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Form **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)

OMB No 1545-0047

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	endar year, or tax year beginning	g January 1	, 2011, and e	nding	December	31	, 20 11			
В	Check if	applicable	C Name of organization United Ste	eelworkers Local 307			D En	nploye	r identification number			
	Address	change	Doing Business As			48-0517457						
	Name ch	ange	Number and street (or P O box if n	nail is not delivered to street ad	dress) Roo	m/suite	E Tel	ephon	e number			
	Initial retu	-	1603 NW Taylor				ł		785-234-5688			
$\overline{\Box}$	Terminate		City or town, state or country, and	ZIP + 4	-,							
百	Amended		Topeka, Ks. 66608				G Gr	oss red	ceipts \$			
Ħ.				er Robert Tripp		Ша			or affiliates? Yes No			
_	, . .	on ponding	4047 NW Menoken Rd., Topeka						cluded? Yes No			
$\overline{}$	Tay-oven	npt status	501(c)(3) 501(c)		17(a)(1) or 52				list (see instructions)			
<u>'</u>	Website:		<u> </u>	1 0) 1 (IIISER 110) L 494	17 (a)(1) 01 LJ 52							
K		rganization	Corporation Trust Associ	ation ✓ Other ► Labor Ur	nio L Year of fo			p exemption number ► M State of legal domicile KS				
_	art I	Summ		ation V Other P Labor Of	IIO L Tear Orio	rmation	1945 M	State	or legal domicile KS			
	_		escribe the organization's miss	eion or most significant o	otratios: Lo	scal Union	onforced o	allact	ivo harasinina			
	'		nt to better working conditions						ive barganning			
9		agreeme	nt to better working conditions	of the Local Officer and pr	ovide represer		is members	o. 				
Activities & Governance	.											
Ž.	2	Chook th	up how North the overestion				- Ab OCO	/ -6				
ĝ			is box I if the organization									
مح			of voting members of the gove				<u> </u>	3	11			
lies			of independent voting member					4	0			
Ξ			mber of individuals employed i					5	58			
Ac			mber of volunteers (estimate if				_	6	0			
	1		elated business revenue from					7a	0			
	b	Net unre	lated business taxable income	e from Form 990-T, line 3	<u> </u>			7b	0			
Revenue	1_						Pnor Year		Current Year			
			tions and grants (Part VIII, line	372	451	479914						
	1	-	service revenue (Part VIII, line	- -			0	0				
Ŗ			ent income (Part VIII, column (A					971	6265			
_			venue (Part VIII, column (A), lin				12	609	9299			
			enue-add lines 8 through 11 (2)	391	031	495478			
			nd sımılar am ounts paid (Part		0	0						
			paid to or for members (Patt)					0	0			
es	15	Salaries,	other compensat ion, e mployee	benefits (Pa 🖒 X, column	(A), lines 5–10)	135	432	127533			
Expenses	16a	Profession	onal fundraising tees (Part IX, (draising expenses (Part IX, co	¢oիկորդ (A), թերբ 11e) .				0	0			
ă	b	Total fun	draising expenses (Part IX, co	iumn (D), line 225) ▶		2			` `			
ш	17	Other ex	penses (Part IX, column (A), lir	es 11a-11d; 11f-24e)			366	755	188951			
	18	Total exp	penses. Add lines 1396 milst	l equal Part IX, column (/	A), line 25)		502	187	316484			
	19	Revenue	less expenses. Subtract line	18 from line 12			111	156	178994			
ts or						Beginnır	ng of Current	Year	End of Year			
sets	20	Total ass	sets (Part X, line 16)				894	346	1073340			
Net Assets Fund Balar	21	Total liab	oilities (Part X, line 26)				1	397	2399			
ž	22	Net asse	ts or fund balances. Subtract	line 21 from line 20 .			892	949	1070941			
P	art II	Signat	ture Block									
			iry declare that I have examined this					st of m	y knowledge and belief, it is			
tru	e, correct	, and comp	lete. Declaration of preparer (other than	n officer) is based on all informa	ation of which pre	parer has an	y knowledge					
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SHIVE /	<u> </u>								
Się	gn	Sign	ature of officer			<u> </u>	Date					
He	re	1	scott W Tumno	as Finon	cial Se	cretur	.1	•	7-30-2017			
		Туре	or print name and title	··-			1					
Pa	id.	Print/Ty	pe preparer's name	Preparer's signature	**.	Date		eck [7 of PTIN			
	epare	<u>.</u>						If-emp	-			
	eparer se Only		name ►			•	Firm's Ell	√ ►	L-,			
J	e Om	y ——	address ►				Phone no					
Ма	y the IR	_	s this return with the preparer	shown above? (see insti	ructions) .				· · Yes No			
For	Paperw	ork Redu	ction Act Notice, see the separa	ate instructions.		Cat No 1128	2Y		Form 990 (2011)			

Form 990	0 (2011)	Page 2
Part I		
	Check if Schedule O contains a response to any question in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	The mission statement of this organization includes, but is not limited to on behalf of its members; collective bargai	ning, grievance
	procedures, arbitration, strike benefits, education organize and to improve the working conditions of its members.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☐ 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
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	The Local Union Continues in an ongoing effort to defend and enforce the negotiated collective bargaining agreeme members' wages, benefits and working conditions. The members dues, related income and expenses are used to ca activities. The Local Union is continually striving to maintain or accomplish improvements for our members.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•	
	······································	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•	
	·····	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
44	Total program service expenses	

rorm 99			-	age 🕻
Part	Checklist of Required Schedules		V 1	N-
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	Yes	No ✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		`
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
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		✓
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.	Ž.	***	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	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		✓
	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		✓
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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	445		√
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	14b		▼
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>·</u> ✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		, ✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>,</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		7
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	90 (2011)		F	age 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of averte and other positions to any account and average and other positions.		Yes	No
	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		✓
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		✓
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		✓
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		√
	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		
d 25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
	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		√
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? <i>If "Yes," complete Schedule R, Part I</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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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,	07		,

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

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 00			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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 58			
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)			
За	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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ا . ا		/
		4a		V
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			
5 0				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		√
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		-
6a		30		
ou	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	- Oa		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1	r.e	-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ļ
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		ļ
а	Did the organization make any taxable distributions under section 4966?	9a		-
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			ł
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		†	
13	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		Ī
	Note. See the instructions for additional information the organization must report on Schedule O.		<u> </u>	
þ	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	<u></u>	<u> </u>	<u>L</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	I	

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	for a	ions.
<u>Secti</u>	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11		Yes	No
10	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 7a	Did the organization have members or stockholders?	6	√	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b	▼	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ş3.
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	>	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		V
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		•	,
13	Did the organization have a written whistleblower policy?	12c		1
14	Did the organization have a written document retention and destruction policy?	14		1
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		1
b	Other officers or key employees of the organization	15b		✓
16a				
	with a taxable entity during the year?	16a		1
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	<u> </u>		
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► 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.	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.	f inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Scott W. Tummons - 3328 SW 46th St., Topeka, Ks. 66610 785-608-9497	of the	•	

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

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

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

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

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

☐ Check this box if neither the organization noi	any relate	d orga	anız	atıo	n co	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe	Position (do not check more than one box, unless person is both an officer and a director/trustee) Or director than one box, unless person is both an officer and a director/trustee) Or director than one box, unless person is both an officer and a director/trustee)				is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Robert Tripp - President	52			✓				5429		
(2) Jody Juarez - Vice President	52			1				13297		
(3) Kevin McClain - Recording Secretary	12			1				68		
(4) Scott Tummons - Financial Secretary	52			1				10139		
(5) Nelson VanDyke - Treasure	16			1				29		
(6) Ralph Spellmeier - Trustee	4			1				60		
(7) Michael Bird - Trustee	4			1				610		
(8) Kenny Williams - Trustee	4			1				15		
(9) Dave Agnew - Executive Board	2			1				429		
(10) Todd White - Executive Board	2			1			ļ	92		
(11) William Brown - Executive Board	2			1				0		
(12) Michael Haze - Executive Board	2			1				1419		
(13) Dave Stewart - Trustee	4						/	27		
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)													
	(A)	(B) Position (do not check more than on				ากค	(D)	(E)		(F)				
	Name and title	Average	box,	unles	s pe	rson	ıs both	n an	Reportable	Reportab			mated	
		hours per week	week					,	compensation from	compensation related			ount of ther	
	(describe hours for	Individual trustee or director	nstit	Officer	Key employee	뺼	Former	the organization	organization (W-2/1099-N			ensatior m the	л	
		related	ecto	Lt io	역	gmp	est c	<u>ē</u>	(W-2/1099-MISC)	(**-2) 1033-1	/1130)	orgar	nızatıon	1
		organizations in Schedule	r fg	າal tı		loye	g g				ļ		related iizations	9
		O)	stee	Institutional trustee		ľ	Highest compensated employee					o.ga.		•
				Õ			Ē							
(15)														
					_			<u> </u>						
(16)														
(4.7)					_			_		<u> </u>				
<u>(17)</u>														
(18)		<u> </u>	 		\vdash	-		╁						
3														
(19)							ļ.—.—							
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									ļ					
(21)														
(22)	*****				┝			-						
(22)														
(23)								 	-		-			
3==2														
(24)		<u> </u>												
		<u></u>												
(25)														
								Ļ	ļ					
1b	Sub-total	 		٠	٠		•		31614	<u> </u>				
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•		-	•		•		31614					
2	Total number of individuals (including but							2) 144	<u> </u>	oro than \$1	00.000	of.		,
_	reportable compensation from the organi			1036	; 1151	.eu	above	3) VV	no received in	ore man pr	00,000	Oi.		
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	ensated			
	employee on line 1a? If "Yes," complete S	Schedule J	for s	ıch	ind	ıvıdı	ual					3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	an \$1	150,	,000)? I	t "Ye	s,"	complete Sch	nedule J fo	r such			
5	Did any person listed on line 1a receive of				· tion	fro			· · · · · ·		 duudual	4		✓
3	for services rendered to the organization											5		1
Section	on B. Independent Contractors								, , , , , , , , , , , , , , , , , , ,					
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	acto	ors that receive	ed more tha	an \$100,	000 of		
	compensation from the organization. Repyear.	ort compe	nsatio	on fo	or tl	пе с	alenc	lar y	ear ending wit	h or within	the orga	anızatıc	on's ta	ìХ
	(A)								(B)			(C)		
	Name and business add	ress							Description of s	ervices	С	ompens	ation	
								_			<u> </u>			
								 			├			
	Total number of independent contractor	re (includir	na bi	ıt n	n t	limıt	od to	\	nee listed ab	ovel who				
_	received more than \$100,000 of compens							, III	iose iisteu dDi	OVE) WITO				

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a					
ìrai	b	Membership dues 1b	479914				
s, C Am	С	Fundraising events 1c					
Gifts, Grants ilar Amounts	d	Related organizations 1d	-				
imil	е	Government grants (contributions) 1e					
tion r S	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f					
n tri	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		479914			
Program Service Revenue			Business Code				
ver	2a						
Re	ь						
vice	С				· · - · · · · · · · · · · · · · · · · ·		
Ser	d	d					·
am	е						
ogr	f	All other program service revenue .			· · · · · · · · · · · · · · · · · · ·		
<u>-</u>	g	Total. Add lines 2a–2f			di'.	*,	~
	3	Investment income (including divide					
		and other similar amounts)		6265			
	4	Income from investment of tax-exempt bo	•				
	5	Royalties	(ii) Personal		•	44.	. 8
	_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(ii) Fersonai	~		2,4	÷ 1
	6a	Gross rents					
	b	Less: rental expenses		. · · · · · · · · · · · · · · · · · · ·		المحدد الأراد	,,
	C	Rental income or (loss)		11 161 64		<u> </u>	المستشنئنة
	d 7a	Net rental income or (loss) Gross amount from sales of (i) Securities	>				
	l la	assets other than inventory	(11) Other				
	b	Less: cost or other basis			•		,
		and sales expenses			Š. *	*	·
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>				
<u>•</u>	0.	Gross income from fundraising				¥	<i>š.</i> ,
venue	8a	events (not including \$,	
		of contributions reported on line 1c)					
Other Re		See Part IV, line 18 a					
the	١,	Less: direct expenses b					
0	C	Net income or (loss) from fundraising	events . ►				
		Gross income from gaming activities.	events .		<u> </u>		
		See Part IV, line 19 a					
	ь	Less: direct expenses b					
		Net income or (loss) from gaming activ	vities ▶		·		- · · · · · · · · · · · · · · · · · · ·
		Gross sales of inventory, less					
		returns and allowances a					
	ь	Less: cost of goods sold b					
		Net income or (loss) from sales of inve	entory ►				
		Miscellaneous Revenue	Business Code				
	11a	Retirement Banquet Ticket Sales	900099	3624			
	b	Shirt Sales	900099	2785			
	С	Cash Dues	900099	766			
	d	All other revenue	900099	2124			
	е	Total. Add lines 11a-11d	•	9299			
	12	Total revenue. See instructions	🕨	495478			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX									
Do no 8b, 9b	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								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			med Hindustradiya k					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	26448							
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	82661							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7345							
9	Other employee benefits								
10	Payroll taxes	11079	· 						
11	Fees for services (non-employees):			•					
а	Management	2560							
b	Legal	7102							
С	Accounting	-							
d	Lobbying								
e	Professional fundraising services See Part IV, line 17				<u> </u>				
f	Investment management fees		<u></u>						
g g	Other								
12		2047							
	Advertising and promotion								
13	Office expenses	50859							
14	Information technology								
15	Royalties								
16	Occupancy	18225							
17	Travel	58412							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	9392							
20	Interest								
21	Payments to affiliates	5495							
22	Depreciation, depletion, and amortization .				"				
23	Insurance								
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	Retirement Banquet	13852							
b	Supplies for Resale	9606							
С	Children's Christmas Party	9044							
d	Dues Remittance	770							
е	All other expenses New Hire Lunches,	1587							
25	Total functional expenses. Add lines 1 through 24e	316484							
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)								

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing 136766 1 27770 2 757580 1045570 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 Assets 7 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c h 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . . . 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 894346 1073340 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Deferred revenue . . 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 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 25 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 894346 1073340 27 27 28 28 29 Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 894346 33 1073340 Total liabilities and net assets/fund balances . . 34 894346 34 1073340 Form 990 (2011)

Form 9	990 (2011)			Pa	age 12			
Par	t XI Reconciliation of Net Assets				3			
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	<u>.</u>	. 🗆			
1	Total revenue (must equal Part VIII, column (A), line 12)	11		49	95478			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Other changes in net assets or fund balances (explain in Schedule O)	5						
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		10	73340			
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				. 🗆			
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," ex			Yes	No			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	7			
b	The state of the s		2b		7			
С	tama and a second secon		2c					
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	oplain in						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearsued on a separate basis, consolidated basis, or both:	ar were			/ .k , .m *%*			

☐ Consolidated basis ☐ Both consolidated and separate basis

3а

3b

Form **990** (2011)

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

Separate basis

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

48-0517457 990 - Part VI, Section A - The labor organization has full dues paying members. 990 - Part VI, Section A, Line 7a - The labor organization's active members each have one vote and elect officers of the governing body every three years as specified by the Constitution. 990 - Part VI, Section A, Line 7b - The labor organization's active members each have one vote and approve all decisions of the governing body and decisions that arise during scheduled membership meetings. 990 - Part VI, Section B, Line 11b - The labor organization's President and Financial Officer review the form before filling. 990 - Part VI, Section C, Line 19 - The labor organization does not routinely make such documents available to the public.