

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



**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)

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	2011 cale	ndar year, or tax year	beginning			, 2011, a	end ending			, 20			
В	Check if a	applicable	C Name of organization	HALL OF FA	AME			·		D Employ	er identit	fication number		
	Address o	change	Doing Business As C	ENTRAL LAI	BOR COUNCIL						34-08	04433		
	Name cha	ange	Number and street (or I	P.O. box if mail	is not delivered to s	treet a	iddress)	Room/suite		E Telepho	ne numb	er		
$\overline{\Box}$	Initial retu	•	1329 MARKET AVE. I	NORTH							330-45	3-3524		
$\bar{\sqcap}$	Terminate		City or town, state or c		2 + 4									
$\overline{\Box}$	Amended		CANTON OHIO 4471	-						<b>G</b> Gross re	eceints \$			
$\Box$			F Name and address of p						H/a) le the			s? ☐ Yes ☑ No		
_	Applicatio	on pending	, ,	inopa onioo										
_	Tay ayam	ant atatus		501(c) (	5 ) <b>◄</b> (insert no.)		047/08/1) 05	T 507		all affiliates included? Yes Vo No "No," attach a list. (see instructions)				
<u>;</u>	Tax-exem Website:		☐ 501(c)(3)		J ) \ (uisert no.)	4	947(a)(1) or	<u>L</u> 527	Ⅎ	•		•		
<u>к</u>			Corporation Trust	Association	on Other ▶			ar of formatio		p exemption		· · · · · · · · · · · · · · · · · · ·		
_	art I	Summ	<del></del>	ASSOCIATIO	on Other >		L Tea	ar or iormatio	n	M State	of legal of	Jomicile.		
	_			ion'o missis	n or most signi	Saant		TOCED	VE AND H	ELD THE I	ACMOE	Detilib		
	1													
8	-	NEEDING ASSISTANCE, CONTRIBUTE TO MANY LOCAL COMMUNITY ORGANIZATIONS, GRANT ACHOLORSHIPS AND												
Activitles & Governance	CONTRIBUTE TO THE WELFARE OF OUR UNION BROTHER AND SISTERS.													
110														
é	1		is box ▶ ☐ if the org			•		•			nts net	assets.		
8			of voting members of	_			•			<u> </u>				
9	1		of independent votin	_	•	_	• •	•				15		
Ξ	1		nber of individuals e		-			•		5		1		
Act			nber of volunteers (e							6		50		
<u>~</u>	1		elated business reve		· ·	• • •				7a	L			
2012	<b>b</b>	Net unre	lated business taxab	le income fi	rom Form 990-T	, line	34	· · ·		7b				
					5 1				Prior Y	ear		Current Year		
\#APA 9 9	8 (											88,392		
e E														
<b>₹</b>			ent income (Rart VIII,											
			venue (PartiviIII, colui											
$\Omega$	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line									94,390		88,392		
뿔	13									2,000		2,000		
$\overline{z}$	14 (	Benefits	enefits paid to or for members (Part IX, column (A), line 4)											
Expenses ANNED	15 3	Salaries,										58,683		
<b>72</b>	16a i	Professio	onal fundraising fees	(Part IX, co	lumn (A), line 1	1e)								
Ç	b -	Total fund	draising expenses (F	art IX, colui	mn (D), line 25)	<b>•</b>								
Ü	17 (	Other exp	penses (Part IX, colu	mn (A), line:	s 11a-11d, 11f-	24e)				46,329		35,116		
	18	Total exp	enses. Add lines 13-	-17 (must e	qual Part IX, col	umn	(A), line 25	i) . 🗀		102,164		95,799		
			less expenses. Subt		-			´		-7,774		-6,867		
- S	:	,						Be	ginning of C	ırrent Year	ı	End of Year		
anc	20	Total ass	ets (Part X, line 16)			_		🗀		169,662		161,888		
Net Assets or Fund Balances	21		ilities (Part X, line 26	)				🗀		-7,774		-6,867		
₹ <u>5</u>	22 1		ts or fund balances.	•	e 21 from line 2	0		—		161,888		155,021		
P	art II		ture Block	•			_							
			ry, I declare that I have ex	ammed this ref	tum, including accor	ทอลกง	ina scheduler	s and statem	ents and to t	the best of r	ny knowl	edge and belief it i		
			ete. Declaration of prepare								,	ougo and bonon, non		
	T	<b>X</b>	James 7 S	×						2/11	112			
Sig	an I	Sign	ature of officer	7		۲			Da	ate	<del></del>			
He	- 1	l i ₽	RECKLEUT D	ANIEL	F. Sa	: / 6	IRV							
	1	Type	or print name and title	711-120		-, -	• • •							
_		<u> </u>	pe preparer's name	ĪF	reparer's signature			Date	· · · · · · · · · · · · · · · · · · ·		. IP	TIN		
Pa		DONAL	D E WISE		Wald	8	Wide		14-12	Check self-em	23 f			
	eparer	' <del> </del>	20114125	WISE ACCO	UNTING		- V KE	1/~				34-1265287		
US	e Only	<b>y</b>			W #7 CANTON	OHIO	AA719	<del></del>		n's EIN ▶		0-493-1230		
Ma	v the IR		ddress ► 5200 EVER						I PM	one no	33	-493-1230		
	<u> </u>		ction Act Notice, see	<del> </del>	<b>`</b> _	II IC	4040/13/	0-4.41	440004	• • •	. / .	Form <b>990</b> (2011		
ror	raperw	ork nedu	cuon act Mouce, see	uie separate	ะ เกรนนนนิยกร.			∪at. No.	11282Y		19	roini <b>330</b> (2011		

) (Revenue \$

(Expenses \$

Total program service expenses ▶

including grants of \$

Part I	V Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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		<b>/</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			١.
	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		Ľ.
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<b>✓</b>
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			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		₩-
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			Ť
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
	complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>✓</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	<del></del>	_	<del>                                     </del>
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		<b>✓</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		+
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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		1
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	ļ	1
20 a		20a	<u> </u>	<b>↓</b> ✓
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<b>0</b> (2011

Part l	Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	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>▼</b>
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	OEL		<b>✓</b>
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.	25b 26		<b>✓</b>
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		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		✓
36	<b>Section 501(c)(3) organizations.</b> 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		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		✓

Part '	Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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	<u> </u>		
	reportable gaming (gambling) winnings to prize winners?	1c		1
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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		<u> </u>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u> </u>		ļ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<b>✓</b>
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	l- <u>-</u>		ļ
	·	7a		<b>✓</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			,
_		7c		<b>✓</b>
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<b>√</b>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>∀</b>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	-	1
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		<b>V</b>
	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		1
	Sponsoring organizations maintaining donor advised funds.			_ <b>_</b>
	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		7
	Section 501(c)(7) organizations. Enter:			Ť
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ĺ		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>\</b>
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	L		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	]		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	, ,		
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	<b>√</b>	
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	<b>√</b>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		<b>✓</b>
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
а	The governing body?	8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	✓_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓_
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		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		✓
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓_
b	Other officers or key employees of the organization	15b		✓_
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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		✓_
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 take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		✓
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed OHIO  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► MELISSA BAKE 1328 MARKET AVE N. CANTON OHIO 44714	of the		

orm	990	(2011)	

Page 7

		ugo s
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.

Uneck this box in heither the organization no	ally related	uug	aı IIZ	auc	שוויי	ompe	:115a	neu any curien	it officer, director	, or trustee.
				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
Traile and trae	hours per	box, unless person is both an officer and a director/trustee)							compensation from	
	week		_				<del></del> -	from	related	other
	(describe	물을	1 2	≩	፩	[ 필품	립	the	organizations	compensation
	hours for	ᇴ	ਵ	Officer	9	9 6	Former	organization	(W-2/1099-MISC)	from the
	related	용률	3		로	8 c	`	(W-2/1099-MISC)		organization
	organizations in Schedule	` ₹	프		Key employee	Ĕ	l	1		and related organizations
	0)	Individual trustee or director	Institutional trustee		9	ğ	ŀ	1		organizations
	<b>'</b>	"	8			Highest compensated employee	i			
		├	-	<u> </u>			-			
(4) SEE ATTACHED LIST OF OFFICERS AND										
(1) SEE ATTACHED LIST OF OFFICERS AND							1			
EXPENSES PAID			<u> </u>		<b> </b>					
(2)									:	
(0)	l	ļ			<u> </u>		_			<u> </u>
(3)	•									
(4)		ļ	_		ļ					
(4)		ļ								
			L.							
(5)	<u>l</u>									
					L					
(6)										
		] :								
(7)										
(8)										
(9)					_		<del>                                     </del>			-
(10)				-						<del></del>
(10)										
(11)										<del></del>
(11)										
(4.0)					$\vdash$		_			
(12)	ľ									
(13)				"						
(14)										
		1	i ]				1	1	l l	

Name and title    Part   Position of the check more than one fox, unless person is bell any work electrone or some continuation of the check more than one fox, unless person is bell any work electrone or some check and work electrone or some check e	r ar t	Section A. Officers, Directors, Trus	lees, key E	mpio	yees	_	10 F C)	ugnes	31 <u>C</u>	ompensated E	imployees (cor	illinuea)
Name and title    Average   very complete   very very complete   very very very very very very very very		΄ (Δ)	(B)	}			-			(m)	(F)	(F)
Compensation from the organization and related organization is a reportable compensation from the organization and related organization organization and related organization organization for the organization organization and related organization organization and related organization organization organization and related organization organization organization and related organization orga									one			
Competent of the continuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from condinuation sheets to Part VII, Section A   Competent of Total from the organization b   Competent of Total from the organization b   Competent from the organization from the organ		hours per							compensation	compensation fro		
Compensation   Comp			1	유표	Ing	₹	<u>₹</u>	뫍	5	1.		
Compensation   Comp			1	d ve	重	ğ	en l	ploy	3		(W-2/1099-MISC	*
(15)  (16)  (17)  (18)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (29)  (20)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)				호프	on a		lg od od	ee cor	`	(W-2/1099-MISC)		
(15)  (16)  (17)  (18)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (29)  (20)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)			ın Schedule	먑	t	l	98	npe	Į			organizations
(15)  (16)  (17)  (18)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (29)  (20)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (29)  (20)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (20)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (29)  (20)  (21)  (21)  (22)  (23)  (24)  (25)  (26)  (27)  (27)  (28)  (28)  (28)			) O)	8	stee			nsat				
(15) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29				ļ		<u> </u>	_	8.	_			
(17) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines to and 1c)  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 ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? #"Yes," complete Schedule J for such individual  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? #"Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? #"Yes," complete Schedule J for such person  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  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	(15)		-	İ		Ī						
(17) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines to and 1c)  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 ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? #"Yes," complete Schedule J for such individual  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? #"Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? #"Yes," complete Schedule J for such person  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  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	(16)				H		$\vdash$		├			<del></del>
(19)  (20)  (23)  (23)  (25)  1b Sub-total	(10)	······································	1									
(19)  (20)  (23)  (23)  (25)  1b Sub-total	(17)							-	-			<del> </del>
(19)   (20)   (21)   (22)   (23)   (24)   (25)   (25)   (24)   (25)   (25)   (25)   (26)   (27)	<u> </u>											
(19)   (20)   (21)   (22)   (23)   (24)   (25)   (25)   (24)   (25)   (25)   (25)   (26)   (27)	(18)					İ .						
220   (23)   (25)   (	2		]	<u> </u>								
(21)  (22)  (23)  (24)  (25)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 'b and 1c)  2 Total number of individuals fincluding but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 I obd 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  3 I obid any person 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  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  5 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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	(19)		]									
(21)  (22)  (23)  (24)  (25)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 'b and 1c)  2 Total number of individuals fincluding but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 I obd 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  3 I obid any person 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  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  5 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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who			<u></u>	<u> </u>	_				L			
(23)   (24)   (25)   (25)   (26)   (25)   (26)   (27)   (27)   (28)   (29)	(20)	·····				İ			İ	1		
(23)   (24)   (25)   (25)   (26)   (25)   (26)   (27)   (27)   (28)   (29)	(0.4)		<del> </del>	<b> </b>					<u> </u> _			<del></del>
(23)   (24)   (25)   (25)   (25)   (26)   (25)   (27)   (27)   (27)   (28)   (28)   (29)	(21)		-									
(23)   (24)   (25)   (25)   (25)   (26)   (25)   (27)   (27)   (27)   (28)   (28)   (29)	(22)			-	-	<del> </del>			<del> </del>			
24	(22)		1	ŀ		•						
24	(23)		<b> </b>	<del>                                     </del>		-	-		$\vdash$		<del></del>	
25    1b Sub-total	\ <del></del> !		1						İ			
25    1b Sub-total	(24)											
1b Sub-total												
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  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	(25)											
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  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			<u> </u>	<u> </u>					Ļ			
Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  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					•	-		-				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Temporal description   Name and business address   Name and bus					•	•		•			<del>-</del>	
Total number of independent contractors (including but not limited to those listed above) who									<u> </u>	ha received re-	are then \$100	000 of
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  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	2			ו נט נו	iose	: IISt	ea a	above	e) W	no received m	ore than \$100,	000 01
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												Yes No
employee on line 1a? If "Yes," complete Schedule J for such individual  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	3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	e,	key e	emp	loyee, or high	est compensa	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	vidu	ıal			<i></i> .	1
individual	4											
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		-	greater the	an \$1	150,	000	? #	"Ye	s, "	complete Sch	edule J for s	uch
for services rendered to the organization? If "Yes," complete Schedule J for such person					•	-		-		· • • • •		
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)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	5										ation or individual	SHICKESH CONCERNS EMBOSTS
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  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	04		rii res, c	отър	ere	SCI	eac	ile J i	or s	such person	· · · · ·	·   5   √
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who			component	od inc	100	d	ont	oontr.		are that receive	d more than ¢	100 000 of
year.  (A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	'											
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who			2011 0011 po			<i>,</i>		u.o.10	ω, ,	our origing with		organization o tax
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who									Г	(B)		(C)
											ervices	
		·							L			
			<del></del> _		_				<u>_</u>			
		Tital complex of buildings.	6				•_ •		بيا			
	2								th	iose listed abo	ove) who	

Part	VIII	Statement of Reven	ue						
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns .		1a					
ğ ä	b	Membership dues	[	1b	74,497				
S, G	С	Fundraising events	[	1c	14,022				
ar.	d	Related organizations .	[	1d					
S, C	e	Government grants (contril	butions)	1e					
r Si	f	All other contributions, gifts	, grants,						
돌		and similar amounts not include	ded above	1f	503				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included	l in lines ta-1	1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f .				88,932			
- E		Bus			Business Code				
Program Service Revenue	2a								
	ь			<u> </u>					
je Je	С			[		-			
ğ	d			[			•		
Ē	e								
g	f	All other program service	e revenue	e . [					
4	g	Total. Add lines 2a-2f .			▶				
	3	Investment income (in							
		and other similar amour	-						
	4	Income from investment o	f tax-exem	ıpt bo	nd proceeds ►				
	5	Royalties			🕨				
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses						1	
	С	Rental income or (loss)							
	d	Net rental income or (los	ss)		🕨				
	7a	Gross amount from sales of	(i) Securitie	×s	(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis		l					
		and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss)		٠,	<u> ▶</u>				
9				l					
Ĕ	8a		draising						
946		events (not including \$							
Other Reven		of contributions reported							
룓									
ŏ		Less: direct expenses .							
		Net income or (loss) from			events . >				
	ya	Gross income from gamine See Part IV, line 19						1	
	١.	•							
		Less: direct expenses .			dal				
	_	Net income or (loss) from		_	/ities ▶				
	IVa	Gross sales of inverturns and allowances							
	_							}	
		Less: cost of goods sole Net income or (loss) from			entory ▶				
	ات ا	Miscellaneous Reve		<b>v</b> e	Business Code			<del> </del>	
	11a								
	b					· -			
	C					<del></del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
	ď	All other revenue		}	-		<del></del>	<del> </del>	
	e	Total. Add lines 11a–11		L				<b> </b>	
	12	Total revenue. See inst				88.932		<del>                                     </del>	

#### 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										
	t include amounts reported on lines 6b, 7b, , 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									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	2,000								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3,925								
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 8	Other salaries and wages	44,365								
9	Other employee benefits	450								
10	Payroll taxes	9,943								
11	Fees for services (non-employees):									
а	Management				ŀ					
b	Legal									
С	Accounting	200	,							
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion									
13	Office expenses	7,594								
14	Information technology									
15	Royalties									
16	Occupancy	5,400								
17	Travel	987								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			:						
19	Conferences, conventions, and meetings .									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance	11,,285								
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.)									
а	CONTRIBUTIONS	2,070								
b	DINNERS	3,902								
C	DUES	365								
d	MISC	3,313								
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	95,799								
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)									

Р	art X	Balance Sheet	<del></del>		
	•	•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	84,274	1	78,268
	2	Savings and temporary cash investments	100,000	2	100,000
	3	Pledges and grants receivable, net	<u> </u>	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	
šet	7	Notes and loans receivable, net		7	<del></del>
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		9	
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	- · · · · ·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	184,274	16	178,268
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	<del> </del>	19	<del> </del>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ś	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L			
<u> </u>		·		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	22,386	26	23,247
Ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
펄	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
٦		Organizations that do not follow SFAS 117, check here ▶ □ and			
or Fund Balances	•	complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del> </del>
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	<del></del>
Net Assets	33	Total net assets or fund balances	161,888	33	155,021
_	34	Total liabilities and net assets/fund balances	184,274	34	178,268

Form 9	90 (2011)			Pa	age <b>12</b>		
Par	`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		8	8,932		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3			5,799 6,867		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				155,021		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<del></del>				
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					
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:		_				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	í				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1			
b	Were the organization's financial statements audited by an independent accountant?		<u> </u>	1	<u> </u>		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		:				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓			
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were	,				
	issued on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
3a		forth in					
	the Single Audit Act and OMB Circular A-133?		3a		1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		1		

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization	Employer identification number
HALL OF FAME LABOR COUNCIL	34-0804433
990 ADDITIONS TO THE FORM 990 FILED FOR 2011	
DART W COOTION A	
PART VI SECTION A	
LINE 2 SECRETARY IS DAUGHTER OF COUNCIL PRESIDENT	
	•
LINE 3 COUNCIL PRESIDENT IS GIVEN CUSTOMARY DUTIES TO RUN DAY TO DAY	OPERATIONS
LINE 4 THERE WERE NO CHANGES IN THE DOCUMENTS OF THE ORGANIZATION	<u> </u>
LINE 5 NO CHANGE	
LINE 6 MEMBERS	
LINE 34 MEMPERS ELECT	
LINE 7A MEMBERS ELECT	
LINE 7B YES BY BOARD THEN MEMBERSHIP	
LINE 8 ALL MEETINGS ARE DOCUMENTED, THEN APPROVED BY THE MEMBERS	HIP
LINE O ADDDESS ADE AVAILADI E AT THE OFFICE OF THE ODGANIZATION	
LINE 9 ADDRESS ARE AVAILABLE AT THE OFFICE OF THE ORGANIZATION	
<i>‡</i>	

#### **OFFICERS**

Daniel F. Sciury	President	\$1,200.00	
James Bonsky	Secretary-Treasurer	\$650.00	
Peggy Griffith	First Vice President	\$300.00	
Mike McElfresh	Second Vice President	\$180.00	
Mike McNichol	Recording-Secretary	\$300.00	
Dave Kirven	Recording-Secretary	\$250.00	
Steve Pickard	Sergeant-at-Arms	\$180.00	
Ron Vrabel	Trustee	\$45.00	
Robert Thompson	Trustee	\$15.00	
John Negulis	Trustee	\$60.00	
Rollie Dreussi	Trustee	\$15.00	
Tim Lunkwitz	Trustee	\$45.00	
Rocco Ross	Trustee	\$15.00	
Curt Mayle	Trustee	\$60.00	
* Paul Stevens	Cook	\$600.00	
TOTAL		\$3,915.00	
Melissa Baker	Secretary/Office Manager	\$44,364.84 (Gross)	

# DISBURSEMENTS & ACCOUNTS YEAR 2011

МО	NAME OF ACCT	CHECK NO.	CHECK DA	TTO WHOM	TNUOMA	FOR
	SCHOLARSHIP SCHOLARSHIP	5825 5926	6-21-11 6-21-11	TANNER LEDYA BRENNAN NORRIS	\$500.00 \$500.00	SCHOLARSHIP WINNER SCHOLARSHIP WINNER
35	SCHOLARSHIP	5927		MICHELLE HOLLINGER	\$500.00 \$500.00	SCHOLARSHIP WINNER
35	SCHOLARSHIP	5928	6-21-11	KYLE ALBERTSON	\$2,000.00	SCHOLARSHIP WINNER