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990

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)

2011

OMB No 1545-0047

Department of the Treasury

Open to Public

Internal F	Revenue	Service Ine	organizatioi	may have to use a copy of th	is return to			equiremen	าเร	Inspection
A Fo	r the	2011 calendar year, or tax	year begir	ning		, 2011, and er	nding			, 20
B Che	eck if ap	plicable C Name of organiz	ation BCT	GM 48G		···· -				D Employer identification no
Ado	dress ch	ange Doing Business	As BCT	GM #48G						42-6074550
Nar	me chan	ge Number and stre	et (or PO box	if mail is not delivered to street address))	•	Room/s	uite		E Telephone number
Initi	ial returr	301 BLON	IDEAU ST			~			ı	(319) 524-1249
Ter	minated	City or town, sta	te or country, a	nd ZIP + 4		t				766,776
Am	ended re	eturn Keokuk ,	IA 5263	2					ı	G Gross receipts \$
☐ Apr	plication	pending F Name and add	dress of princip	al officer STEVE UNDERWOO	D					
		Same as	C above				H(a)	Is this a gro affiliates?	oup re	turn for Yes X No
I Tax	k-exemp		501(c) (5	◄ (insert no) 4947(a)(1) or	- 52	27 -	— Н(b)	Are all affili	ates II	ncluded? Yes No
		▶ N/A					H(c)			ist (see instructions)
		<u> </u>	Trust X Asso	ciation Other	1.	Year of formation 1	935	1		al domicile IA
			III N	Clation Ottes		1		141 01010	- iog	
Part		Summary	-tle			- W. 110-2 F-	-1	o Unio		
	1	Briefly describe the organiza	ation's miss	ion or most significant activitie	s Grain	n willers Em	ртоле	e unic	n .	
A		· , · · · · · · · · · · · · · · · · · ·								
c G										
i v	١.				_					
V e		· -	•	discontinued its operations or	•				•	1
t n			_	rning body (Part VI, line 1a) 🔒					3	18
on	4	Number of independent voti	ing membei	s of the governing body (Part \	VI, line 1b)				4	187
S C	5	Total number of individuals	employed ı	n calendar year 2011 (Part V, I	ıne 2a) °.				5	
& ^e	6	Total number of volunteers	(estimate if	necessary)		· · · · · · · · · · · ·			6	
	7a	Total unrelated business rev	venue from	Part VIII, column (C), line 12.					7a	
				from Form 990-T, line 34					7b)
							_	Prior Year		Current Year
R	Я	Contributions and grants (P	art VIII line	1h)				321	, 09	1 766,321
€_7 €_7		· · · · · · · · · · · · · · · · ·		e 2g)		<u> </u>			, 35	
<u>~</u> °	10	Investment income (Part VI	II column /	A) lines 3 4 and 7d)					73	
e∵	10	Other revenue (Pert VIII ee	II, COIUIIIII (A), lines 3, 4, and 7d)	CEIVE	:D . -				1
€ °	ı	-		nes 5, 6d, 8c, 9c, 10c, and the		;		392	1 0	3 766,776
<u></u>										
DE	1			# 4 =					,75	
E				K, column (A), line 4)				259	_	
× p e	15	Salaries, other compensation	on, employe	e benefits (Part IX, column (A) column (A), line 11 <u>e)</u>	lines 5 1	% Yr · · · ∤ ·		- 6	, 43	
	16a	Professional fundraising fee	es (Part IX,	column (A), line 11e)						
S n	ь	Total fundraising expenses	(Part IX, co	lumn (D), line 25)▶		0				
	17	Other expenses (Part IX, co	olumn (A), l	nes 11a-11d, 11f-24e)					, 49	
io '	18	Total expenses Add lines	13-17 (mus	t equal Part IX, column (A), line	e 25)	<i></i>		343	, 66	801,56
	19	Revenue less expenses S	ubtract line	18 from line 12	. .	[48	, 51	8 (34,78
Net							Beginnin	g of Current '	/ear	End of Year
Assets or	20	Total assets (Part X, line 16	3)		. .	. <i>.</i>		153	, 58	1 118,88
Fund										
Bal- ances	1			line 21 from line 20		. –		153	, 58	118,88
Pari		Signature Block	- Cubildoi							
Under o	enalties	of periury. I declare that I have exam	nined this return	, including accompanying schedules and	d statements.	and to the best of my k	nowledge	and belief, if	IS	
true co	rrect, an	d complete Declaration of preparer (other than office	er) is based on all information of which p	reparer has a	any knowledge	J	•		
		1/1 11 0	0							12-12-17
Sian		Store Under	10-0			· · · · · ·		-		12-12-12
Sign		7								<u> </u>
Here	•	STEVE UNDERWOO	D, PRES	DENT						
		Type or print name and title								
		Print/Type preparer's name		Preparer's signature		Date _		Check _] if	PTIN
Paid		CARLA C DUNLAP		\bigcirc		12-10-2012		self-employ	ed	P01203553
Prep	arer	Firm's name	Caxes Pl	us			Firm's	EIN 🕨	42	-13/1788
•	Only		2406 Mai	n St			Phone	no		
	y		Keokuk I	A 52632						319-524-7278
May t	he IRS			hown above? (see instructions	.)		<u> </u>			
				**** · · · · · · · · · · · · · · · · ·	,		• • •		EEA	
FOTP	aperw	ork Reduction Act Notice	, see me s	sparate motructions.					CCA	Form 990 (2011

Form 990 (2011) BCTGM 48G	42-6074550 Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response to any question in this Part III	
Briefly describe the organization's mission	
Grain Millers Employee Union.	
`	
,	
2 Did the organization undertake any significant program services during the year which were not listed or	n 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 service.	vices, as measured by
expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re	eport the amount of
grants and allocations to others, the total expenses, and revenue, if any, for each program service repo	rted
4a (Code) (Expenses \$687,268 including grants of \$	
Organization is a Labor Union fullfilling normal employee service pr	
were locked out of their plant beginning in September 2010, and admi	
lockout funds provided by the international union and the Illinois S	taff Union to the
employees. They returned to work in August 2011.	
•	
1	
-	
4b (Code) (Expenses \$ including grants of \$	_) (Revenue \$)
· ·	·
4c (Code) (Expenses \$ including grants of \$) (Revenue \$
	<u> </u>
•	
•.	
•	
4d Other program services (Describe in Schedule O)	
(Expenses \$ including grants of \$) (Revenue \$)
) Form 990 (2011

42-6074550 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 98-197 If "Yes," complete Schedule C, X 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 Х 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 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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," Х 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 Х 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," X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more 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 X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmetnt, and program service activities outlide the United States, or aggregate 14b Х 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 If 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 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

20a

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35a

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42-6074550 Form 990 (2011) BCTGM 48G Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 23 Х 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 Х Did the organization maintain an escrow account other than a refunding escrow at any time during the year Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 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? 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 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 28 Was the organization a party to a business transaction with one of the following parties (seè Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV......... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32

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36

37

X

X

X

Х

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,

Did the organization receive any payment from or engage in any transaction with a controlled entity within the

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule Q for Part VI, lines 11 and

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Form 990	0 (2011) BCTGM 48G	42-6074550	Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
	Check of Schedule O contains a response to any question in this Part V	<u> </u>	<u> </u>
	•		Yes No
1a Ent	er the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	q	
b Ent	er the number of Forms W-2G included in line 1a Enter -0- if not applicable	q	
c Did	the organization comply with backup withholding rules for reportable payments to vendors and		1 1

	•		res	NO
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	}		
	reportable gaming (gambling) winnings to prize winners?	1c	<u> X</u>	
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 4	٠, ١	١	·.
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
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	40	Ì	v
	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			
- -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		٠,
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
c Sa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	
Ja	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			- 1
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,		١.
	and services provided to the payor?	7a		Х
ь	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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fjorm 1098-C?	7h	X	
В	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			٠.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
1	Section 501(c)(12) organizations. Enter	·	٠.	·
' a	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)		,	
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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		Ī ,	· ·
b	Enter the amount of reserves the organization is required to maintain by the states in which			ľ
	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand			
l4a		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

8G 42-6074550 Page 6

rar	Governance, Iwanagement, and Disclosure For each "Yes" response to lines 2 through 76 below, and for a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			(T)
C	. Check if Schedule O contains a response to any question in this Part VI		• • •	<u> </u>
Sec	tion 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	-	169	
ıa	If there are material differences in voting rights among members of the governing body, or	.		İ
	If the governing body delegated broad authority to an executive committee or similar.	.		İ
	committee, explain in Schedule O	1		
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		v
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 become aware during the year of a significant diversion of the organization assets.	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_^_	-
ra	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		Λ	<u> </u>
b	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü	the year by the following			Ì
-	The governing body?	8a	Х	ĺ
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	لــــــــا		
			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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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		
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		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?	Angel States		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or 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 take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	l	L
	ction 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 (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website 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,			
20	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	,		

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Section A

BCTGM 48G

42-6074550

Page 7

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average							Reportable	Reportable	Estimated	
	hours per week	(do no	t che	ck mo	re th	an one		compensation from	compensation from related	amount of other	
	(describe	box, u	nless	pers	on is	both an	`		organizations	compensation	
	hours for	officei	and	a dıre	ctor/t	rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	related organizations in Schedule O)	I t d nrur u s e v t e o u o I r	t s i t t e	_ 0	Key employee	H . gh est ed	For Eet	(vv-21093-wilde)		and related organizations	
(1) BILL BRIGGS						,	,				
EXECUTIVE BOARD		X				1		91	0		
(2) DEBRA RYAN		1									
EXECUTIVE BOARD	5.00	X						С	0		
(3) Keith Miller											
Recording Secretary	2.00	X						C	0		
(4) RICHARD CARLTON											
TRUSTEE	2.00	Х						106	0		
(5) CHRIS POLLITT											
FINANCIAL SECRETARY	5.00			X		,		177	0		
(6) STEVE UNDERWOOD											
PRESIDENT	10.00	<u> </u>		X				92	0		
(7) Tommy Buckert											
Vice President	5.00			X		ļ	١.	c	0		
(8)											
(9)				-							
(10)		 				,					
(11)				-							
(12)				-		<u> </u>					
(13)											
(14)							Ļ				

42-6074550

Pa	rt VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	l Hiç	ghes	st Con	nper	sated Employees	s (continued)			
	, (A)	(B)				C)			(D)	(E)		(F)	
	Name and Title	Average	(40.0	ot ch		ition	nan one		Reportable	Reportable		stimated	
	1	hours per week					both an		compensation from	compensation from related	a	mount of other	f
	!	(describe	office	r and	direc	tor/to	ustee)		the	organizations	cor	npensati	on
		hours for	l t d	l t	ļ	ĸ	Нсе	F	organization	(W-2/1099-MISC)		from the	
	ļ	related organizations	d n L	nr su ts		e y	ā m b	0	(W-2/1099-MISC)			nd relate	
		ın Schedule	ı s e v t c	l t	C	e m	h p l	e m				ganizatio	
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(25)													
			1	Л			L	Ļ					
1b	Sub-total			• •	• •	• •	• • •	P .					
C	Total from continuation sheets to Part VII, Section			• •	• •	• •	• • •		466	a c	,		0
<u>d</u>	Total (add lines 1b and 1c)		• • •	•••		• •	• • •	<u> </u>	<u> </u>	9 (<u>'-i</u>		
2	Total number of individuals (including but not limited to	to those liste	ed abo	ve) '	wno	rec	eivea r	nore	tnan \$100,000 in	(,		
	reportable compensation from the organization	 -						1			<u>'</u>	Yes	No
3	Did the organization list any former officer, director o	rtrustee ke	v emn	love	e o	r hic	hest c	omr	ensated			103	1.0
3	employee on line 1a? If "Yes," complete Schedule J f										3		X
4	For any individual listed on line 1a, is the sum of repo											1	† **
•	organization and related organizations greater than \$											-	
	ındıvıdual										4		X
5	Did any person listed on line 1a receive or accrue cor											1	
_	for services rendered to the organization? If "Yes," co										5	İ	X
Se	ction B. Independent Contractors						·						
1	Complete this table for your five highest compensate												
	compensation from the organization. Report compensation	sation for th	e cale	ndar	yea	ır en	iding v	vith c	or within the organ	ization's tax			
	year												
	(A)								(B)			(C)	
_	Name and business address								Description of	services	Com	pensatio	n
										-	.		
										+			
							,					-	
2	Total number of independent contractors (including b	ut not limite	d to th	ose	liste	ed al	pove) v	who	<u> </u>				
	received more than \$100,000 of compensation from				_								

42-6074550

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 ques				
	ot include amounts reported on lines 6b, 7b, b, 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	45,868	45,868		
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	600,182	600,182		
5	Compensation of current officers, directors,				
	trustees, and key employees	466		466	
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	32,141	32,141		
10	Payroll taxes	106	- 106		
11	Fees for services (non-employees)				
а	Management	4,080		4,080	···
b	Legal	8,971	8,971		
С	Accounting	1,000	٠,	1,000	
d	Lobbying		1		
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other				
12	Advertising and promotion		•		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	108,747		108,747	
17	Travel				
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				
24	Other expenses Itemize expenses not covered	,]	81 1		. ,
	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					
b					
С					, -
d	A.U				
e	All other expenses	901 561	~687,268	114,293	0
25	Total functional expenses. Add lines 1 through 24e	801,561	-08/,208	114,293	· · · · · · · · · · · · · · · · · · ·
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 following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

42-6074550

Part X **Balance Sheet** (B) (A) End of year Beginning of year 118,887 125,130 1 27,876 2 2 3 3 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L....... 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 s 7 7 Notes and loans receivable, net 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation. 10b 10c 11 11 12 12 13 13 14 14 575 15 15 Other assets See Part IV, line 11....... 153,581 118,887 Total assets Add lines 1 through 15 (must equal line 34) 16 16 17 17 18 18 19 19 20 20 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 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 0 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete N F lines 27 through 29, and lines 33 and 34 u 27 27 t n 28 28 29 29 s В Organizations that do not follow SFAS 117, check here \blacktriangleright $\boxed{\ensuremath{\mathbb{X}}}$ and S complete lines 30 through 34. 153,006 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 o е 575 118,887 32 Retained earnings, endowment, accumulated income, or other funds 32 153,581 118,887 33 33 153,581 118,887

OIII	1990 (2011) BCTGM 48G 42-607455	U	Pi	age 1∠
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	7	66,	776
2	Total expenses (must equal Part IX, column (A), line 25)	ε	301,	561
3	Revenue less expenses Subtract line 2 from line 1		(34,	785)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	.53,	581
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	1	18,	796
Pa	rt 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
þ	Were the organization's financial statements audited by an independent accountant?	2b		X
¢	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		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	٠٠,	4,	
	issued on a separate basis, consolidated basis, or both		•	[· . ·
	Separate basis Consolidated basis Both consolidated and separate basis	`		
За	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		
	EEA	Form	990	(2011)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Inspection

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

> Employer identification number 42-6074550

BCT	GM ·	48G							42-6	074550			
Pa	rt I	Reason for	Public Charity	Status (All organiza	itions must	complete	this part)	See instr	uctions				
The	orga	nization is not a privat	e foundation beca	use it is (For lines 1 thro	ough 11, cl	heck only	one box)						
1		A church, convention	of churches, or as	ssociation of churches d	lescribed in	n section	170(b)(1)(A)(ı).					
2		A school described in section 170(b)(1)(A)(ii) (Attach Schedule E)											
3		A hospital or a coope	erative hospital ser	vice organization descri	bed in sec	tion 170(t	o)(1)(A)(iii)).					
4		A medical research of	organization operat	ted in conjunction with a	hospital d	escribed i	n section	170(b)(1)(A)(iii). Ent	er the hos	pital's na	me,	
		city, and state											
5		An organization oper	ated for the benefi	t of a college or univers	ity owned o	or operate	d by a gov	ernmental	unit desci	ribed in			
		section 170(b)(1)(A)	(iv). (Complete Pa	art Ii)									
6		A federal, state, or lo	cal government or	governmental unit desc	cribed in se	ection 170	(b)(1)(A)(v	/).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public .											
		described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	X	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
		receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its											
		support from gross ii	nvestment income	and unrelated business	taxable inc	come (less	s section 5	11 tax) fro	m busines	sses			
		acquired by the orga	nızatıon after June	30, 1975 See section	509(a)(2).	(Complete	e Part III)						
10		An organization orga	inized and operate	d exclusively to test for	public safe	ty See se	ction 509	(a)(4).					
11		An organization orga	inized and operate	d exclusively for the ber	nefit of, to p	perform the	e functions	of, or to	carry out th	ne			
		purposes of one or r	nore publicly suppo	orted organizations desc	cribed in se	ction 509	(a)(1) or se	ection 509	(a)(2) See	section			
		509(a)(3). Check the	box that describe	s the type of supporting	organizatio	on and cor	mplete line	s 11e thro	ugh 11h				
		a 🗌 Type I	b 🗌 Туре	ell c] Type III-	Functiona	lly integrat	ed	d	Type I	II-Other		
е		By checking this box	c, I certify that the o	organization is not contro	olled direct	ly or indire	ectly by on	e or more	dısqualıfıe	d			
		persons other than f	oundation manage	rs and other than one o	r more pub	licly suppo	orted orgai	nizations o	lescribed i	n section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written de	etermination from the IR	S that it is	a Type I,	Type II, or	Type III s	upporting				
		organization, check	this box									🗆	
g		Since August 17, 20	06, has the organi	zation accepted any gift	or contribu	ution from	any of the						
		following persons?									_		
		• • •	•	controls, either alone o	-							Yes No	
				y of the supported organ							11g(i)		
				cribed in (i) above?							11g(II)		
		(III) A 35% controlle	ed entity of a perso	n described in (i) or (ii)	above?						11g(iii)		
h		·		the supported organiza	, , , , , , , , , , , , , , , , , , , 				1		r · · · · · ·		
	(1)	lame of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9	(iv) Is the or	-	(v) Did you the organi		(vi) organizati	ls the on in col		Amount of apport	
		3		above or IRC section	governing de	-	col (ı)	of your	(i) organiz	ed in the			
				(see instructions)				oort?		S ?			
					Yes	No	Yes	No	Yes	No			
(A)													
		**		··· ·· = ·-					-				
(B)						•							
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(E)						1	.						
							 		 				
_	_]			.	`						

18

42-6074550 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (d) 2010 Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 Section B. Total Support (e) 2011 (a) 2007 (b) 2008 (c) 2009 (d) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV)...... Total support Add lines 7 through 10 . 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage % 15 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II, If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			74,655	387,402	766,139	1,228,196
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			-			
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513			10,506	2,563		13,069
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			85,161	389,965	766,139	1,241,265
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)			-	3		1,241,265
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010 389, 965	(e) 2011 766,139	(f) Total 1,241,265
9	Amounts from line 6			85,161	369,963	766,139	1,241,203
TUA	payments received on securities loans, rents, royalties and income from similar sources			781	734	455	1,970
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			781	734	455	1,970
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					182	182
13	Total support. (Add lines 9, 10c, 11, and 12)	c		85,942	390,699	766,776	1,243,417
14	organization, check this box and stop here		<u></u>	urth, or fifth tax year	as a section 501(c)(3) • • • • • • • • • •	▶□
Se	ction C. Computation of Public Su	ipport Percent	tage		····	- :=-r	00.00
15	Public support percentage for 2011 (line 8,	column (f) divided	by line 13, colum	n (f))		15	99.83 %
16	Public support percentage from 2010 Sche				· · · · · · · · · · · ·	16	99.68 %
	ction D. Computation of Investme			ealumn (6)		17	0.16 %
17 18	Investment income percentage for 2011 (ling Investment income percentage from 2010 state)					18	0.32 %
	33 1/3% support tests - 2011. If the organ 17 is not more than 33 1/3%, check this bo	zation did not che	ck the box on line	14, and line 15 is n	nore than 33 1/3%	and line	▶⊠
b	33 1/3% support tests - 2010. If the organ line 18 is not more than 33 1/3%, check thi	s box and stop he	re The organizat	ion qualifies as a pu	iblicly supported o	rganization	▶□
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or	19b, check this box	and see instruction	ons <u></u>	▶ 🗆

SCHEDULE I Form 990)		Gover	nts and Other nments, and l	Assistance to	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	s, tes		OMB No 1545-0047
Department of the Treasury nternal Revenue Service		Complete	ir the organization an	allswered res to ro ► Attach to Form 990.	Complete if the organization diswered les to roin 330, rait iv, intell of 24.	77 70 70 70 70 70 70 70 70 70 70 70 70 7	0	Open to Public Inspection
vame of the organization							Employer identification number	unber
Part I General Inform	General Information on Grants and Assistance	ssistance						
1 Does the organization	Does the organization maintain records to substantiate the amount of the	trate the amor		sistance, the grantees	grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and		
the selection criteria us Describe in Part IV the	the selection criteria used to award the grants or assistance?	ssistance for monitoring	g the use of grant funds	in the United States		grant funds in the United States		Sal X
= =	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.	ernments ar	nd Organizations in eceived more than	the United State \$5,000 Check this	s. Complete if the or s box if no one recipie	nizations in the United States. Complete if the organization answered "Yes" more than \$5,000 Check this box if no one recipient received more than \$5,000	Yes" 1 \$5,000	G.
1 (a) Name and address of organization or government	ממווסוומ	(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)								
(2)								
(3)								
(4)								
(5)								
(9)			1	·		f	,	,
, (2)		-			_			,
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number of s	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ment organizate to the	ations listed in the line	1 table				
10.	Enter total furtible of other organizations listed in the litter apperwork Reduction Act Notice, see the Instructions for Form	tions for For	m 990.		EEA		88	Schedule I (Form 990) (2011)

42-6074550 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 BCTGM 48G Schedule I (Form 990) (2011) Part III

Page 2

Schedule I (Form 990) (2011) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of EEA 645,868 (c) Amount of cash grant 244 (b) Number of Part III can be duplicated if additional space is needed recipients 1 Union Lock Out Benefits from Intern (a) Type of grant or assistance Part IV 2 9

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

Employer identification number

Name of the organization BCTGM 48G 42-6074550 01. Officer, directors, etc. family relationship (Part VI, line 2) Steve Underwood, President, and Debra Ryan, Trustee, are brother and sister. Gene Briggs, Financial Secretary, and Bob Briggs, Jr. are brothers. Robert Briggs Sr. is father of Gene and Bob Jr. 02. Members or stockholder classes and rights (Part VI, line 6) The Labor Union has dues paying members numbering approximately 187. 03. Member election for additional members (Part VI, line 7a) The governing body is elected bu a popular vote of the dues paying members. 04. Governing body decisions (Part VI, line 7b) All decisions of the governing body are subject to approval of the dues paying members. 05. Form 990 governing body review (Part VI, line 11) The Form 990 is reviewed by the governing board either before or immediately after filing (depending on the timing of completion and due dates). 06. Governing documents, etc, available to public (Part VI, line 19) The governing documents of the Labor Union are available to both the members and the general public, including the employer, on an as requested basis. Having just endured a year long lockout, the policies of the board and the union have been reviewed often this year.