck any of the	ne folio	wing that are	a sig	inificant u	ise of its
а	☐ Public exhibition		d		oan or excha	nae pro	ograms			
b	Scholarly research		e			-	-			
			e	ъ,	Julei					
C										
4	Provide a description of the organization' XIV.	s collections a	ana expi	ain no	w they further	the or	ganization's ex	xemp	ot purpos	e in Part
5	During the year, did the organization soli	cit or receive	donation	ns of a	rt. historical t	reasure	s or other sir	milar		
	assets to be sold to raise funds rather tha	n to be mainta	ined as	part of	the organizat	ion's co	ollection?			☐ No
Pari	IV Escrow and Custodial Arrange									
	line 9, or reported an amount or					answe	ieu ies to	I OII	iii 990, r	art IV,
10						tions o	r other seeds			
1a	included on Form 990, Part X?							not		
								•	☐ Yes	∐ No
b	If "Yes," explain the arrangement in Part X	(IV and comple	ete the fo	ollowin	g table:		•			
								Am	ount	
C	Beginning balance					10	>			
d	Additions during the year					10	1			
e	Distributions during the year					16				
f	Ending balance					11				
2a	Did the organization include an amount or								☐ Yes	
	-	·	11 L A, HITE	211				•	∐ Tes	☐ No
	If "Yes," explain the arrangement in Part X				1 452 71 4 - 1	-	00 0 + 0//			
Par					-					
) Current year	(b) Pn	or year	(c) Two yea	rs back	(d) Three years t	back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions				1					
C	Net investment earnings, gains, and									
	losses							i		ì
d	Grants or scholarships									
е	Other expenditures for facilities and	1								
	programs									
f	Administrative expenses		,							
-	· · · · · · · · · · · · · · · · · · ·									
ð	End of year balance									
2	Provide the estimated percentage of the y			39;						
а	Board designated or quasi-endowment	· 	%							
b	Permanent endowment ▶	6								
C	Term endowment ▶%									
3a	Are there endowment funds not in the po	ssession of th	e organi	zation	that are held	and ad	ministered for	the		
	organization by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							_	3a(ii)	
h	If "Yes" to 3a(ii), are the related organization		equired (n Sch	edule R2			•	3b	
4	Describe in Part XIV the intended uses of the							•	OD	
Part										
гаг		1	<u>-</u>	,				_		
	Description of investment	(a) Cost or oth		(b) Co	st or other basis (other)		Accumulated epreciation		(d) Book v	alue
1a	Land		18944		18944					18944
b	Buildings		601766		601766					601766
С	Leasehold improvements				-					····
ď	Equipment		81482	 	81482	l —		T		81482
e	Other		144908	†	144908	ļ		T		144908
	Add lines 1a through 1e. (Column (d) must	equal Form 99		K. colu			▶			847100
		. ,	· , · · · · ·	.,	· · · · · · · · · · · · · · · · · · ·	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		1		317 100

Part VII	Investments – Other Securities	See Form 990, Part X,	line 12.	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial	derivatives			
	neld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)	15 000 B 17 1 50 B			· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
_(5)				
_(6)				
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
(10)				
	b) must equal Form 990, Part X, col. (B) line 13.)		1	
Part IX	Other Assets. See Form 990, Pa			····
	(8) Description		(b) Book value
(1)				· · · · · · · · · · · · · · · · ·
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
_(4)				
(5)				
(6)		·- ·· ·· ·· · · · · · · · · · · · · · ·		
				
(8)				
(9)				<u> </u>
(10)	man (b) moved a good Farmy 000. Dord V. a	of (D) line 45)		
	mn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,		<u> </u>	
Part X 1.	(a) Description of liability	(b) Amount	T .	
	income taxes	(b) Amount	-	
(2)	moonie taxes		1	
(3)			1	
(4)			-	
(5)	··· ·		1	+
(6)			1	
(7)			1	
(8)			1	-
(9)			1	
(10)			1	
(11)			-	
	Th) must equal Form 000. Part V. col. (P) line 25 1		-	
TOTAL (COMIN)	(b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	Lance years	

Part	Reconciliation of Change in Net Assets from Form 990 to A	udited 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	10	· · · · · · · · · · · · · · · · · · ·
Part	XII Reconciliation of Revenue per Audited Financial Statement	ents With Revenue per	Retu	n
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	7	
C	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIV.)		┦ ,	•
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 !	
b	Other (Describe in Part XIV.)	4b	⊺	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	**************************************
Part	Reconciliation of Expenses per Audited Financial Staten	nents With Expenses p	er Ret	um
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:			
а	Donated services and use of facilities	2a	╛	
b	Prior year adjustments	2b]	
C	Other losses			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIV.)	4b	اا	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	
Part				
Comp	ete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a and 4; F	Part IV,	lines 1b and 2b;
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	lines 2d and 4b. Also com	iplete ti	his part to provide
ariy at	ditional information.			

Schedule D (For	m 990) 2010	Page 5
Part XIV	Supplemental Information	(continued)

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

USW LOCAL UNION 1688			23-1092686
Part IV, Section C, line 19: The Local will	make available its governin	g documents, conflict of inter	rest policy and financial statements to the
the public, upo	n request.		
Dart VI. line 5: Other changes in not asset	or fund halancee		
Part XI, line 5: Other changes in net assets	Start of Report Period	End of Report Period	+or- Change in Assets
Mortages Payable:	207997	188375	+19622
Part IV, line 21: Civic and Charitable Cont	ributions: 7645		

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