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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

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

C Name of organization BCTGM LOCAL UNION 167G

Doing Business As

Number and street (or P O box if mail is not delivered to street addr) 100 N 3RD ST

Room/suite 50

City, town or country GRAND FORKS

State ND ZIP code + 4 58203-3740

D Employer Identification Number 16-1769058

E Telephone number (218) 779-6841

G Gross receipts $ 1,230,920.

F Name and address of principal officer JOHN RISKEY 100 N 3RD ST GRAND FORKS ND 58203

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If 'No,' attach a list (see instructions)

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (5) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation 2006

M State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities. UNION ACTIVITIES THESE INCLUDE IMPROVING CONDITIONS, PROTECT AND SERVE INTEREST AND WELFARE, PROCURE A FAIR DAY'S PAY FOR A FAIR DAY'S WORK, SAFEGUARD THE RIGHTS OF MEMBERS, AND TO ESTABLISH AND ADMINISTER COLLECIVE BARGAINING WITH EMPLOYERS

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	387,303.	1,186,275.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	942.	568.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,258.	27,172.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	407,503.	1,214,015.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		671,609.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	105,651.	199,317.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	272,351.	309,987.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	378,002.	1,180,913.
19	Revenue less expenses Subtract line 18 from line 12	29,501.	33,102.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	248,554.	281,755.
21	Total liabilities (Part X, line 26)	634.	733.
22	Net assets or fund balances Subtract line 21 from line 20	247,920.	281,022.

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Part II Signature Block

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

Sign Here

► X [signature] Signature of officer — X 5/11/12 Date

► JOHN RISKEY Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed / PTIN
PAULA ROCKSTAD, CPA	Paula Rockstad CPA	05/10/12	P00264081

Firm's name ► OVERMOE & NELSON, LTD.

Firm's address ► 200 1st Ave N Ste 20 GRAND FORKS ND 58203

Firm's EIN ► 45-0399012

Phone no (701) 746-0437

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III 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

UNION ACTIVITIES
THESE INCLUDE IMPROVING CONDITIONS, PROTECT AND SERVE INTEREST AND
See Form 990, Page 2, Part III, Line 1 (continued)

2 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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 1,144,937. including grants of $ 671,609.) (Revenue $ 1,214,015.)

UNION ACTIVITIES
THESE INCLUDE IMPROVING CONDITIONS, PROTECT AND SERVE INTEREST AND
WELFARE, PROCURE A FAIR DAY'S PAY FOR A FAIR DAY'S WORK, SAFEGUARD
THE RIGHTS OF MEMBERS, AND TO ESTABLISH AND ADMINISTER COLLECIVE BARGAINING WITH EMPLOYERS

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 $ _____)

4e Total program service expenses ► 1,144,937.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
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		X
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	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
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		X
c	Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
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		X
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		X
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		X
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		X
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		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV 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	X	
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	X	
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		X
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, and 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**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*	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27	X	
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	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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*	35b		X
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		X
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	38	X	

Part V 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 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	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 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		X
b	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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	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 organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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		X
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		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.**			
a	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			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter.			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
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 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	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.			
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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a		X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers of key employees of the organization	15b		X
	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		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	16b		

Section C. Disclosure

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)s only) available for public inspection Indicate how you make these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

►JOHN RISKEY 100 N 3RD ST STE 50 GRAND FORKS ND 58203 (701) 520-0459

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of 'key employee '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN RISKEY PRESIDENT	40.00			X				61,881.	0.	11,912.
(2) LISA CHRISTENSEN VICE PRESIDENT	1.00			X				900.	0.	3,591.
(3) BRENT RISKEY RECORDING SECRETARY	1.00			X				150.	0.	53.
(4) EARL COLLISON VICE PRESIDENT	1.00			X				900.	0.	5,962.
(5) CHAD BOUSHEE SECRETARY/TREASURER	1.00			X				2,400.	0.	7,497.
(6) SHANE SWEENEY VICE PRESIDENT	1.00			X				1,800.	0.	5,719.
(7) KEVIN JERIK VICE PRESIDENT	1.00			X				900.	0.	2,158.
(8) DANIEL PELTIER TRUSTEE	1.00	X						0.	0.	998.
(9) GREG ROCKSTAD TRUSTEE	1.00	X						0.	0.	281.
(10) MIKE KINN RECORDING SECRETARY	1.00			X				600.	0.	1,666.
(11) ROSS PERRIN RECORDING SECRETARY	1.00			X				600.	0.	9,983.
(12) CHARLES HUGHES RECORDING SECRETARY	1.00			X				600.	0.	7,133.
(13) TOM SPIEKER VICE PRESIDENT	1.00			X				900.	0.	1,284.
(14) BRAD NELSON VICE PRESIDENT	1.00			X				900.	0.	12,009.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DAVID POKRYWINSKI RECORDING SECRETARY	1.00			X				600.	0.	3,218.
(16) JERRY RAVIALA RECORDING SECRETARY	1.00			X				600.	0.	2,564.
(17) KEIL RASMUSON RECORDING SECRETARY	1.00			X				400.	0.	877.
(18) DARREL CONNELLY TRUSTEE	1.00	X						0.	0.	581.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ►								74,131.	0.	77,486.
c Total from continuation sheets to Part VII, Section A ►										
d Total (add lines 1b and 1c) ►								74,131.	0.	77,486.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ►

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ►

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b	356,585.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	829,690.			
	g Noncash contributions included in lns 1a-1f $					
	h **Total.** Add lines 1a-1f		1,186,275.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		568.	568.	0.	0.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 13,570.				
	b Less. direct expenses	b 6,630.				
	c Net income or (loss) from fundraising events		6,940.		0.	6,940.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a 24,624.				
	b Less cost of goods sold	b 10,275.				
	c Net income or (loss) from sales of inventory		14,349.	14,349.	0.	0.
	Miscellaneous Revenue	Business Code				
	11a REIMBURSEMENTS	900099	5,883.	5,883.	0.	0.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		5,883.			
	12 **Total revenue.** See instructions		1,214,015.	20,800.	0.	6,940.

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)

Check if Schedule O contains a response to any question in this Part IX . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	183,126.	183,126.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	488,483.	488,483.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	151,617.	136,455.	15,162.	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	27,782.	27,782.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	14,083.	12,674.	1,409.	
9 Other employee benefits				
10 Payroll taxes	5,835.	5,252.	583.	
11 Fees for services (non-employees).				
a Management				
b Legal	42,380.	42,380.		
c Accounting	3,340.		3,340.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	210.	210.		
12 Advertising and promotion	14,512.	13,512.	1,000.	
13 Office expenses	7,793.	7,044.	749.	
14 Information technology	736.		736.	
15 Royalties				
16 Occupancy	9,779.	3,407.	6,372.	
17 Travel	1,380.	1,129.	251.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,118.	11,183.	1,935.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	49.		49.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a GOOD & WELFARE				
b REIMBURSED EXPENSES				
c NEGOTIATIONS	6,905.	6,905.		
d ACTIONS FUND	25,000.	25,000.		
e All other expenses	184,785.	180,395.	4,390.	
25 Total functional expenses. Add lines 1 through 24e	1,180,913.	1,144,937.	35,976.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing	180,665.	1	210,046.
	2	Savings and temporary cash investments	52,824.	2	53,103.
	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	
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,035.	8	3,778.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D — 10a: 14,828.			
	b	Less accumulated depreciation — 10b:	12,030.	10c	14,828.
	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)	248,554.	16	281,755.
LIABILITIES	17	Accounts payable and accrued expenses	634.	17	733.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 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	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	634.	26	733.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	247,920.	27	281,022.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	247,920.	33	281,022.
	34	Total liabilities and net assets/fund balances	248,554.	34	281,755.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,214,015.
2	Total expenses (must equal Part IX, column (A), line 25) .	2	1,180,913.
3	Revenue less expenses Subtract line 2 from line 1 .	3	33,102.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	247,920.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	281,022.

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 ☒ Cash ☐ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	3b		

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public 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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III.

Name of organization	Employer identification number
BCTGM LOCAL UNION 167G	16-1769058

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ► $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) , except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

	(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)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is
Not over $500,000	20% of the amount 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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
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?			
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 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).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		X
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2	X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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; Part II-A, and Part II-B, line 1 Also, complete this part for any additional information

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

BCTGM LOCAL UNION 167G

Employer identification number

16-1769058

Part I 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)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 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

	Held at the End of the Tax Year
a Total number of conservation easements — 2a	
b Total acreage restricted by conservation easements — 2b	
c Number of conservation easements on a certified historic structure included in (a) — 2c	
d 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 tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 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)? ☐ Yes ☐ No

9 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.

1 a 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:

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 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:

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations — 3a(i)		
(ii) related organizations — 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? — 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	14,828.			14,828.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	14,828.

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 valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►		

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

BCTGM LOCAL UNION 167G

Employer identification number

16-1769058

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BCTGM LOCAL 372G 2975 280TH AVE ADA MN 56510	45-0331316		101,926.				LOCKOUT RELIEF
(2) BCTGM 10401 CONNECTICUT AVE KENSINGTON MD 20895	53-0231138		81,200.				RETURN OF FUNDS
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ► 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BCTGM LOCAL UNION 167G

Employer identification number
16-1769058

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total			► $							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1) EARL COLLISON	OFFICER	200. LOCKOUT DONATION
(2) CHUCK HUGHES	OFFICER	200. LOCKOUT DONATION
(3) BRAD NELSON	OFFICER	1,900. LOCKOUT DONATION
(4) ROSS PERRIN	OFFICER	200. LOCKOUT DONATION
(5) TOM SPIEKER	OFFICER	200. LOCKOUT DONATION
(6) DAVID POKRYWINSKI	OFFICER	1,900. LOCKOUT DONATION
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

BCTGM LOCAL UNION 167G

Employer identification number

16-1769058

Pt VI, Line 6 THE ORGANIZATION HAS 1113 MEMBERS

Pt VI, Line 7a THE MEMBERS ELECT THE GOVERNING BODY THROUGH MAIL-IN BALLOT.

Pt VI, Line 7b MEMBERSHIP APPROVAL IS OBTAINED AT THE GENERAL MEMBERSHIP MEETINGS HELD SEMI-ANNUALLLY.

Pt VI, Line 11a THE 990 IS REVEIWED AT E-BOARD AND GENERAL MEMBERSHIP MEETINGS.

Pt VI, Line 15 THE PRESIDENT'S SALARY IS SET PER THE BYLAWS.

Pt VI, Line 19 RECORDS ARE AVAILABLE FOR REVIEW ON SITE DURING BUSINESS HOURS.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:
WELFARE, PROCURE A FAIR DAY'S PAY FOR A FAIR DAY'S WORK, SAFEGUARD THE RIGHTS OF MEMBERS, AND TO ESTABLISH AND ADMINISTER COLLECIVE BARGAINING WITH EMPLOYERS

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DUES AND SUBSCRIPTIONS	9,100.	9,100.		
MISCELLANEOUS	338.		338.	
PRINTING	3,659.	3,161.	498.	
SUPPLIES	569.	300.	269.	
TELEPHON	4,098.	1,059.	3,039.	
EQUIPMENT RENTAL	241.		241.	
LOCKOUT EXPENSE	28,991.	28,991.		
BANK FEES	5.		5.	
PER CAPITA	137,784.	137,784.		

FINAL

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

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH $250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

FormApproved
Office of Management and Budget
No 1245-0003
Expires 10-31-2013

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	1 FILE NUMBER	2. PERIOD COVERED	3 (a) AMENDED - If this is an amended report, check here. ☐ (b) HARDSHIP - If filing under the hardship procedures, check here ☐ (c) TERMINAL - If this is a terminal report, check here ☐
E	543-522	MO DAY YEAR From 01/01/2011 Through 12/31/2011	

4 AFFILIATION OR ORGANIZATION NAME	
BAKERY, TOBACCO & GRAIN AFL-CIO	
5 DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER
LOCAL UNION	167
7 UNIT NAME (if any)	

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69) Yes [X] No [ ]

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

First Name	Last Name
JOHN	RISKEY

P O. Box - Building and Room Number

Number and Street: 100 N 3RD ST STE 50

City: GRAND FORKS

State	ZIP Code + 4
ND	58203

69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

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

70 SIGNED _____ PRESIDENT

Date _____ Telephone Number _____ (If other title, see instructions)

71 SIGNED _____ TREASURER

Date _____ Telephone Number _____ (If other title, see instructions)

FILE NUMBER 543-522

COMPLETE ITEMS 10 THROUGH 21

10 During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes [ ] No [X]

11(a). During the reporting period did the labor organization have a political action committee (PAC) fund? Yes [ ] No [X]

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions? Yes [ ] No [X]

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

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

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds? 100,000

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes [ ] No [X]

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes [ ] No [X]

17. Did the labor organization have any contingent liabilities at the end of the reporting period? Yes [ ] No [X]

18. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions? Yes [ ] No [X]

19. What is the date of the labor organization's next regular election of officers? 06/2012

20. How many members did the labor organization have at the end of the reporting period? (Total from Line 8 of Schedule 13) 1,113

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

Rates of Dues and Fees

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	31.00	per	month	27.5	31.00
(b) Working Dues/Fees		per			
(c) Initiation Fees	45.00	per		10.00	45.00
(d) Transfer Fees		per			
(e) Work Permits		per			

If the answer to any of the above questions is "Yes," provide details in Item 69 (Additional Information) as explained in the instructions for each item.

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 543-522

Complete Schedules 1 Through 20 Before Completing Statement A

Assets

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash		$233,489	$263,149
23. Accounts Receivable	1	$133	$0
24. Loans Receivable	2		$0
25. U.S. Treasury Securities		$0	$0
26. Investments	5		
27. Fixed Assets	6	$12,030	$14,828
28. Other Assets	7	$3,035	$3,778
29. TOTAL ASSETS		$248,687	$281,755

Liabilities

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8	$87	
31. Loans Payable	9	$0	
32. Mortgages Payable		$0	$0
33. Other Liabilities	10	$634	$733
34. TOTAL LIABILITIES		$721	$733

35. NET ASSETS (Item 29 Less Item 34)	$247,966	$281,022

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER 543-522

Complete Schedules 1 Through 20 Before Completing Statement B

Item	CASH RECEIPTS	SCH #	AMOUNT
36.	Dues and Agency Fees		$356,585
37.	Per Capita Tax		$0
38.	Fees, Fines, Assessments, Work Permits		$0
39.	Sale of Supplies		$10,967
40.	Interest		$568
41.	Dividends		$0
42.	Rents		$0
43.	Sale of Investments and Fixed Assets	3	$0
44.	Loans Obtained	9	
45.	Repayments of Loans Made	2	$0
46.	On Behalf of Affiliates for Transmittal to Them		$0
47	From Members for Disbursement on Their Behalf		$0
48.	Other Receipts	14	$862,770
49.	TOTAL RECEIPTS		$1,230,890

Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50.	Representational Activities	15	$315,288
51.	Political Activities and Lobbying	16	$0
52.	Contributions, Gifts, and Grants	17	$671,609
53.	General Overhead	18	$9,707
54.	Union Administration	19	$33,881
55.	Benefits	20	$14,082
56.	Per Capita Tax		$137,784
57.	Strike Benefits		$0
58.	Fees, Fines, Assessments, etc.		$0
59.	Supplies for Resale		$10,979
60	Purchase of Investments and Fixed Assets	4	$2,797
61.	Loans Made	2	$0
62.	Repayment of Loans Obtained	9	
63.	To Affiliates of Funds Collected on Their Behalf		$0
64.	On Behalf of Individual Members		$0
65.	Direct Taxes		$5,836
66.	Subtotal		$1,201,963
67.	Withholding Taxes and Payroll Deductions		
67a	Total Withheld $8,473		
67b.	Less Total Disbursed $7,740		
67c.	Total Withheld But Not Disbursed		$733
68.	TOTAL DISBURSEMENTS (Line 66-Line 67c)		$1,201,230

SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER 543-522

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. Totals of Lines 1 through 11				
13. Totals from all other accounts receivable				
14. Totals of Lines 12 and 13 (Total from Line 14,Total of Column(B) will be automatically entered in Item 23, Column (B).)				

SCHEDULE 2 - LOANS RECEIVABLE

FILE NUMBER 543-522

List below loans to officers, employees, or members which at any time during the reporting period exceeded $250 and list all loans to business enterprises regardless of amount (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1 Name _____ Purpose _____ Security Purpose _____ Terms of Repayment _____					
2 Name _____ Purpose _____ Security Purpose _____ Terms of Repayment _____					
3 Name _____ Purpose _____ Security Purpose _____ Terms of Repayment _____					
4 Total of loans not listed above					
5 Total of all lines 1 through 4					
Totals from Line 5 will be automatically entered in	Item 24 Column (A)	Item 61	Item 45	Item 69 with Explanation	Item 24 Column (B)

FILE NUMBER

SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
			Less Reinvestments	
			Net Sales	**$0**

(The total from Line will be automatically entered in Item 43)

SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER 543-522

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Computer Equipment	$2,412	$2,412	$2,412
2. Outdoor Furniture	$385	$385	$385
3. Totals of Lines 1 through 2	$2,797	$2,797	$2,797
		4 Less Reinvestments	
		5 Net Purchases	**$2,797**

(The Total from Line 5 will be automatically entered in Item 60)

SCHEDULE 5 - INVESTMENTS

FILE NUMBER 543-522

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Book Value	
3. List each marketable security which has a book value over $5,000 and exceeds 5% of Line 2.	
Other Investments	
4. Total Cost	
5 Book Value	
6. List each marketable security which has a book value over $5,000 and exceeds 5% of Line 2	
7. Total of Lines 2 and 5 (The total from Line 7 will be automatically entered in Item 26, Column(B).)	

SCHEDULE 6 - FIXED ASSETS

FILE NUMBER. 543-522

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
1. Automobiles and Other Vehicles				
2. Office Furniture and Equipment	$14,828	$0	$14,828	$14,828
3. Other Fixed Assets				
4. Totals of Lines 1 through 3 (The Total from Line 4, Column(D) will be automatically entered in Item 27, Column(B))	$14,828	$0	$14,828	$14,828

SCHEDULE 7 - OTHER ASSETS

FILE NUMBER 543-522

Description (A)	Book Value (B)
1. Inventory	$3,778
2. Total of Lines 1 through **1** (The Total from Line 2 will be automatically entered in Item 28, Column(B))	$3,778

SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

FILE NUMBER: 543-522

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. Totals of Lines 1 through 11				
13. Totals from all other accounts payable				
14. Totals of Lines 12 and 13 (Line 14,Column(B) will be automatically entered in Item 30, Column (D))				

SCHEDULE 9 - LOANS PAYABLE

FILE NUMBER

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
. Total of Lines 1 through					

The Totals from Line will be automatically entered in	Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)

SCHEDULE 10 - OTHER LIABILITIES

FILE NUMBER 543-522

Description (A)	Amount at End of Period (B)
1. PAYROLL LIABILITIES	$733
2. Total of Lines 1 through 1 (The Total from Line 2 will be automatically entered in Item 33, Column (D))	$733

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 543-522

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1	A First Name: JOHN Middle Initial: G Last Name: RISKEY	PRESIDENT	C	$61,881		$11,912		$73,793
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
2	A First Name: CHAD Middle Initial: Last Name: BOUSHEE	SECRETARY/TREASURER	C	$7,771		$2,126		$9,897
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
3	A First Name: LISA Middle Initial: Last Name: CHRISTENSEN	VICE PRESIDENT	C	$3,840		$651		$4,491
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
4	A First Name: EARL Middle Initial: Last Name: COLLISON	VICE PRESIDENT	C	$5,924		$738	$200	$6,862
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
5	A First Name: KEVIN Middle Initial: Last Name: JERIK	VICE PRESIDENT	C	$2,105		$953		$3,058
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
6	A First Name: BRAD Middle Initial: Last Name: NELSON	VICE PRESIDENT	C	$5,402		$5,607	$1,900	$12,909
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER 543-522

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
7	A First Name: TOM Middle Initial: Last Name: SPIEKER	VICE PRESIDENT	C	$1,984			$200	$2,184
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
8	A First Name: SHANE Middle Initial: Last Name: SWEENEY	VICE PRESIDENT	C	$5,988		$1,531		$7,519
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
9	A First Name: CHARLES Middle Initial: Last Name: HUGHES	RECORDING SECRETARY	C	$5,726		$1,806	$200	$7,732
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
10	A First Name: MIKE Middle Initial: Last Name: KINN	RECORDING SECRETARY	C	$1,894		$372		$2,266
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
11	A First Name: DAVID Middle Initial: Last Name: POKRYWINSKI	RECORDING SECRETARY	C	$1,249		$669	$1,900	$3,818
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
12	A First Name: JEROME Middle Initial: Last Name: RAIVALA	RECORDING SECREARY	C	$2,519		$645		$3,164
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 543-522

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
13	A First Name: BRENT Middle Initial: Last Name: RISKEY	RECORDING SECRETARY	C	$203				$203
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
14	A First Name: DANIEL Middle Initial: Last Name: PELLETIER	TRUSTEE	C	$212		$786		$998
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
15	A First Name: GREG Middle Initial: Last Name: ROCKSTAD	TRUSTEE	C	$281				$281
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
16	A First Name: KEIL Middle Initial: Last Name: RASMUSON	RECORDING SECRETARY	N	$905		$372		$1,277
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
17	A First Name: DARREL Middle Initial: Last Name: CONNELLY	TRUSTEE	N	$209		$372		$581
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		
18	A First Name: ROSS Middle Initial: Last Name: PERRIN	RECORDING SECRETARY	C	$5,106		$5,276	$200	$10,582
	I	Schedule 15 Representational Activities: 90%	Schedule 16 Political Activities and Lobbying:	Schedule 17 Contributions:	Schedule 18 General Overhead:	Schedule 19 Administration: 10%		

TOTAL OF LINES 1-18	$113,199	$0	$33,816	$4,600	$151,615
LESS DEDUCTIONS					
NET DISBURSEMENTS					$151,615

SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER 543-522

	(A) Name	(B) Title	(C) Other Payee	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
1	A First Name Middle Initial Last Name							$0
	I Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration	
2	A First Name Middle Initial Last Name							$0
	I Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration	
3	A First Name Middle Initial Last Name							$0
	I Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration	
4. TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING $10,000 OR LESS				27,782				$27,782
	I Schedule 15 Representational Activities	90	Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration	10

TOTAL OF LINES 1-4.	27,782.00	$0	$0	$0	$27,782
LESS DEDUCTIONS					
NET DISBURSEMENTS					$27,782

SCHEDULE 13 - MEMBERSHIP STATUS

FILE NUMBER 543-522

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1. REGULAR ACTIVE MEMBERS	1,113	Yes [X]
2. Members (Total of Lines 1 through 1, Enter the Total from Line 2 in Item 20.)	1,113	
3. Agency Fee Payers*	$0	
Total Members/Fee Payers (Total of Lines 2 and 3)	1,113	
*Agency Fee Payers are not considered members of the labor organization		

DETAILED SUMMARY PAGE - SCHEDULES 14 THROUGH 19

FILE NUMBER 543-522

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 14
OTHER RECEIPTS

1. Named Payer Itemized Receipts	$686,256
2 Named Payer Non-itemized Receipts	$22,149
3. All Other Receipts	$154,365
4 Total Receipts *(add Lines 1 through 3)*	$862,770

ITEM 48

SCHEDULE 15
REPRESENTATIONAL ACTIVITIES

1. Named Payee Itemized Disbursements	$42,796
2 Named Payee Non-itemized Disbursements	$37,604
3 To Officers	$136,454
4. To Employees	$25,004
5 All Other Disbursements	$73,430
6 Total Disbursements *(add Lines 1 through 5)*	$315,288

ITEM 50

SCHEDULE 16
POLITICAL ACTIVITIES AND LOBBYING

1. Named Payee Itemized Disbursements	$0
2 Named Payee Non-itemized Disbursements	$0
3. To Officers	$0
4 To Employees	$0
5 All Other Disbursements	
6 Total Disbursements *(add Lines 1 through 5)*	$0

ITEM 51

SCHEDULE 17
CONTRIBUTIONS, GIFTS,AND GRANTS

1. Named Payee Itemized Disbursements	$182,431
2 Named Payee Non-itemized Disbursements	$13,799
3 To Officers	$0
4 To Employees	$0
5. All Other Disbursements	$475,379
6 Total Disbursements *(add Lines 1 through 5)*	$671,609

ITEM 52

SCHEDULE 18
GENERAL OVERHEAD

1 Named Payee Itemized Disbursements	$0
2. Named Payee Non-itemized Disbursements	$6,300
3 To Officers	$0
4 To Employees	$0
5 All Other Disbursements	$3,407
6 Total Disbursements *(add Lines 1 through 5)*	$9,707

ITEM 53

SCHEDULE 19
UNION ADMINISTRATION

1 Named Payee Itemized Disbursements	$0
2 Named Payee Non-itemized Disbursements	$0
3. To Officers	$15,161
4 To Employees	$2,778
5. All Other Disbursements	$15,942
6 Total Disbursements *(add Lines 1 through 5)*	$33,881

ITEM 54

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name AFSCME LOCAL 56 P O Box Street 1390 190TH AVE NW City COON RAPIDS State MN Zip Code 55433	HARDSHIP FUND	12/23/11	$5,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$5,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$5,000

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name AMALGAMATED TRANSIT UNION P O. Box Street City MINNEAPOLIS State MN Zip Code	HARDSHIP FUND	08/26/11	$5,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$5,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$5,000

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name BCTGM 284G P O. Box Street 1215 GOLDENROD DR City NAMPA State ID Zip Code 83686	HARDSHIP FUND	11/28/11	$7,500
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$7,500
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$7,500

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name BCTGM 285G P O Box Street City SIDNEY State MT Zip Code	HARDSHIP FUND	10/03/11	$5,000
	HARDSHIP FUND	10/03/11	$5,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$10,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$10,000

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name BCTGM LCCAL 300 P O Box Street 4376 ARCHER AVE City CHICAGO State IL Zip Code 60632	HARDSHIP FUND	11/04/11	$5,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$5,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$5,000

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name BCTGM P.O Box Street 10401 CONNECTICUT AVENEU City KENSINGTON State MD Zip Code 20895	LOCK OUT RELIEF	08/12/11	$57,400
	LOCK OUT RELIEF	08/19/11	$57,400
	LOCK OUT RELIEF	08/29/11	$57,400
	LOCK OUT RELIEF	08/31/11	$14,400
	LOCK OUT RELIEF	09/12/11	$14,400
	LOCK OUT RELIEF	09/14/11	$14,400
(B) Type or Classification	LOCK OUT RELIEF	09/26/11	$14,400
UNION	LOCK OUT RELIEF	09/28/11	$14,400
	LOCK OUT RELIEF	10/03/11	$50,000
	LOCK OUT RELIEF	11/08/11	$50,000
	LOCK OUT RELIEF	10/06/11	$14,400
	LOCK OUT RELIEF	10/12/11	$12,400
	LOCK OUT RELIEF	10/18/11	$12,400
	LOCK OUT RELIEF	11/04/11	$12,400
	LOCK OUT RELIEF	11/04/11	$13,000

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name BCTGM P O. Box Street 10401 CONNECTICUT AVENEU City KENSINGTON State MD Zip Code 20895	LOCK OUT RELIEF	11/18/11	$24,800
	LOCK OUT RELIEF	11/30/11	$24,800
	LOCK OUT RELIEF	12/10/11	$12,400
	LOCK OUT RELIEF	12/20/11	$24,800
	LOCK OUT RELIEF	12/21/11	$16,200
	LOCK OUT RELIEF	12/21/11	$13,100
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$524,900
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$524,900

FILE NUMBER: 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name BOILERMAKERS LOCAL 647 P.O. Box Street 9459 NW HWY 10 STE 105 City RAMSEY State MN Zip Code 55373	HARDSHIP FUND	11/04/11	$5,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$5,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$5,000

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name CONSTRUCTION & GENERAL LABORERS LOCAL 563 P.O. Box Street 901 14TH AVE NE City MINNEAPOLIS State MN Zip Code 55413	HARDSHIP FUND	09/26/11	$5,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$5,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$5,000

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name IBEW 1426 P O. Box Street 1714 N WASHINGTON ST City GRAND FORKS State ND Zip Code 58203	HARDSHIP FUIND	10/03/11	$5,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$5,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$5,000

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name IBEW LOCAL 714 P O. Box PO BOX 1906 Street City MINOT State ND Zip Code 58702	HARDSHIP FUND	11/18/11	$5,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$5,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$5,000

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name MN AFL-CIO P.O. Box Street 175 AURORA AVENUE City ST PAUL State MN Zip Code 55103	HARDSHIP FUND	08/29/11	$21,285
	HARDSHIP FUND	09/14/11	$19,475
	HARDSHIP FUND	09/26/11	$5,600
	HARDSHIP FUND	10/03/11	$23,191
	HARDSHIP FUND	12/22/11	$14,305
(B) Type or Classification UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$83,856
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		$22,149
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$106,005

FILE NUMBER 543-522

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name UNITED STEEL WORKERS LOCAL 560 P O Box PO BOX 157 Street City GWINNER State ND Zip Code 58040	HARDSHIP FUND	08/12/11	$5,000
	HARDSHIP FUND	09/26/11	$10,000
	HARDSHIP FUND	11/26/11	$10,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$25,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$25,000

SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

FILE NUMBER 543-522

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name KEN LOEFFLER-KEMP			
P.O Box			
Street			
City DULUTH			
State MN			
Zip Code			
(B) Type or Classification	(F) Total of All Itemized Transactions with this Payee/Payer		
CAMPAIGN ORGANIZER	(G) Total of All Non-Itemized Transactions with this Payee/Payer		$5,100
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$5,100

FILE NUMBER 543-522

SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name MN AFL-CIO P O Box Street 175 AURORA AVE City ST PAUL State MN Zip Code 55103	ACTIONS FUND	11/04/11	$25,000
(B) Type or Classification			
UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$25,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$25,000

FILE NUMBER 543-522

SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name NANCY D POWERS P.O Box Street 2751 HENNEPIN AVE S City MINNEAPOLIS State MN Zip Code 55408	ARBITRATION	01/24/11	$5,793
(B) Type or Classification			
ARBITRATION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$5,793
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		$4,475
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$10,268

SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

FILE NUMBER 543-522

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name RADIO FARGO MOORHEAD P O Box PO BOX 10097 Street City FARGO State ND Zip Code 58106			
(B) Type or Classification	(F) Total of All Itemized Transactions with this Payee/Payer		
ADVERTISING	(G) Total of All Non-Itemized Transactions with this Payee/Payer		$7,110
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$7,110

FILE NUMBER 543-522

SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name SOLBERG, STEWART, MILLE & TJON P O. Box Street 1123 5TH AVE S City FARGO State ND Zip Code 58107	LEGAL REPRESENTATION	10/27/11	$12,003
(B) Type or Classification			
LEGAL COUNSEL			
	(F) Total of All Itemized Transactions with this Payee/Payer		$12,003
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		$13,984
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$25,987

SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

FILE NUMBER 543-522

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name SUPER HIGHWAY TOURS P O Box PO BOX 284 Street City THIEF RIVER FALLS State MN Zip Code 56701			
(B) Type or Classification	(F) Total of All Itemized Transactions with this Payee/Payer		
RALLY TRANSPORTATION	(G) Total of All Non-Itemized Transactions with this Payee/Payer		$6,935
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$6,935

SCHEDULE - 16 - POLITICAL ACTIVITIES AND LOBBYING

FILE NUMBER

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name P O. Box Street City State Zip Code			
(B) Type or Classification			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

SCHEDULE 17 - CONTRIBUTIONS, GIFTS & GRANTS

FILE NUMBER 543-522

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name BCTGM LOCAL 372G P O. Box Street 2975 280TH AVE City ADA State MN Zip Code 56510	LOCK OUT RELIEF	10/03/11	$33,666
	LOCK OUT RELIEF	10/31/11	$13,250
	LOCK OUT RELIEF	11/04/11	$21,000
	LOCK OUT RELIEF	12/10/11	$33,600
(B) Type or Classification			
~~DONATION FOR LOCKED OUT WORKER~~S UNION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$101,516
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		$410
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$101,926

SCHEDULE 17 - CONTRIBUTIONS, GIFTS & GRANTS

FILE NUMBER 543-522

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name BCTGM P.O Box Street 10401 CONNECTICUT AVENUE City KENSINGTON State MD Zip Code 20895	RETURNED FUNDS	08/19/11	$12,400
	RETURNED FUNDS	08/29/11	$9,400
	RETURNED FUNDS	08/31/11	$46,800
(B) Type or Classification			
UNION	(F) Total of All Itemized Transactions with this Payee/Payer		$68,600
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		$12,600
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$81,200

SCHEDULE 17 - CONTRIBUTIONS, GIFTS & GRANTS

FILE NUMBER 543-522

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name HUGOS P O Box Street 306 14TH ST NE City EAST GRAND FORKS State ND Zip Code 56721	FOOD DONATION	11/21/11	$7,315
(B) Type or Classification			
GROCERY STORE			
	(F) Total of All Itemized Transactions with this Payee/Payer		$7,315
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		$789
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$8,104

SCHEDULE 17 - CONTRIBUTIONS, GIFTS & GRANTS

FILE NUMBER 543-522

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name STATE BANK P.O. Box Street 1333 8TH ST S City MOORHEAD State MN Zip Code 56560	LOCK OUT RELIEF	12/19/11	$5,000
(B) Type or Classification			
BANK - FOR CONTRIBUTION DISTRIBUTION			
	(F) Total of All Itemized Transactions with this Payee/Payer		$5,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		$5,000

SCHEDULE 18 - GENERAL OVERHEAD

FILE NUMBER 543-522

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name LTD PROPERTIES P O Box Street 100 N 3RD ST City GRAND FORKS State ND Zip Code 58203			
(B) Type or Classification			
LESSOR	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		6,300
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		6,300

SCHEDULE 19 - UNION ADMINISTRATION

FILE NUMBER

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name P.O. Box Street City State Zip Code			
(B) Type or Classification			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

SCHEDULE 20 - BENEFITS

FILE NUMBER 543-522

Description (A)	To Whom Paid (B)	Amount (C)
1. MEDICAL REIMBURSEMENT	UNION MEMBER	$3,561
2. LIFE INSURANCE	MINNESOTA LIFE INSURANCE	$749
3. HEALTH INSURANCE	BLUE CROSS BLUE SHEILD	$9,528
4. WORKERS COMPENSATION	SOCIETY INSURANCE	$244
5. Total of Lines 1 through 4 (The Total from Line 5 will be automatically entered in Item 55)		$14,082

FILE NUMBER. 543-522

69. ADDITIONAL INFORMATION SUMMARY

Schedule 13, Row1 BCTGM Local Union 167G collects dues ranging from 27.50 to 29.00 from each member. Regular active members are eligible to vote in elections as long as they are in good standing.