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Form **990-EZ**

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,

OMB No 1545-1150 2010

Open to Public

Department of the Treasury Internal Revenue Service

SCANNED NAY 1 7 2011

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Inspection

A For the 2010 calendary		2010 calenda	ar year, or tax year beginning 1 JANUARY , 2010, and ending 31	DECEN	IBER , 20 10		
8	B Check if applicable C 1		C Name of organization D En	ployer i	dentification number		
	Address cl	hange	AFGE LOCAL 1626	38-6158173			
	Name cha	лде	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Te	ephone	number		
\square	Initial retur		269 961-5471				
H	Terminated Amended		City or town, state or country, and ZIP + 4	oup Ex	emption		
Ħ	Application		BATTLE CREEK, MI 49037 N	ımber	▶ 0194		
G		ing Method:	✓ Cash Accrual Other (specify) ► H Checl	▶ 🗸	if the organization is not		
	Websit	•	requir	ed to at	tach Schedule B		
J 1	Tax-exem	npt status (che	eck only one) — 📝 501(c)(3) 🗌 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 📗 527 (Form	990, 99	00-EZ, or 990-PF).		
	Check ▶	rf the	e organization is not a section 509(a)(3) supporting organization and its gross receipts are normal	ly not m	nore than \$50,000. A		
			n 990 return is not required though Form 990-N (e-postcard) may be required (see instructions)	. But if t	the organization chooses		
		•	e to file a complete return				
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	11,	154782		
_) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$		
L	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr the organization used Schedule O to respond to any question in this Part I				
	1	Contributio	ns, gifts, grants, and similar amounts received	1	0		
	2	Program se	ervice revenue including government fees and contracts	2	0		
	3	Membersh	ip dues and assessments	3	154782		
	4	Investment	tincome	4			
	5a	Gross amo	ount from sale of assets other than inventory 5a	0			
	b	Less: cost	or other basis and sales expenses	0			
	6	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events	5c	0		
ē	а		ome from gaming (attach Schedule G if greater than	0			
Revenue	b	Gross inco	me from fundraising events (not including \$) of contributions	7			
Œ			aising events reported on line littach Schedulé G if the h gross income and contributions exceeds \$15,000) 6b				
			th gross income and contributions exceeds \$1,5000) 6b the expenses from gaming and fundralsing events 6c				
	d	Met incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	4			
	4	line Gol		6d	,		
	7a	Gross sale	s of inventory, less returns and allowances	ه اه	<u> </u>		
	b		of goods sold	0	}		
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	n		
	8		nue (describe in Schedule O)	8	0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	154782		
	10		I similar amounts paid (list in Schedule O)	10	0		
	11		aid to or for members	11	0		
Expenses	12		ther compensation, and employee benefits	12	0		
	13	Profession	al fees and other payments to independent contractors	13	10007		
	14	Occupancy	y, rent, utilities, and maintenance	14	0		
	15	Printing, po	ublications, postage, and shipping	15	354		
	16		enses (describe in Schedule O)	16	145801		
	17	Total expe	enses. Add lines 10 through 16	17	156162		
Ŋ	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	1380		
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with				
			r figure reported on prior year's return)	19	150663		
	20		ges in net assets or fund balances (explain in Schedule O)	20	0		
_	21	Net assets	21	152043			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

Form	990-EZ (2010)					Page 2
Pa	Balance Sheets. (see the instructions Check if the organization used Schedule	for Part II.) O to respond to any ques	stion in this Part I	I		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	ginning of year	Ė	(B) End of year
22	Cash, savings, and investments			150663	22	152043
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			150663	25	152043
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column			150663	27	152043
Par						Expenses
Wha Desc	Check if the organization used Schedule t is the organization's primary exempt purpose? The what was achieved in carrying out the organization	EMPLOYEE UNION REPRES	ENTATION	<u></u>	501 org	equired for section (c)(3) and 501(c)(4) panizations and section 47(a)(1) trusts; optional
the s	ervices provided, the number of persons benefited, and	other relevant information for e	ach program title.	,		others.)
28	N/A					
		includes foreign grants, che	eck here	. ▶ 🗆	28:	a
29	N/A					

	/O	!	b - b			
30	(Grants \$) If this amount	includes foreign grants, chi	eck nere	<u>. P L.</u>	29	a
30	NA .					
	(Grants \$) If this amount	ıncludes foreign grants, che	eck here	▶ □	30a	
31	Other program services (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·		<u>· </u>	300	
٠.	t v	includes foreign grants, che		. ▶ □	318	a
32	Total program service expenses (add lines 28a t	through 31a)		▶	32	
Par	IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (see the	nstru	uctions for Part IV.)
	Check if the organization used Schedule		tion in this Part I	v		
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred compen	plans	
ROB	IN SINGLETON	PRESIDENT -35				
		PRESIDENT-33	0			0 0
MAR	DA REDDITT	EXEC. VICE PRESIDENT20				_
			0			0 0
DAV	E ANDREWS	SEC/TREAS AND REP - 40				
			0		!	0 0
SAN	DRA CHAPMAN	VP at LARGE - 30	_			
OVA	THE DIVILLING		0	<u> </u>		0 0
CYN	THIA PHILLIPS	CHIEF STEWARD - 20		ļ		
			0			0 0
						
		<u> </u>		1		
	**					
						
				1		
					-	
·	·					

Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶			
	The organization's books are in care of ► Located at ► ZIP + 4 ►			
Б	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)?	42b	Yes	No
	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.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.)	▶ □
44 ₈	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u>▼</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√

om 990)-EZ (2	010)							P	age 4
						-			Yes	No
		y related organization a controlled er	-	_		-		45		1
		he organization receive any payment								ĺ
		ning of section 512(b)(13)? If "Yes," 1990-EZ (see instructions)		990 and Schedule H may		to be comp	leted instead of	48-		
		he organization engage, directly or II				on bobalf of	or in opposition	45a		✓
		andidates for public office? If "Yes,"						46	-	1
Part \		Section 501(c)(3) organizations 501(c)(3) organizations and secti and 52, and complete the tables Check if the organization used Sc	ion 494 s for lin	47(a)(1) nonexempt chari es 50 and 51.	table	trusts mus	t answer question	II sec	tion 7–49t	b . П
									Yes	No
47	Did tl	he organization engage in lobbying a	activitie	s? If "Yes," complete Sche	dule C	C, Part II .		47		1
		ne organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					48		1	
49a	Did tl	d the organization make any transfers to an exempt non-charitable related organization?				49a		√		
		es," was the related organization a se						49b		Ĺ
		plete this table for the organization's								
	empi	oyees) who each received more than	n \$100,	(b) Title and average		ganization. In Compensation	r there is none, en	,		
	(a) Na	ame and address of each employee paid more than \$100,000		hours per week devoted to position	(0)	ompensation	employee benefit plans & deferred compensation	ac	Expension Expension (Count at allowa)	เกด
N/A				devoted to position				Galci	allowa	11000
					ļ					
		 								
51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	's five l	highest compensated inde		ent contracto	ors who each rec	eived	more	than
		(a) Name and address of each independent of	ontractor	paid more than \$100,000		(b) Typ	e of service	(c) Co	mpensa	ation
WA										
				 						
										
d	Total	number of other independent contra	actors e	each receiving over \$100.00	00	. •				
52	Did tl	he organization complete Schedule	A? Note	e: All section 501(c)(3) orga		ons and 494	· · · · · · · · · · · · · · · · · · ·] V		· · · ·
		xempt charitable trusts must attach			and stat	ements, and to			belief.	
ue, corr	ect, an	of perjury, I declare that I have examined this documented Declaration of preparer (other than	n officer)	s based on all information of which	h prepa	rer has any know	wledge.			
Sign	Signature of othicer Coate								<u>/</u>	
lere	DAVID M ANDREWS, SECRETARY/TREASURER									
		Type or print name and title	Brons	ror's signature		Date		PTIN		
Paid		Print/Type preparer's name	Prepa	rer's signature		Date	Check [_] If	FIIN		
repa		Emile come					self-employed			
Jse C	חנ	Firm's name ▶ Firm's address ▶					rm's EIN ▶ Phone no	_		
/lav th	e IRS	discuss this return with the prepare	r show	above? See instructions				Yes		No.

Form 990-EZ (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

38-6158173

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **AFGE LOCAL 1626**

Department of the Treasury

▶ Attach to Form 990 or 990-EZ.

LINE 16 OTHER:							
PER CAPITA TAX	\$ 92,038						
OFFICE AND ADMIN EXPENSES	\$ 40561						
DONATIONS	\$ 2,300						
EQUIP MAINT	\$ 233						
OTHER DISBURSEMENTS	\$ 10,669						

	······						
