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## Form **99**0

## **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)

20**10** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2010 cale	ndar year, or tax year beginning , 2010, and endir	ng		, 20								
В	Check if	applicable	C Name of organization Office and Professional employees International Unic	on Local 109	9 D Employer identification number									
	Address		Doing Business As OPEIU Local 109		71-1016972									
$\sqcap$	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/su	uite	one number									
Ø	Initial ret	-	309 Greenwoods Lane	863-398-6122										
ī	Terminat		City or town, state or country, and ZIP + 4	-										
Ħ	Amende		Lakeland, FL 33813-4635		G Gross	receipts \$ 536,948.00								
H		ion pending	F Name and address of principal officer Danny M McDade	H(a) Is this	is a group return for affiliates? Yes V No									
ш	Applicati	ion pending	4609 Brookview Road Rockford, IL 61108-5803		e all affiliates included? Yes No									
_	T		□ 501(c)(3) □ 501(c) ( 5 ) ◀ (insert no ) □ 4947(a)(1) or □ 527	<b>—</b> ' '	'No," attach a list (see instructions)									
<u> </u>		mpt status	301(c)(a) 301(c)(a) 4 (macrino) 4347 (a)(1) 61 4321	H(c) Grou	o exemptio	n number								
<u>-</u>	Website		Corporation ☐ Trust ☐ Association ☑ Other ▶ Union L Year of form		<del>`                                    </del>	e of legal domicile CO								
K		organization		lation 2000	III Otati	or regar dormone								
ľ	art I	Summ		11 0001 100 5	nroconte	the pilots of								
	1		escribe the organization's mission or most significant activities: OPEIL											
é		Air Methods Corporation in thirty nine (39) states. Through the grievance process, arbitrations and litigation, we												
Activities & Governance		have challenged several unjust terminations and disciplinary actions. Negotiations on a new collective bargaining												
era	_		nt have been on going for most of this year, seeking improvement in worki											
õ	1		is box  if the organization discontinued its operations or disposed of more than 25%	of its net assets		٠								
প্ৰ	3		of voting members of the governing body (Part VI, line 1a)		3	841								
es	4		of independent voting members of the governing body (Part VI, line 1b)		4	0								
ξ	5		nber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	1								
ᅙ	6	Total nur	nber of volunteers (estimate if recessary CEIVED		6_	30_								
•		Total unr	elated business revenue from Part VIII, column (C),-line-12-0		7a	0								
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u> </u>	7b	0								
			MAY 1 6 ZUII JJ	ear	Current Year									
Revenue	8	Contribut	tions and grants (Part VIII, line 1h)		553079	533122								
	9	Program	service revenue (Part VIII, line 2b) OGDEN, UT.											
ě	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7e)			5								
Œ	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6074								
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		553079	539201								
	13	Grants a	nd sımılar amounts paid (Part IX, column (A), lines 1-3)											
	1		paid to or for members (Part IX, column (A), line 4)											
w	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)			164388								
Expenses			onal fundraising fees (Part IX, column (A), line 11e)											
ě			draising expenses (Part IX, column (D), line 25) ▶											
ᄶ			penses (Part IX, column (A), lines 11a-11d, 11f-24f)		430185	370291								
	18		penses ( art ix, column (x), lines tra-rrd, tri 2-i)		574185	534679								
	19	=	less expenses Subtract line 18 from line 12		(21106)	4558								
		nevenue		Beginning of Cu		End of Year								
ts or	20	Total aga	ets (Part X, line 16)		58761	63319								
Net Assets Fund Baland	20		, , ,		38761	- 03319								
te de	21		ullities (Part X, line 26)			62210								
			ts or fund balances. Subtract line 21 from line 20		58761	63319								
_	art II	<del></del>	ture Block											
			ry I declare that I have examined this return, including accompanying schedules and state etc. Declaration of preparer (other than officer) is based on all information of which prepare			my knowledge and belief, it is								
	e, correct	T \ CONPI	ete becaration of peparei (over than outcer) is based on an information of which prepare	a nas any know	· A	44 / TP at 1								
٥:					101	MY ZOII								
Sig	_	Sign	ature of officer	Da	te									
He	re	<b>I L</b>	DANUT M MODEL PRESIDENT	LOCA	2-100	<u> </u>								
		<del> </del>	e or print name and title		_									
Pa	id	Print/Ty	pe preparer's name Preparer's signature D	ate	Check	☐ if PTIN								
_	epare	r L			self-em									
	e Onl		ame ►	Firm	n's EIN ▶									
		Firm's a	ddress ▶	Pho	ne no									
Ма	y the IR	RS discus	s this return with the preparer shown above? (see instructions)			Yes No								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)



orm 99	0 (2010)		raye
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	<u> </u>	· 🗆
1	Briefly describe the organization's mission:		
	benefits. We also strive to increase safety of flight operations by working with the Company and the Federal Aviation		
	Administration, to implement aircraft equipment as well as pilot awareness of safe flying techniques.		
	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	☐ Yes	☑ No
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes	☑ No
	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 exp 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are others, the total expenses, and revenue, if any, for each program service reported.	penses. S nd allocat	section ions to
4a	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$		)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
	·····		
	······		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
	······································		
			••••••
	Other program services. (Describe in Schedule O.)		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$		

Part	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,"		163	
	complete Schedule A	1		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)  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		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	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	ļ	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		<b>√</b>
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.		· Av	Ą.
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		1
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
С	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		✓_
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
b 45	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		✓
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		✓
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		✓
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	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		1

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		1
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		<b>✓</b>
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
b 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		<b>√</b>
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		1
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		1
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		<b>√</b>
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  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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		<b>√</b>
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	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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, Part VI	37		<u>,</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	•

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Officer if deficable of contains a response to any question in the rank to		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a  0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>√</b>
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority 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: ►  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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>V</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible?	6a_		<b>√</b>
_	gifts were not tax deductible?	6b	4. 4	<b>✓</b>
7 a	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?	<u> </u>	\$ (	) y )
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			*
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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 organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 40662	9a		-
a b	Did the organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

	_
Page	6

Form 990 (2010)

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	elow, es in	and Sche	for a
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 848			ł
b	Enter the number of voting members included in line 1a, above, who are independent	ł		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
•	Did the organization delegate control over management duties customarily performed by or under the direct	<del>-</del>		┞ <b>~</b>
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Does the organization have members or stockholders?	6	1	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	<u>,                                     </u>		*
а	The governing body?	8a	<b>√</b>	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		,	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<b>√</b>	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
40-	Describe experientian have level aboutors branches or officiates?	10a	.63	1
10a b	Does the organization have local chapters, branches, or affiliates?	IUa		<del>                                     </del>
	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>✓</b>	
10a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	224.	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		<b>V</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓_
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4
а	The organization's CEO, Executive Director, or top management official	15a	1	<b>†</b>
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			Ė
-	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	101		
Secti	on C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its 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	alable
	☐ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	f inte	rest p	olicy,
	and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Robert S. Box 309 Greenwoods Lane Lakeland, FL 33813-4635	of the	)	

	<del></del>						
Part VII	<ul> <li>Compensation</li> </ul>	of Officers,	Directors,	Trustees,	Key Employees,	, Highest Compensated	d Employees,
	and independe						

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.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations	Individual tri	nstitutional trustee	Officer	k Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
	in Schedule O)	fee	ıstee			ansated				organizations
(1) Danny M. McDade President	20			1		1		10033	0	0
(2) Dean A. Mischke Vice President	10			<b>✓</b>		1		3150	0	0
(3) Robert S. Box Secretary Treasurer	20			/		1		14400	0	0
(4) Phillip Newson President	20			1		1		13333	0	0
(5) Troy V. Montanez Business Agent	40				1	<b>√</b>		79165	0	0
(6) Michael S Cheek Recording Secretary	2			1				2400	0	0
(7) Alan G. Jewett Trustee	2		<b>\</b>					2400	0	0
(8) Douglas B Bernreuter Trustee	2		<b>~</b>					2400	0	0
(9) Kevin C. Kyzer Trustee	4		<b>~</b>					2400	0	0
(10) Michale D. Cobb Board Member	4	<b>✓</b>						2400	0	0
(11) Craig V. Fielding Board Member	2	1						2400	0	0
(12) Gale W. Wolff Board Member	2	<b>✓</b>						2400	0	0
(13) James A Mayors Board Member	2	1						2400	0	0
(14)										
(15)										
(16)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)										(F)				
	Name and title		Posit	ion (c	chect	k all t	that ap	ply)	Reportable	Reportable			mated	
		hours per week	익호	ä	Q	7	육포	77	compensation	compensation from related	m		ount of ther	
		(describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations	1	comp	ensatio	ก
		hours for	3 2	g		할	8 2	ੈ	organization	(W-2/1099-MISC	)		m the	
		related organizations	ੋ <u>ਫ਼</u> ੍ਰ	altr		эуес	ğ	1	(W-2/1099-MISC)		1	_	nization related	
		in Schedule	i ee	uste		"	ens:	l	i		1		ization	
		O)		æ			18	1						
(17)				_				1						
3		1						l						
(18)												-		
											$\perp$	_		
(19)										-				
											$oldsymbol{\perp}$			
(20)														
					L.,									
(21)							}							
											<del> </del>			
(22)														
											┷			
(23)			İ					1						
			ļ								—			
(24)														
			<u> </u>								_			
(25)														
								L_			+		-	
(26)														
											+-			
(27)														
(00)											+-			
(28)														
	Cub total							Ļ	420004	<u> </u>	+			
1b	Sub-total						•		139281		0   D			0
C	Total from continuation sheets to Part	-		•			•		139281		0			0
d	Total (add lines 1b and 1c)								·		<u> </u>			
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ea a	above	e) W	no received mo	ore than \$100,0	JUU Ir	า		
	reportable compensation from the organi	ZaliUII											Yes	No
3	Did the organization list any former of	ficer direc	tor o	r tri	ieta	اصد	kov o	mn	lovee or high	eet compensa	tad		162	NO
•	employee on line 1a? If "Yes," complete S							пр	loyee, or riigh	est compensa	ieu	3		
4	For any individual listed on line 1a, is the								nd other comp	oneation from	tha	<u> </u>		
-•	organization and related organizations													.
	individual					•		., 				4		7
5	Did any person listed on line 1a receive o			nsat	าดก	fror	n anv	uni	related organiz	ation or individ	ual	<u> </u>		<del></del>
•	for services rendered to the organization?											5		<b>√</b>
Section	on B. Independent Contractors	<u>·</u>												<u> </u>
1	Complete this table for your five highest of	compensate	ed inc	lepe	ende	ent o	contr	acto	ors that receive	d more than \$	100.0	000 of		
	compensation from the organization.	•		•						•	,			
	(A)		<del></del>			-			(B)			(C)		
	Name and business add	ress							Description of se	ervices	Co	mpens	ation	
Gerale	Cohen 745 Craig Rd Creve Coeur, MO 6314	1					-	Arb	itration					3473
	nsky and Binnall 181Elting Rd Catskill, NY 12								limentarian					4375
	arz Printing Co. 325 S. 11th St Lincoln, NE 68		-					_	nting	<u> </u>				5507
Drew and Drew LLP 159 Linwood Ave Buffalo, NY 14209								Aviation Attorney					9341	
	rzwald McNair & Fusco LLP 1300 E. 9th St C		H 441	14		Attorney					108307			
2	Total number of independent contracto				ot li	mite	ed to			ve) who				
	received more than \$100,000 in compens		-							•				- 1

Part	VIII	. Statement of Rev	enue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue Revenue excluded from tax under sections 512, 513, or 514
रु र	1a	Federated campaigns 1a							
ra Lux	b			533122					
S, g	С								
gift	d			1d	6075				
S, E	e	Government grants (contributions) 1e							
ıtioi er s	f	All other contributions, gr				•			
년 북		and similar amounts not inc							
Contributions, gifts, grants and other similar amounts	9	Noncash contributions includ							
	<u>h</u> _	Total. Add lines 1a-11	<u>f</u>	<u> </u>	Business Code	539197			
Program Service Revenue	_ ا				Business Code			<u> </u>	
leve	2a								
93 H	b								
Ē.	l d						-		
Š	e								
gra	f	All other program sen							
Po	g	Total. Add lines 2a-2			▶	539197			
	3	Investment income							
		and other similar amo	•			5			
	4	Income from investment	mpt bo	ond proceeds ►					
	5	Royalties							
			(ı) Real		(ii) Personal				.**
	6a	Gross Rents							, x*
	b	Less: rental expenses							
	d	· · · · · · · · · · · · · · · · · · ·			•	*			
	7a				(II) Other				
	,,,	assets other than inventory	(7			*** -			**** * '
	ь	Less, cost or other basis							
		and sales expenses							**
	С	Gain or (loss) .							
	d	Net gain or (loss)			▶				
•									
venue	8a	Gross income from fu	ndraising						
		events (not including \$		-7-					
Other Re		of contributions reporte See Part IV, line 18	ea on line 1						
the		•		-					
Ò		Less: direct expenses Net income or (loss) fr							
		Gross income from ga			events .		<del></del>		
		See Part IV, line 19 .							
	b	Less: direct expenses							
	С	Net income or (loss) fr	rom gamın	g actı	vities ▶				
	10a	Gross sales of in							
		returns and allowance							
		Less: cost of goods s							
	С	Net income or (loss) fr		of inve					
	4.0 =	Miscellaneous Re	evenue	_	Business Code			<del> </del>	
	11a				<del></del>				
	b c								<del></del>
	d	All other revenue	·					<del></del>	
		Total. Add lines 11a-			▶				
	12	Total revenue. See in				539201			

#### Part IX , Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in		-		
	the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	o	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	139281	0		
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4600	0		
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	ol	0		
9	Other employee benefits				
10	Payroll taxes	20507	0		
11	Fees for services (non-employees):			-	
	Management	اه			
b	Legal	129328			
C	Accounting	4605			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0		are the	
f	Investment management fees	0	<u> </u>		
g	Other				
12	Advertising and promotion			-	
13	Office expenses	12567			
14	Information technology			-	
15	Royalties			<del></del>	
16	Occupancy				
17	Travel	36433			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1150			
20	Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates	155387			
22	Depreciation, depletion, and amortization				
23	Insurance	1063			
24	Other expenses. Itemize expenses not covered				
	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	Air Methods Lost Time	10035			
b	Teleconferences	12909			
С	Meeting Rooms	2439			
d	Parlimentarian	4375		-	
e	IT Support				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	534679			
26	Joint costs. Check here ► ☐ if following				
	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				

Р	art X	, Balance Sheet			
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest-bearing	47559	1	52111
	2	Savings and temporary cash investments	11202	2	11208
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
Ø	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges		9	-
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			i.
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	58781	16	63319
	17	Accounts payable and accrued expenses		17	78265
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20_	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.	ika ili ili ili ili ili ili ili ili ili il	ģ	A company of the section
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
	25 26	Other liabilities. Complete Part X of Schedule D		25	
	20	Total liabilities. Add lines 17 through 25		26	78265
Se		lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets		27	
B	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	58781	34	-19468 Form <b>990</b> (2010)
					Earm <b>UU</b> (1 (2010)

P	age	1	2

. .

rorm 95	lu (2010)				
Part	XI . Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	• •	<u> </u>
4	Total revenue (must equal Part VIII, column (A), line 12)	111		53	9201
1	Total expenses (must equal Part IX, column (A), line 25)	2			34679
2 3	Revenue less expenses. Subtract line 2 from line 1	3			4522
_	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	8781
4	Other changes in net assets or fund balances (explain in Schedule O)	5			
5 6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	<u> </u>			
0	column (B))	6		ε	3303
Part	XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response to any question in this Part XII	· · · ·	• •		
				Yes	No
1	Accounting method used to prepare the Form 990:	-1			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	piairi iii			Ì
	Schedule O		1		<b></b>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	<b>V</b>
b	Were the organization's financial statements audited by an independent accountant?		2b	<b>V</b>	
С	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		2c		<b>√</b>
	If the organization changed either its oversight process or selection process during the tax year, ex	piain in			
	Schedule O.				٠
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were			*
	issued on a separate basis, consolidated basis, or both:				<b>6</b> -
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ř °	L
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in			_
	the Single Audit Act and OMB Circular A-133?		3a_		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the	١., ا		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits	3b		
			For	n <b>990</b>	(2010)

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service

► See separate instructions. Inspection

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
  - Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
  - Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
  - Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

	=	s," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35a (Proxy T	ax), then
	Section 501(c)(4), (5), or (6) org e of organization	ganizations Complete Part III.		Employer ider	ntification number
	t I-A Complete if the	ne organization is exempt und	er section 501(	c) or is a section 527	organization.
1 2 3	<u>•</u>	the organization's direct and indire			
Par	t I-B Complete if the	ne organization is exempt und	er section 501(	c)(3).	
$\overline{1}$		excise tax incurred by the organization			3
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 . ▶ \$	)
3		red a section 4955 tax, did it file Fo		ear?	Yes No
4a	<ul> <li>Was a correction made</li> </ul>	?			. Yes No
	If "Yes," describe in Par			· <del></del>	
		ne organization is exempt und			(c)(3).
2 3 4	activities	filing organization's funds contributions. Add lines 1 and 2.  file Form 1120-POL for this year?  ses and employer identification numers. For each organization listed, entributions received that were pronfund or a political action committee.	Enter here and  ber (EIN) of all senter the amount popular	anizations for section	. Yes No vations to which the filing zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

_			•
Pa	n	е	4

	t II-A Complete if the organization section 501(h)).			01(c)(3) and filed	d Form 5768 (ele	ction under
A (	Check ► ☐ If the filing organization below	ngs to an af	filiated group.			
<b>B</b> (	Check ► ☐ If the filing organization che			ntrol" provisions a	ipply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" me				organization's totals	group totals
12	, , ,					
Ł				ng)		
C	<ul> <li>Total lobbying expenditures (add lines 1a</li> </ul>	and 1b) .				
c						
•		lines 1c and 1	d)			
f	Lobbying nontaxable amount. Enter the	ne amount fr	om the following	ig table in both		
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amou	nt is:		
	Not over \$500,000	20% of the an	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		**
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess	over \$1,500,000		*
	Over \$17,000,000	\$1,000,000.				
<u>ç</u>	Grassroots nontaxable amount (enter 25%	6 of line 1f)				
ŀ						
i	Subtract line 1f from line 1c. If zero or less					
j	If there is an amount other than zero of					☐ Yes ☐ No
	reporting section 4911 tax for this year?	· · · ·	<u> </u>			
	(Some organizations that mad columns below. S	le a section 5 ee the instruc	ctions for lines 2	not have to comp a through 2f on pa		
	Lobbying I	<u>Expenditures</u>	During 4-Year A	veraging Period	<del> </del>	
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) Total
28	Lobbying nontaxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e))	s * * *	ş	s % v	i,	
•	Total lobbying expenditures					
-	Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?				a)		(b)	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Part III-A  legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Volunteers?  Part III-B  legislators or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If "Yes," describe in Part IV  Total. Add lines 1c through 1:  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization agree to carryover lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answ "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			Yes	No	A	moun	t
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answ "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	а	legislation, including any attempt to influence public opinion on a legislative matter or			-		
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"Yes."  1 Dues, assessments and similar amounts from members		III-B Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), c		ction		<b>_</b> _
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year		"Yes."	ine 3	is an	swere		
political expenses for which the section 527(f) tax was paid).  a Current year				1		53	3122
· · · · · · · · · · · · · · · · · · ·	2		of	<i>u</i> \			
b Carryover from last year	а	Current year		2a			0
	b	Carryover from last year		2b			0
c Total	C	Total		2c			0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [	3			0
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	*			
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			yıng				
and political expenditure next year?			.	4			0
5 Taxable amount of lobbying and political expenditures (see instructions)				5			0
Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, I							

Schedule C (Fo	orm 990 or 990-EZ) 2010	Page <b>4</b>
Part IV	· Supplemental Information (continued)	

# SCHEDULE D (Form 990).

#### **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

**Employer identification number** Name of the organization Office and Professional Employees International Union Local 109 (OPEIU Local 109 0 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 1 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 ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No 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 a Total number of conservation easements . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 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) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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: 

**b** Assets included in Form 990, Part X .

Page	2
Page	2

0.00	Organizations Maintaining	Callactions of	Art Hic	torio	al Traccures	or Other Similar	Assets (continued)
	Using the organization's acquisition, a	Collections of	Art, mis	rdo d	charles,	following that are	Assets (Continued)
3		ccession, and o	iner reco	rus, i	check any or the	ionowing mar are	a significant use of its
	collection items (check all that apply):			_			
а	Public exhibition		_	$\sqcup$	Loan or exchang		
b	Scholarly research		е		Other		
С	Preservation for future generation						
4	Provide a description of the organization	on's collections	and expla	ain hi	ow they further th	ne organization's ex	cempt purpose in Part
	XIV.						
5	During the year, did the organization						nılar
	assets to be sold to raise funds rather						☐ Yes ☐ No
Par	ESCROW and Custodial Arra	ngements. Co	mplete	f the	organization ai	nswered "Yes" to	Form 990, Part IV,
	line 9, or reported an amount	on Form 990,	Part X, I	ine 2	1.		
1a	Is the organization an agent, trustee,	custodian or oth	her intern	nedia	ry for contribution	ons or other assets	not
	included on Form 990, Part X?						· Yes No
b	If "Yes," explain the arrangement in Pa	rt XIV and comp	lete the fo	ollowi	ing table:		
_							Amount
С	Beginning balance					1c	
ď	Additions during the year			•		1d	
e	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amoun						. Tyes No
			art A, IIIIe	211			
	If "Yes," explain the arrangement in Pa  t V Endowment Funds. Comple		-otion or		rad "Vaa" ta Ea	000 Port IV I	no 10
Fai	t V Endowment Funds. Comple						
	- · · · · ·	(a) Current year	(b) Pri	or year	r (c) Two years		
1a	Beginning of year balance		ļ				
b	Contributions					* * * *	
С	Net investment earnings, gains, and		ł			* * * *	
	losses					* * * *	· · · · · · · · · · · · · · · · · · ·
d	Grants or scholarships					<u> </u>	<u> </u>
е	Other expenditures for facilities and					€ 4 4	w
	programs						4 4 4 4
f	Administrative expenses					1 4	
g	End of year balance						M WARTEN
2	Provide the estimated percentage of th			ıs:			
а	Board designated or quasi-endowmen	t 🕨	%				
b	Permanent endowment ▶	%					
С	Term endowment ▶ %						
3a	Are there endowment funds not in the	possession of th	he organi	zatioi	n that are held ar	nd administered for	the
	organization by:	•	Ū				Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations		• •	•			3a(ii)
b	If "Yes" to 3a(ii), are the related organiz		enured c	n Sc	hedule R2		3b
4	Describe in Part XIV the intended uses						
Part						<del></del>	
	Description of investment	(a) Cost or of		-	ost or other basis	(a) Assumulated	(d) Book value
	bescription of investment	(a) Cost or or		(0)	(other)	(c) Accumulated depreciation	(d) Book value
	Land	<del>-  </del>	-				
_							<del></del>
b	Buildings	<del>                                     </del>			<del></del>		<del></del>
C	Leasehold improvements	<u> </u>					
d	Equipment	<u> </u>		<u> </u>			
e Total	Other		20 5	<u> </u>	(5)	<del>,,</del>	
ı otal.	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 9	90, Part )	r, col	umn (B), line 10(c	:).) ▶	

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 Cost or end-of-year	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)	·		
(G)			
(H)	<u> </u>		
(1)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶			
Part VIII Investments—Program Relate	d. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
(1)			
(2)			
_(3)			
(4)			
<u>(5)</u>			
_(6) _(7)			
(8)			· · · · · · · · · · · · · · · · · · ·
(9)			<u> </u>
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶		*	*
Part IX Other Assets. See Form 990, Pa			
	a) Description		(b) Book value
(1)			<u> </u>
(2)			
(3) (4)			<del></del>
(5)			
(6)	· <del>····································</del>	·- ·-	
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, c		<u> </u>	
Part X Other Liabilities. See Form 990,  1. (a) Description of liability	, Paπ X, line 25. (b) Amount		
(1) Federal income taxes	(b) Amount		
(2)		<del>-  </del>	
(3)	-	<del> </del>	
(4)			
(5)			
(6)			
(7)			
(8)		_	
(9)		_	
(10)		$\dashv$	
(11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<del>                                     </del>		
2. FIN 48 (ASC 740) Footnote in Part XIV provide	the text of the footnote	to the organization's financial state	ements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part	le D (Form 990) 2010  XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ente	Page 4
7 1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	539201
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	534679
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4518
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_	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4518
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Ret	
1	Total revenue, gains, and other support per audited financial statements	1	536948
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	١,٠	
а	Net unrealized gains on investments	┨	•
b	Donated services and use of facilities	- 3	
C	Recoveries of prior year grants	10	
d	Other (Describe in Part XIV )		
e	Add lines 2a through 2d	2e	<u>'</u>
3	Subtract line 2e from line 1	3	<del> </del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990. Part VIII, line 7b . 4a	٤	
a b	Investment expenses not included on Form 990, Part VIII, line 7b . 4a  Other (Describe in Part XIV.)	<u> </u>	
C	Add lines <b>4a</b> and <b>4b</b>	4c	2249
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )		<del></del>
art	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		<del></del>
1	Total expenses and losses per audited financial statements	1	594840
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	3	
_	Donated services and use of facilities		1
а	Donated Scrives and Good readmitted	_  3%	<b>*</b>
a b	Prior year adjustments		**
	Prior year adjustments		
b	Prior year adjustments         2b           Other losses         2c           Other (Describe in Part XIV)         2d         7826		,
b c d	Prior year adjustments         2b           Other losses         2c           Other (Describe in Part XIV)         2d         7826           Add lines 2a through 2d	5 2e	78265
b c d	Prior year adjustments         2b           Other losses         2c           Other (Describe in Part XIV)         2d         7826           Add lines 2a through 2d	5	<u>,                                     </u>
b c d	Prior year adjustments         2b           Other losses         2c           Other (Describe in Part XIV)         2d         7826           Add lines 2a through 2d             Subtract line 2e from line 1             Amounts included on Form 990, Part IX, line 25, but not on line 1:	5 2e	78265
b c d e 3 4 a	Prior year adjustments	5 2e 3	78265
b c d e 3 4 a b	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)  4a  1810	5 2e 3	78265 516575
b c d e 3 4 a b c	Prior year adjustments  Other losses  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  2b  2c  7826  4a  7826	2e 3 3 4 4	78265 516575 18104
b c d e 3	Prior year adjustments         2b           Other losses         2c           Other (Describe in Part XIV)         2d         7826           Add lines 2a through 2d             Subtract line 2e from line 1             Amounts included on Form 990, Part IX, line 25, but not on line 1:	5 2e 3	7826
b c d e 3 4 a b c 5 Sartt omp art V my ac	Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)  4a  1810	2e 3 3 4 4 4c 5	78265 516575 18104 534679 V, lines 1b and 2b;
b c d e 3 4 a b c 5 5 2 art t omp art V ny ac (!! 4 t)	Other losses	3  2e 3  A 4  4c 5  Part I'	78265 516575  18104 534679  V, lines 1b and 2b; ethis part to provide premiums.
b c d e 3 4 a b c 5 Part omp	Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIV Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also conditional information.	3  2e 3  A 4  4c 5  Part I'	78265 516575  18104 534679  V, lines 1b and 2b; ethis part to provide premiums.
b c d e 3 4 a b c 5 5 Part Vompomp 11 4 b	Other losses	3  2e 3  A 4  4c 5  Part I'	78265 516575  18104 534679  V, lines 1b and 2b; ethis part to provide premiums.
b c d e 3 4 a b c 5 Part V ny ac !!! 4 b !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	Other losses	3  2e 3  A 4  4c 5  Part I'	78265 516575  18104 534679  V, lines 1b and 2b; ethis part to provide premiums.
b c d e 3 4 a b c 5 art V y ac !!!!!!!!!!!!!!!!!!!	Other losses	3  2e 3  A 4  4c 5  Part I'	78265 516575  18104 534679  V, lines 1b and 2b; ethis part to provide premiums.
b c d e 3 4 a b c 5 Part V ny ac !!! 4 b !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	Other losses	3  2e 3  A 4  4c 5  Part I'	78265 516575  18104 534679  V, lines 1b and 2b; ethis part to provide premiums.



#### **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.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

Office and Professional Employees International Union Local 109 (OPEIU Local 109)	71-1016972	
VI 11 The IRS Form 990 was placed on the Union web site (www.amcpilots.com)prior to submittal to the IRS		
VI 19 All Information is available on the Union web site www.amcpilots.com		
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Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
	·····
·····	······