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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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, 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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 1 January , 2010, and ending 31 December , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
United Steelworkers Local 560

Number and street (or P O box, if mail is not delivered to street address) Room/suite
20th North Main P.O. Box 157

City or town, state or country, and ZIP + 4
Gwinner, N.D. 58040-0157

D Employer identification number
45 0311279

E Telephone number
701-678-2041

F Group Exemption Number ▶ 0260

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ USW560@drtel.net

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 97,248

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	0
	2	Program service revenue including government fees and contracts			2	0
	3	Membership dues and assessments			3	92,363
	4	Investment income			4	2,996
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	0		
	c	Less: direct expenses from gaming and fundraising events	6c	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0		
	b	Less: cost of goods sold	7b	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	1,889
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	97,248
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	5,155
	11	Benefits paid to or for members			11	0
	12	Salaries, other compensation, and employee benefits			12	62,200
	13	Professional fees and other payments to independent contractors			13	689
	14	Occupancy, rent, utilities, and maintenance			14	8,616
	15	Printing, publications, postage, and shipping			15	1,182
	16	Other expenses (describe in Schedule O)			16	53,441
	17	**Total expenses.** Add lines 10 through 16 ▶			17	131,283
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-34,035
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	305,931
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	-515
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	272,411

UP

Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	305,931	22	272,411
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	305,931	25	272,411
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	305,931	27	272,411

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? **Protection of union employees**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	**Protection of union employees, salary negotiations, arbitration of grievances, job safety, job security, apprenticeship training and education supported by union dues and assessments which are exempt function income.**		
	(Grants $ n/a) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	n/a
29			
	(Grants $ n/a) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	n/a
30			
	(Grants $ n/a) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	n/a
31	Other program services (describe in Schedule O)		
	(Grants $ n/a) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	n/a
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	n/a

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
see attached LM-3				

Part V **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.			
a	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		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a n/a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a n/a			
b	Gross receipts, included on line 9, for public use of club facilities 39b n/a			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ n/a ; section 4912 ▶ n/a ; section 4955 ▶ n/a			
b	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		
c	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 ▶ n/a			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ n/a			
e	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. ▶ North Dakota			
42a	The organization's books are in care of ▶ James Fliflet Telephone no. ▶ 701-678-2041			
	Located at ▶ 20th North Main, Gwinner N.D. ZIP + 4 ▶ 58040-0157			
b	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		✓
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42c		✓
	If "Yes," enter the name of the foreign country ▶			
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 ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
n/a				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
n/a		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note**: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☑ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 5-2-11

James Fliflet Financial Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

► **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
United Steelworkers Local 560	45 0311279

explanation of line 8 = sale of t-shirts at cost

explanation of line 10 = donations, sponsorships and scholarships

explanation of line 16 = supplies for resale, insurance, office supplies, travel expenses, per capita and equipment rental

explanation of line 20 = there is a $515.00 difference in liabilities from the beginning of 2010 till the end of 2010

PAPER, ALLIED INDUSTRIAL, CHEMICAL AND ENERGY WORKERS INTERNATIONAL UNION

ANNUAL/QUARTERLY AUDIT REPORT

Date 1-10-11 1. Local Number 560 2. Location Gwinner

3. PERIOD COVERED		MO	DAY	YR
	From	1	1	10
	To	12	31	10

STATEMENT A—ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
4. Cash			11. Accounts Payable		
5. Loans Receivable			12. Loans Payable		
6. U.S. Treasury Securities			13. Mortgages Payable		
7. Investments			14. Other Liabilities		
8. Fixed Assets			15. TOTAL LIABILITIES	776.79	1052 83
9. Other Assets			16. NET ASSETS (Item 10 Less Item 15)	305154.64	271358.03
10. TOTAL ASSETS x	305931.43	272410.86			

Keep in mind that all figures listed under Statement A—Assets and Liabilities, Start of Reporting Period should be the same as those listed under End of Reporting Period on the local's previous audit report. If they are not, there is an error either on this report or the previous audit report, and it must be found or explained. If an explanation is required, then explain it on Item 45. (Additional information).

STATEMENT B—RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
17. Dues	92363.19	24. To Officers (less deductions)	29718.47
18. Per Capita Tax		25. To Employees (less deductions)	14234.52
19. Fees, Fines, Assessments & Work Permits		26. Per Capita Tax	10367.24
20. Interest & Dividends	2995.91	27. Office & Administrative Expense	68447.41
21. Sale of Investments & Fixed Assets	1889.13	28. Professional Fees	688.95
22. Other Receipts		29. Benefits	
23. TOTAL RECEIPTS x	97248.23	30. Contributions, Gifts & Grants	5155.20
CASH RECONCILIATION		31. Purchase of Investments & Fixed Assets	2128.36
		32. Loans Made	
A. Cash on hand undeposited, end of period		33. Other Disbursements	28.65
B. Certified Bank balances—ALL FUNDS	273570.48	34. TOTAL DISBURSEMENTS	130768.80
C. Total Cash on hand and in bank(s) (A+B)		**FORMULA TO BALANCE REPORT**	
D. Less outstanding checks	1159.62	Item 4A + Item 23 - Item 34 = Item 4B	
E. Plus deposits intransit		Beginning Cash + Receipts - Disbursements = Ending Cash	
F. Cash (C-D+E) Must Equal Item 4B	272410.86	If the report does not balance, then the error must be found or explained on Item 45.	

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE PERSON(s) CONDUCTING THE AUDIT.

35. Are all receipts to local, recorded and promptly deposited? Yes ☒ No ☐
36. Are all disbursements made by check? Yes ☒ No ☐
37. Were any checks made payable to cash? Yes ☐ No ☒
38. Was there any evidence of any checks being signed before they were completely filled out? Yes ☐ No ☒
39. Were all expenditures properly approved and supported by invoices or vouchers? Yes ☒ No ☐
40. Are required Federal & State Payroll Taxes being withheld and reported? Yes ☒ No ☐
41. Does the local file annually IRS Form 990 and U.S. Labor Department Form LM-2, LM-3 or LM-4? (Applies only to U.S. Locals) Yes ☒ No ☐
42. During the course of this audit was it determined that per capita tax was paid on all dues collected as required by the PACE Constitution? Yes ☒ No ☐
43. Have all assets of the local union been verified or confirmed? Yes ☒ No ☐
44. Does this audit report include all funds of the local? Yes ☒ No ☐

If the answer to questions No. 37 and No. 38 is YES and the answer to any of the remaining questions is NO then you must provide a detailed explanation which includes the action taken to correct the situation on Item 45 below.

45. ADDITIONAL INFORMATION Item Number	

I hereby certify that I have audited the books and records of the Financial Secretary and Treasurer of PACE Local and except as noted herein, have found them to be in order as reflected by this report.

NAME	TITLE	NAME	TITLE	NAME	TITLE
[illegible]	Trustee	Ericka Davis	Trustee	Tammy Johnson	

WHITE. HEADQUARTER'S COPY — CANARY REGIONAL OFFICE COPY — PINK LOCAL UNION COPY

Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

Form Ap, J
Office of Management and Budget
No 1215-0188
Expires 09-30-2011

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1 FILE NUMBER	2. PERIOD COVERED MON DAY YEAR	3. (a) AMENDED – If this is an amended report correcting a previously filed report, check here ☐
E	068-298	From 01/01/2010 Through 12/31/2010	(b) TERMINAL – If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here ☐
			(c) SUBSIDIARY – If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here ☐

4 AFFILIATION OR ORGANIZATION NAME
STEELWORKERS AFL-CIO

5 DESIGNATION (Local, Lodge, etc)	6. DESIGNATION NUMBER
LOCAL UNION	560

7. UNIT NAME (if any)

9 Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)
Yes ☒ No ☐

8. MAILING ADDRESS (Type or print in capital letters)

First Name	Last Name
FLIFLET	JAMES

P O. Box – Building and Room Number (if any)
PO BOX 157

Number and Street
20TH NORTH MAIN

City
GWINNER

State	ZIP Code + 4
ND	58040-0157

56. ADDITIONAL INFORMATION

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions)

57 SIGNED Tom Fliflet — PRESIDENT (If other title, see instructions.)
3-28-11 — Date
701-683-5050 — Telephone Number

58 SIGNED [signature] — TREASURER (If other title, see instructions.)
3-28-11 — Date
701-678-2041 — Telephone Number

Form LM-3 (Revised 2004)

COMPLETE ITEMS 10 THROUGH 23

FILE NUMBER 068-298

10. During the reporting period did the labor organization have a 'subsidiary organization" as defined in section X of the instructions?
Yes ☐ No ☒

11. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?
Yes ☐ No ☒

12. During the reporting period did the labor organization have a political action committee (PAC) fund?
Yes ☐ No ☒

13. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale?
Yes ☐ No ☒

14. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?
Yes ☐ No ☒

15. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.)
Yes ☐ No ☒

16. During the reporting period did the labor organization have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?
Yes ☐ No ☒

17. During the reporting period did the labor organization pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than $10,000?
Yes ☐ No ☒

18. During the reporting period did the labor organization have loans totaling more than $250 to any officer, employee, or member, or make any loans to a business enterprise?
Yes ☐ No ☒

19. How many members did your organization have at the end of the reporting period?
853

20. What is the maximum amount recoverable under your organization's fidelity bond, for a loss caused by any officer or employee of your organization?
$40,000

21. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than the rates of dues and fees, or in practices/procedures listed in the instructions? (If the constitution and bylaws or practices/procedures have changed, see the instructions)
Yes ☐ No ☒

22. What is the date of your organization's next regular election of officers?
April 2012

23. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	42	per	month		
(b) Initiation Fees	20	per			20
(c) Transfer Fees		per			
(d) Work Permits		per			

If the answer to any of the above questions is "Yes", provide details in Item 56 (Additional Information) as explained in the instructions for each Item.

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts In Dollars Only – Do Not Enter Cents

FILE NUMBER 068-298

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: Ricker; First Name: Tom; Middle Initial: ; Title: President	Status: C	$6,875	$1,328	$8,203
2. Last Name: Swanson; First Name: Travis; Middle Initial: ; Title: Vice-President	Status: C	$4,781	$1,129	$5,910
3. Last Name: Grenier; First Name: Bill; Middle Initial: ; Title: Financial Secretary	Status: C	$6,800	$966	$7,766
4. Last Name: Olson; First Name: Roberta; Middle Initial: ; Title: Recording Secretary	Status: C	$5,453	$1,603	$7,056
5 Last Name: Fliflet; First Name: James; Middle Initial: ; Title: Financial Treasurer	Status: C	$5,846	$1,138	$6,984
6. Last Name: Davis; First Name: Ericka; Middle Initial: ; Title: Trustee	Status: C	$27	$0	$27
7. Last Name: Allison; First Name: Jason; Middle Initial: ; Title: Trustee	Status: C	$1,479	$193	$1,672
8. Totals from additional pages (if any)		$1,648	$0	$1,648
9. Totals of Lines 1 through 8		$32,909	$6,357	$39,266
			10 Less Deductions	$9,251
		The Total from Line 11 will be entered in Item 45	11. Net Disbursements	$30,015

* Code for (C) Status past officer – P, continuing officer – C, new officer during the reporting period – N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts In Dollars Only – Do Not Enter Cents

FILE NUMBER 068-298

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)			(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)						
1.	Last Name: Holmgren	First Name: Susette	Middle Initial:	$0	$0	$0
	Title: Trustee		Status: P			
2.	Last Name: Johnson	First Name: Larry	Middle Initial:	$291	$0	$291
	Title: Trustee		Status: N			
3.	Last Name: Larson	First Name: Russell	Middle Initial:	$0	$0	$0
	Title: Guide		Status: P			
4	Last Name: Fliflet	First Name: Jeff	Middle Initial:	$1,268	$0	$1,268
	Title: Guide		Status: N			
5.	Last Name: Lein	First Name: Kris	Middle Initial:	$0	$0	$0
	Title: Guard		Status: C			
6	Last Name: Hollingsworth	First Name: Jerry	Middle Initial:	$89	$0	$89
	Title: Guard		Status: C			
7.	Last Name:	First Name:	Middle Initial:			$0
	Title:		Status:			
8.						
9.	Totals of Lines 1 through 8			$1,648	$0	$1,648

* Code for (C) Status past officer – P, continuing officer – C, new officer during the reporting period – N

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only – Do Not Enter Cents

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STATEMENT A
ASSETS AND LIABILITIES

Item	ASSETS Start of Reporting Period (A)	End of Reporting Period (B)	Item	LIABILITIES Start of Reporting Period (C)	End of Reporting Period (D)
25 Cash	$305,931	$272,410	32. Accounts Payable	$777	$1,052
26 Loans Receivable	$0	$0	33. Loans Payable	$0	$0
27. U.S. Treasury Securities	$0	$0	34. Mortgages Payable	$0	$0
28 Investments	$0	$0	35. Other Liabilities	$0	$0
29 Fixed Assets	$0	$0	36. TOTAL LIABILITITES	$777	$1,052
30 Other Assets	$0	$0			
31. TOTAL ASSETS	$305,931	$272,410	37. NET ASSETS (Item 31 less Item 36)	$305,154	$271,358

STATEMENT B
RECEIPTS AND DISBURSEMENTS

Item	CASH RECEIPTS AMOUNT	Item	CASH DISBURSEMENTS AMOUNT
38 Dues	$92,383	45. To Officers (from Item 24)	$30,015
39. Per Capita Tax	$0	46 To Employees (less deductions)	$13,921
40 Fees, Fines, Assessments & Work Permits	$0	47. Per Capita Tax	$10,367
41 Interest & Dividends	$2,996	48 Office & Administrative Expense	$68,447
42 Sale of Investments & Fixed Assets	$1,889	49. Professional Fees	$689
43 Other Receipts	$0	50. Benefits	$0
44. TOTAL RECEIPTS	$97,268	51 Contributions, Gifts & Grants	$5,155
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form		52 Purchase of Investments & Fixed Assets	$2,128
		53 Loans Made	$0
		54 Other Disbursements	$28
		55. TOTAL DISBURSEMENTS	$130,750

56. ADDITIONAL INFORMATION

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