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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

A	For the	2010 cale	ndar year, or tax year beginning JANUARY 1st	, 2010, ar	nd ending	Decemb	oer 31	, 20 10	
В	Check if a	applicable	Name of organization UNITED STEEL WORKERS LOCA	L 675		C	Emplo	yer identification	number
	Address of	change	Doing Business As SAME					95-0865902	
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street addr	ress)	Room/suite	E	Teleph	one number	
$\overline{\Box}$	Initial retu		1200 E. 220TH STREET	}		i		310-522-2277	
$\bar{\Box}$	Terminate		City or town, state or country, and ZIP + 4						
$\bar{\Box}$	Amended		CARSON CA 90745-3505			G	Gross	receipts \$	1,431,415
\Box		on pending	F Name and address of principal officer					for affiliates?	
_	пррисане		DAVID CAMPBELL, SAME AS ABOVE			H(b) Are all a			es 🗌 No
1	Tax-exem			4947(a)(1) or	527			list (see instructi	
j	Website		W.USW675.ORG	10.11(0)(1) 01		H(c) Group			0260
<u>-</u> -		rganization	Corporation ☐ Trust ☐ Association ✓ Other ► LABOR	R UNI I Va	ar of formation	'		of legal domicile	
P	art I	Summ		10111 101	ar or roman	511	··· Otale	or logal controlle	
			scribe the organization's mission or most significant	t activities:					
		-	UNION FOR THE BETTERMENT AND ADVANCEMENT		MRERS				
Activities & Governance	-								
'na	-								
Ver	2	Check thi	s box ▶ ☐ if the organization discontinued its operations or dis	snosed of more	than 25% of	its net assets			
Ĝ			f voting members of the governing body (Part VI, Iir		171417 2070 01	no not access,	3		22
ಹ	1		f independent voting members of the governing bo		 line 1h)		4		
ij.			ber of individuals employed in calendar year 2010 (•	•		5		86
ξ	1		ber of individuals employed in calendar year 2010 (•	<i>Laj</i> .		6		0
Ă			lated business revenue from Part VIII, column (C), li		•		7a		 0
	1		ited business taxable income from Form 990-T, line				7b		
	-	ivet dille	ted business taxable income noni i orm 990-1, inte	, 04		Prior Year		Current Y	<u>`</u>
	8 (Contribut	ons and grants (Part VIII, line 1h)		- 		0		0
Revenue	1		service revenue (Part VIII, line 2g)	•		11	45,744		1,286,869
Ve	1	-	•						
æ	1		at income (Part VIII, column (A), lines 3, 4, and 7d)		· ·		14,688		92,629
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a nue—add lines 8 through 11 (must equal Part VIII, co		0 12)		06,004		51,917
_	† 				6 12)	1,3	66,436		1,431,415
	I .		d similar amounts paid (Part IX, column (A), lines 1-	·3)	•		0		63,038
			aid to or for members (Part-IX, column-(A), line-4)	اً بن المعناد	100	···			057.701
Expenses			ther compensation employee benefits (Part (X) colum		-10)	· <u>'</u>	28,265		857,791
ē			nal fundraising fees (<u>Pārt IX, column (A), line 11e)</u> raising expenses (Pârt IX, column (<u>Q</u>), line 25) ►2	t · · ·			U		
X	b 7	Other eve	enses (Part IX, column (A), lines 11a-14d, 11f-24)	 			94,056		520,200
	17	Cirier exp	enses (Fart IX, Column (X), miles Fra—144, 111–24); enses. Add lines 19–17 (must equal Part IX, colu <u>m</u> n	(4) 1 05)	· · ⊢				538,388
	19 I	готагехрі	rises. Add lines 15-1 (Indist equal Part IX, Columnia	(A), line 25)	'		22,321		1,459,217
		nevenue	ess expenses. Subtract in 18 from line 12 T	<u></u>	· · ·	ginning of Curre	44,115	End of Ye	(27,802)
ets or lances	20	Total aga		J					
Asse Bala	20		ts (Part X, line 16)		· ·		36,237		2,047,499
Net Asse Fund Bala	21		ities (Part X, line 26)		· ·		(3,799)	·	(3,753)
	art II		s or fund balances. Subtract line 21 from line 20 ire Block	· · · ·	• •	2.1	32,438		2,043,746
			 I declare that I have examined this return, including accompany te Declaration of preparer (other than officer) is based on all informations. 					ny knowledge and	Delier, it is
	1	1	10 60 00				-	2 11	
Sign Here		Signa	ture of officer			Date	ייאט	2.11	
		' ~ .	VIDW. CATHPBELD, SECRETARY	-TOEN	COED				
110	.		or print name and title	- Inca	701 CER	·			
_		<u>, , , , , , , , , , , , , , , , , , , </u>	e preparer's name Preparer's signature		Date	———		PTIN	
Pa			- FF. S. S. Marilo) Date		Check [ıf	
	eparer	1					self-emp	noyeu	
Us	e Only					Firm's			
Mar	v the IP	Firm's ac	dress ► this return with the preparer shown above? (see ins	otructions)		Phone	no		
_				siructions)	• •		<u></u>		es No
For	Paperwo	ork Heduc	tion Act Notice, see the separate instructions.		Cat No	11282Y		Form	990 (2010)



Form 99	90 (2010) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
, 1	Briefly describe the organization's mission: A LABOR UNION FOR THE BETTERMENT AND ADVANCEMENT OF ITS MEMBERS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) ORGANIZED WORKERS FOR THEIR MORAL, ECONOMIC AND SOCIAL ADVANCEMENT, TO THAT END, THE OFFICERS AND BUSINESS REPRESENTATIVES OF THE LOCAL UNION COLLECTIVELY BARGAIN ON BEHALF OF ITS MEMBERS.
4b	(Code) (Expenses \$ Including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$

Part	IV Checklist of Required Schedules			- ago a
			Yes	No
্1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2_		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<i>'</i>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		√
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		√
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		✓_
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		✓

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	00		
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	23		•
	through 24d and complete Schedule K. If "No," go to line 25	24a 24b		
d 25a	to defease any tax-exempt bonds?	24c 24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
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		✓
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>√</u>
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u>√</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u>
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		<u>√</u>
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		✓
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		✓
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓_
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? <i>If "Yes," complete Schedule R</i> ,			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	37	1	▼
			700	

Form **990** (2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
		-	Yes	No
`1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included in line 1a. 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		
2 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 86			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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)?			1
h	If "Yes," enter the name of the foreign country:	4a		V
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	١,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-
	organization solicit any contributions that were not tax deductible?	6a	'	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		,	
	and services provided to the payor?	7a		L
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			İ
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11		
	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:		į	
	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.)		i	
100		400		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	isa		
	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	'	7
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change. O. See instructions.		and	
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u>.</u>	. 🗸
Secti	ion A. Governing Body and Management			T
1a b 2	Enter the number of voting members of the governing body at the end of the tax year. Enter the number of voting members included in line 1a, above, who are independent. 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	Yes	No No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders?	4 5 6	✓ ✓	1
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	✓	
a b 9	The governing body?	8a 8b	√	
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		√
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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 15	Does the organization have a written document retention and destruction policy?	14	:	
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
b	with a taxable entity during the year?	16a 16b		√
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed NONE 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) ava	ilable
19 20	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records	_		olicy,
	organization: ► DAVID CAMPBELL, 1200 E 200TH ST, CARSON CA 90745-3505, 310-522-2277			

_			٠.
Form	990	(201	m

compensated employees; and former such persons.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	it officer, director	, or trustee
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	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 organizations
(1) DAVID CAMPBELL TREASURER	40			1				110,283	0	5,223
(2) JAMES NORRIS PRESIDENT	9			1				9487	0	554
(3) TEODORICO ALBIS SARGEANT-AT-ARMS	1			1				1,739	o	0
(4) LAWRENCE BARRAGAN FIRST VICE-PRESIDENT	1			1				2,771	0	1,586
(5) MARIO LOPEZ RECORDING SECRETARY	1			\				2,108	0	0
(6) SCOTT HARRINGTON EXECUTIVE BOARD	1	✓						486	0	0
(7) MARISSA OSTERMAN EXECUTIVE BOARD	1			✓				4,907	0	1,447
(8) PATRICIA STEVENSON EXECUTIVE BOARD	1	✓						797	0	54
(9) DAVID SIMMONS EXECUTIVE BOARD	3	✓						5,975	0	1,524
(10) HENRY PERRY EXECUTIVE BOARD	1	✓						1,290	0	302
(11) WILLIAM WEBB EXECUTIVE BOARD	3	✓						8,677	0	432
(12) CHARLES HAAKER EXECUTIVE BOARD	1	✓						2,664	0	302
(13) PHILIP BAKER EXECUTIVE BOARD	3	✓						4,685	0	1,245
(14) ROBERT HERNANDEZ EXECUTIVE BOARD	1	✓						0	0	0
(15) LEONARD PATTERSON EXECUTIVE BOARD	1	✓						4,997	0	1,498
(16) JAMES SANCHEZ TRUSTEE	1	✓						4,126	0	0 Form 990 (2010)

Par	VII Section A. Officers, Directors, True	stees, Key	Empl	yee	es, a	and	High	est	Compensated	Employees (cor	ntınued)
	(A)	(B)	•		(0	C)			(D)	(E)	(F)
•	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tri	Institutional trustee	Officer	a Key employee	Highest compensated employee	Pormer Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fror related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
J	LFREDO ESTRADA	3							3,928	(1,222
	ND VICE PRESIDENT				✓			-			<u> </u>
TRUS	AY SISNEROS TEE	1	1						2,653	C	452
(19) S	ANDY HARPER	1							2 272		1 011
EXEC	UTIVE BOARD		1						3,372		1,911
32	ILLIAM HARRIS UTIVE BOARD	1	✓						1,154	(266
J	EORGE GALVAN UTIVE BOARD	1	1						2,263	ď	1,183
(22) G TRUS	WEN GAMPON TEE	1			\				2,884	(12
(23) R	OUDEL COVARRUBIAS				1				2,944	C	738
	ARK KAGAWA		-						0		0
	UTIVE BOARD		✓						,		0
(25)											
(26)											
(27)											
(28)											
1b	Sub-total			l				•	22082	0	5,796
С	Total from continuation sheets to Part	VII, Section	n A					▶	164,992	0	14,167
d									187,074	0	,
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	list	ed a	above	e) wl	ho received mo	ore than \$100,0	00 in
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i> For any individual listed on line 1a, is the organization and related organizations.	Schedule J sum of rep	for su oortat	ich i ole c	<i>indi</i> com	vidi. per	<i>ial</i> Isatio	 n ar		ensation from t	3 ✓ he
	organization and related organizations individual										4 1
5	Did any person listed on line 1a receive o for services rendered to the organization?									ation or individu	Jal 5 √
	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	compensate	ed inc	lepe	ende	ent o	contra	acto	ors that receive	d more than \$1	00,000 of
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
2	Total number of independent contractor	•	_						ose listed abo	ve) who	

Part VIII		Statement of Revenue						
,	_ v , -		_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b		1		+	
9, g	С	Fundraising events	1c		1			
ar a	d	Related organizations .	1d					
S, E	е	Government grants (contributions)	1e			a_n ~,az		
r si	f	All other contributions, gifts, grants,			1 1			
bet E		and similar amounts not included above	1f				1	1
들이	g	Noncash contributions included in lines 1a			1		1	
ရှိ ပိ	h	Total. Add lines 1a-1f			0			İ
e e				Business Code	<u> </u>		==	
le l	2a	MEMBERSHIP DUES		900099	1,286,669		<u> </u>	
Program Service Revenue	b			,,				
<u>.8</u>	С							
ē	d							
E	e			,				
gra	f	All other program service reven			0			
P	g	Total. Add lines 2a-2f		>	1,286,869	-	*** - ~~ ~~ ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	22
	3	Investment income (including	divide	ends, interest,			<u> </u>	
1		and other similar amounts)		•	37,146			
1	4	Income from investment of tax-exe	mpt bo	ond proceeds ►				
	5	Royalties		▶				
		(i) Rea	l l	(ii) Personal				
	6a	Gross Rents			1			
-	b	Less rental expenses			1			
J	С	Rental income or (loss)]			1
- 1	d	Net rental income or (loss)		>				
	7a	Gross amount from sales of (i) Securi	ties	(II) Other				
		assets other than inventory 4,33	34,523]			
	b	Less cost or other basis]			
		and sales expenses . 4,23	30,387					
1	С		5,483					
	d	Net gain or (loss)		<u> ▶</u>	55,483			
0	_							
evenue	8a	Gross income from fundraising			1			
e e		events (not including \$						
∝		of contributions reported on line 1	, ,					
Other	_	See Part IV, line 18						
δ		Less. direct expenses .	. b[
1		Net income or (loss) from fundra	~ .	events . ►				
ļ	9a	Gross income from gaming activ See Part IV, line 19						
1					1			
		Less: direct expenses Net income or (loss) from gamin		ution	 			
		Gross sales of inventory,		villes				
	IVa	returns and allowances						
	h	Less cost of goods sold						
	b	Net income or (loss) from sales		entory ▶				
-	<u> </u>	Miscellaneous Revenue	JVE	Business Code	_			1
}	11a			900099	49,735	-		
- 1		UNREALIZED LOSS	}	900099	(3,206)			
		FEES COLLECTED FROM MEMB	FRS	900099	94			
	ď	All other revenue	L	900099	5,294			
	e	Total. Add lines 11a-11d	L		51,917			
	12	Total revenue. See instructions			1,431,415			

Carrol 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).

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	63,038			
2	Grants and other assistance to individuals in	00,000	· · · · · ·		
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,			<u> </u>	
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	200,459	;		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	487,361			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20.050			
9	Other employee benefits	26,650 71,861			~~
10	Payroll taxes	71,460			
11	Fees for services (non-employees)	71,400		.,,,,	
a	Management	o			
b	Legal	78,233		7-13-7	
С	Accounting	28,773			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,340			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	245,641			
14	Information technology	0			
15 16	Royalties	42,059			
17	Travel	2,662			
18	Payments of travel or entertainment expenses	2,002			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	13,080			
20	Interest	7.			
21	Payments to affiliates				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				}
	above (List miscellaneous expenses in line 24f. If	1			j
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	PER CAPITA	65,677			
b	FEE & DUES	7,709			
C		.,,,,,,,		-	
d					
е				· · · · · ·	
f	All other expenses	45,214			
25	Total functional expenses. Add lines 1 through 24f	1,459,217			
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				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	200	1	200
	2	Savings and temporary cash investments	716,300	2	229,346
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and nighest compensated employees. Complete Part II of Schedule L	0	5	0
s	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,247,05	51		
	b	Less: accumulated depreciation 10b 711,52		10c	535,526
	11	Investments—publicly traded securities	873,806	11	1,282,427
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investmentsprogram-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,136,237	16	2,047,499
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Lis		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	3,799	25	3,753
	26	Total liabilities. Add lines 17 through 25	3,799	26	3,753
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	2,132,438	27	2,043,746
3al	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
or Fund Balanc		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	
Şe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets	33	Total net assets or fund balances	2,136,237	33	2,047,499
	34	Total liabilities and net assets/fund balances	2,132,438	34	2,043,746
		· · · · · · · · · · · · · · · · · · ·			Form 990 (2010)

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Form	990	1201	()

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Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			7
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,431,415
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,459,217
3	Revenue less expenses. Subtract line 2 from line 1	3		(27802)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,136,237
5	Other changes in net assets or fund balances (explain in Schedule O)	5		(60,936)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,047,499
Part		0		2,047,495
	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: Cash Accrual Other MODIFIED If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	√
b	Were the organization's financial statements audited by an independent accountant?		2b	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account	_		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ın		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearssued on a separate basis, consolidated basis, or both:	ar were	,	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			4
За	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	JOITS	3b	
			Forr	n 990 (2010