

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



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

		the Treasury ue Service	► The organization may have to use a copy of this return to satisfy state reporting	requirem	nents.	Inspection	
Ā			ndar year, or tax year beginning , 2011, and ending			, 20	
B		applicable	1 109 D	Employ	er identification number		
			C Name of organization Office and Professional employees International Union Local Doing Business As OPEIU Local 109	1105		71-1016972	
✓	Address	_	Number and street (or P O. box if mail is not delivered to street address) Room/suite		Tolopho	ne number	
닏	Name cl	-	2468 Winnipeg Drive	[-	releprior		
닏	Initial ref				863-398-6122		
ᆜ	Termina	ted	City or town, state or country, and ZIP + 4	Į.			
ᆜ	Amende	d retum	Lakeland, FL 33805-9617			eceipts \$ 509922	
	Applicat				group return for affiliates? Tes Ves Vo		
_						ncluded? Yes V No	
<u>l</u>	Tax-exe	mpt status	☐ 501(c)(3)	If "No,"	attach a	list. (see instructions)	
J	Website	: ► ww	v.amcpilots.com H(c) Group ex	emption	number >	
K	Form of	organization:	Corporation ☐ Trust ☐ Association ☑ Other ► Union L Year of formation:	2006	M State	of legal domicile. CO	
F	art I	Summ	ary				
	1	Briefly de	scribe the organization's mission or most significant activities: OPEIU Local	109 repr	esents	the pilots of	
~ ~		Air Metho	ds Corporation in thirty nine (39) states. Through the grievance process, arbitrati	ions and	litigation	on, we	
2012 vance		have cha	lenged several unjust terminations and disciplinary actions. Negotiations and ag	reement	on a ne	ew collective bargaining	
~ E		agreemer	t have been on going for most of this year, seeking improvement in working con	ditions as	nd pay.		
1 3 2012 Governance	2		s box ▶ ☐ if the organization discontinued its operations or disposed of more				
	3		f voting members of the governing body (Part VI, line 1a)		3	789	
ED JUN Activities & O	4		of independent voting members of the governing body (Part VI, line 1b)		4	0	
一一	5		ber of individuals employed in calendar year 2011 (Part V, line 2a)	• •	5	1	
	6,		ber of volunteers (estimate if necessary)		6	20	
ਜ਼ੀਨ	7a		elated business revenue from Part VIII, column (C), line 12	• •	7a	0	
Ź	l 'a		and built and a substitution of the France Co. T. Harris Co.		7b		
4	 	Net unie	 	Prior Year	170	Current Year	
SCANNED Activ	_	Cantribut			22 122		
929	8		ions and grants (Part VIII, line 1h)	30	33,122	509,922	
e e	9	_	service revenue (Part VIII, line 2g)				
Æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		5		
	' '		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6074	0	
_	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5	39201	509922	
	13		d similar amounts paid (Part IX, column (A), lines 1-3)				
	14		paid to or for members (Part IX, column (A), line 4)				
es	15		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	1	64388	138344	
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)				
Ž	b		Iraising expenses (Part IX, column (D), line 25) ▶				
ш	17	•	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	3	70291	415523	
	18		enses. Add lines 13-17 (must equal Part IX-column (A), line 25)			534679	
	19	Revenue	ess expenses. Subtract line 18 from line 12 RFCFIVFD		4558	<24757>	
5	8			ng of Curre	nt Year	End of Year	
Net Assets or	20	Total ass	ets (Part X, line 16)		63319	46998	
₹.	21	Total liab	1 31		0	<148829>	
2	22	Net asset	s or fund balances. Subtract line 21 from line 20		63319	<101831>	
P	art II	Signat	ure Block 의대부N, 네티				
U	nder pena	lties of perju	y, I declare that I have examined this return, including accompanying schedules and statements, a	and to the l	best of n	ny knowledge and belief, it is	
tro	је, соггес	t, and compl	ete Declaration of preparer (other han officer) is based on all information of which preparer has any	y knowledg	ge		
			Lessen Etc.		5-	7-2012	
Si	gn	Signa	fure of officer	Date			
Н	ere	l i	DANN'T MCDADE PRESIDENT OPEN LOC	^AI	109		
		Туре	or print name and title		· V · 1		
_		<u> </u>	e preparer's name Preparer's signature Date	ŀ	Oba-1. [PTIN	
	aid				Check (setf-emp		
	epare	I — .	nme •	Firm's		- 1	
U	se On	y		Phone			
M	av the II		this return with the preparer shown above? (see instructions)		no .	Yes No	
	AY CITO II	10 0100US	tino retain titul tilo proparer enottii abote: (eee medacacii)			Lies [] 140	

Part		nent of Program Service and if Schedule O contains a re	Accomplishments esponse to any question in this Part	III	\square
1	Briefly descri	be the organization's mission	on:		<u> </u>
			Air Methods Corporation, seeking improv		
	benefits. We	also strive to increase safety	of flight operations by working with the	Company and the Federal Aviation	
	Administratio	on, to implement aircraft equi	pment as well as pilot awareness of safe	flying techniques.	·
2	Did the organ	nization undertake any sign	ificant program services during the year	ar which were not listed on the	·
-]Yes ☑No
	•	cribe these new services on			1103 6110
3			g, or make significant changes in he	ow it conducts, any program	
					Yes 🗹 No
	If "Yes," desc	cribe these changes on Sch	edule O.		
4			rvice accomplishments for each of its		
			(4) organizations and section 4947(a)		the amount of
	grants and ai	locations to others, the tota	al expenses, and revenue, if any, for ea	cn program service reported.	
40	(Codo:	\/Evnances &	including grants of ¢) (Payanya ¢	·····
4a			including grants of \$		
					·
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	<u>`</u>
	*				
					·
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

4d		m services (Describe in Sch		•	
40	(Expenses \$	including g	rants of \$) (Revenue)	

Form **990** (2011)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			١.
	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>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	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			•
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		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 24c		1
d 25a	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		1
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		1
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	-	1
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		

orm 99	90 (2011)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
		ل	Yes	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?		-	,
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		✓
2a	. I	H		
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	-
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•.	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		•
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
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		1
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		-	
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders]		
þ	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		<u> </u>
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.	ليا		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			1
b	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
-		. '	, 1	

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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					
Section	on A. Governing Body and Management		•	<u></u>		
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 789					
	If there are material differences in voting rights among members of the governing body, or	1				
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent .]				
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		✓		
3	Did the organization delegate control over management duties customarily performed by or under the direct	_ '		١,		
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		/		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		1		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6	1	-		
6 7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-	· ·			
	one or more members of the governing body?	7a	1			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b	✓			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	······			
	the year by the following:					
а	The governing body?	8a	✓			
b	Each committee with authority to act on behalf of the governing body?	8b	✓			
9						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	√	L		
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		1		
	Division of the state of the st	40-	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓		
Ь	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 filling the form?	11a		1		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		· -		
. <u></u>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done	12c				
13	Did the organization have a written whistleblower policy?	13		✓		
14	Did the organization have a written document retention and destruction policy?	14		✓		
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	}	_			
а	The organization's CEO, Executive Director, or top management official	15a	ļ	✓		
Ь	Other officers or key employees of the organization	15b		1		
460	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
, 16a	with a taxable entity during the year?	16a	1	1		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	- ioa	 	 ▼		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ŀ			
	organization's exempt status with respect to such arrangements?	16b	ļ			
Section	on 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	n 501	(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.					
	✓ Own website					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	oolicy,		
	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	9			
	organization: Robert S. Box 2468 Winnipeg Drive Lakeland, FL 33805-9617 863-398-6122					

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

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

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

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

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

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

<u> </u>	T	1		((C)			1		
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and Title	Average	•				than one that so		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (describe	k 약공 등 오 중 월등		<u>r</u>	from the	related organizations	other compensation			
	hours for	Individual trustee or director	it St	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	related organizations	tor to	long .		횽	8 6	`	(W-2/1099-MISC)		organization and related
	ın Schedule	T I	7		yee	mg	ĺ	1		organizations
	O)	8	Institutional trustee			Highest compensated employee				
						<u> </u>	-			
(1) Danny M. McDade										
President	30			✓				19200		
(2) Dean A. Mischke					ļ					
Vice President	15			✓				6000		
(3) Robert S. Box								İ		
Secretary Treasurer	20			✓				14400		
(4) Michael S. Cheek										
Recording Secretary	2			✓				2200		
(5) Troy V. Montanez										
Business Agent	40				L	✓	<u> </u>	80,424		
(6) Alan Jewett				}						
Trustee	2		✓					2200		
(7) Douglas Bernreuter								ŀ		
Trustee	2		✓		<u> </u>	L	L	2200		
(8) Kevin Kyzer]	}	ŀ					İ		
Trustee	2	L	1				L	2320		· · · · · · · · · · · · · · · · · · ·
(9) Michale D. Cobb	_		1							
Board Member	10	✓		<u> </u>				2400		
(10) Ernest Lonas	1		ŀ		1					
Board Member	2	<u> </u>	<u> </u>	L				2400		
(11) Craig Fielding				1	1					
Board Member	2	1		<u> </u>	<u> </u>	<u> </u>	_	2400		
(12) Johnny Burns										
Board Member	2	/		ļ	ļ		_	0		
(13) James Mayors	1						1			
Board Member	2	1	oxdapsilon	<u> </u>	<u> </u>		L	2200		
(14)	1		-	1	1					
	1	l	1	1	1	1	į	[

Part VII 'Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(C)													
	(A)	(B) Position (do not check more than of				(D)	(E)		(F)				
	Name and title	Average	٠,				than one is that		Reportable	Reportable			nated	
		hours per					or/trusi		compensation	compensation from	n		unt of	
		week			_		_	<u> </u>	from	related			her	
		(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	.		nsation n the	l
		related	8 5	듬	먁	Į Ž	8 3	₫	(W-2/1099-MISC)	(44-2) 1033-141100)	' <u> </u>		zation	
		organizations	약하) Bar		ğ	[®] 😭					•	elated	
		ın Schedule	ust	E		8	<u>ğ</u>					organi	zations	
		O)	8	ste		i	l se		i e					
		ŀ		"			<u> </u>]			1			
(15)														
]				1								
(16)														
3/		}									}			
(17)		* * * * * * * * * * * * * * * * * * * *			-	 		 			+			
32.22		1							1					
(4.0)				-	-		<u> </u>	-			+			
(18)		4			ł				1					
						<u> </u>	<u> </u>	<u> </u>			 			
(19)		1												
						L.,		<u></u>						
(20)								l	ĺ					
								ļ						
(21)														
		1												
(22)		· · · · · · · · · · · · · · · · · · ·			\vdash						1			
<u> </u>		1												
(00)									-					
(23)		}												
				Н		<u> </u>		<u> </u>			+-			
(24)		{												
				L	ļ						4			
(25)				li]					
		}		L										
1b	Sub-total							ightharpoons	138,344	(0			0
С	Total from continuation sheets to Part	VII, Sectio	n A					•	:	(0			<u>_</u>
d	T 1 1 / 1 1 P 4 1 1 4 1			_			_	•	138,344		٥			
2	Total number of individuals (including but				liet	ad:	above	2) vv	ho received m	ore than \$100 (100 0	f		
_	reportable compensation from the organi			1036	; 1131	.cu	above	5) VV	no received in	Jie tilali w 100,t	,000	•		
	reportable compensation from the organi	Zadon V	<u>'</u>									Т	Yes	No
2	Did the organization list any former of	finar diran	a			~~	kov. c		lovoo or biab	act compand	+od		165	NO
3	Did the organization list any former of							amp	hoyee, or nigh	est compensa	ieu		-	
	employee on line 1a? If "Yes," complete 3										•	3		<u>✓</u>
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$1	150,	,000)? <i>I</i>	f "Ye	s, "	complete Sch	edule J for su	ıch	l		
	individual										-	4		✓
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fror	m any	un (related organiz	ation or individ	lual			
	for services rendered to the organization'	? If "Yes," c	ompl	ete	Sch	nedu	ıle J 1	for s	such person		.	5	Ī	1
Section	on B. Independent Contractors		-											
1	Complete this table for your five highest	compensat	ad in	don	and	ont	contr	201	ore that receive	od more than \$	100.0	nn of		
•	compensation from the organization. Rep												n'e ta	J
	•	on compe	nsauc	א ווכ	OI LI	ie c	aleilu	iai y	rear ending wit	ii Oi Williili lile	orgai	וובמווט	11 5 ta	^
	year.													
	(A)								(B)		٥-	(C)		
	Name and business add	ress							Description of s	ervices	<u></u>	mpensa	ation	
Schw	arzwald, McNair and Fusco LLP							Att	orneys				102	,500
Schw	arz Printing Company							Pri	nters				9	,551
	Ramos CPA							Au	dit				8	,075
	Berger							-	bitrator					5993
	re Solutions- St. Louis							-	urt Reporting					,061
2	Total number of independent contractor	rs (includi	na bi	ıt n	ot	lımit	ed to			ove) who				
-	received more than \$100,000 of company		_					, u	4	, 71110				

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
ts	1a	Federated campaigns 1	a				
המים המים	ь	Membership dues 1					
Ē,	c	Fundraising events 1				1	
ifts ar A	d	Related organizations 10					
nii G	e	Government grants (contributions)					
ons Sir	f	All other contributions, gifts, grants,	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	f				
育	~	Noncash contributions included in lines 1a-1f	-				
) on	g h	Total. Add lines 1a–1f		509,922			
		Total. Add lines Ta-11	Business Code	303,322			
Program Service Revenue	20			-			
leve	2a						· · · · · · · · · · · · · · · · · · ·
Э. Н	b					ļ	
Ž	0		-				<u> </u>
ı Se	đ						· · · · · · · · · · · · · · · · · · ·
ran	e	All					
20g	f	All other program service revenue.					
<u> </u>	g	Total. Add lines 2a–2f		· · · · · · · · · · · · · · · · · · ·		1	r ''' · '' · '' · '' · '
	3	Investment income (including div and other similar amounts)					
		· ·	.	0			
	4	Income from investment of tax-exempt	· · · · · ·				
	5	Royalties		-			
	_	<u></u>	(ii) Fersonal				
	6a	Gross rents					
	b	Less: rental expenses					
	C .	Rental income or (loss)					
	d	<u> </u>		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory		•			
	b	Less: cost or other basis					
		and sales expenses .				:	
	C	Gain or (loss) .		1		ļ	
	d	Net gain or (loss)	. <u> •</u>				
enne,	8a	Gross income from fundraising events (not including \$					
Other Reven		of contributions reported on line 1c). See Part IV, line 18	a				
ŧ	ь	Less: direct expenses	ь				
0		Net income or (loss) from fundraising					
		Gross income from gaming activities					· · · · · · · · · · · · · · · · · · ·
		See Part IV, line 19					
	ь	Less: direct expenses	ь	ļ			
	C	Net income or (loss) from gaming a					
	_	Gross sales of inventory, less					
	100	returns and allowances					
	ь	Less: cost of goods sold	b				
	C	Net income or (loss) from sales of in					
	٠	Miscellaneous Revenue	Business Code				
	11a		223,030,000	1			
			-			 	
	b		- 				
	C	All other revenue	-			 	
	d	All other revenue				1	
	12	Total. Add lines 11a–11d Total revenue. See instructions.		500020		 	
	14	i oran neveniue. See mstructions.		509922		1	1

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	138,344						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages	7461						
9	Other employee benefits							
10	Payroll taxes	8719						
11	Fees for services (non-employees):							
a	Management	127779						
b	Legal	10297						
d	Lobbying	19307						
e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees				 			
g	Other							
12	Advertising and promotion				" 			
13	Office expenses	12112						
14	Information technology	380						
15	Royalties							
16	Occupancy				 			
17	Travel	35946						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	10307						
20	Interest							
21	Payments to affiliates	164213						
22	Depreciation, depletion, and amortization .			,				
23	Insurance	2272	,	· · · · · · · · · · · · · · · · · · ·				
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	Lost Time to Air Methods	4761						
b	Voting (CBA)	3652						
C					<u> </u>			
d	All other evenes							
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	526243	· · · · · · · · · · · · · · · · · · ·					
25 26	Joint costs. Complete this line only if the	320243						
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							
		L						

Part X Balance Sheet (A) (B) Beginning of year End of year 52111 1 46998 2 11208 2 0 3 3 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) Assets 7 7 8 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 Other assets. See Part IV, line 11 63319 16 46998 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 78256 17 148829 18 18 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 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, pavables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 78256 26 148829 26 Organizations that follow SFAS 117, check here ▶ □ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 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 63303 33 46998 33 Total liabilities and net assets/fund balances -19468 <101831> 34 34

Page	1	2
raye		-

Part	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)	1		50	9,922				
2	Total expenses (must equal Part IX, column (A), line 25)	2		52	26243				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			63303				
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		2	21254				
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990:		1 1						
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			ĺ				
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		1				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over								
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c	✓	l				
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in							
	Schedule O.				ĺ				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	r were	1 1						
	issued on a separate basis, consolidated basis, or both:				ĺ				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in							
	the Single Audit Act and OMB Circular A-133?		3a		✓				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	go the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b						
			Form	990	(2011)				

SCHEDULE D (Form 990)

Supplemental Financial Statements

20

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Office and Professional employees International Union Local 109 71-1016972 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Cat. No 52283D

Schedule D (Form 990) 2011

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	follo	wing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	prog	rams	
b	☐ Scholarly research		е	☐ Other	r			
C	☐ Preservation for future generations	5						
4	Provide a description of the organization	tion's collections	and expl	ain how t	hey further th	ne orç	ganization's exe	mpt purpose in Part
	XIV.							
5	During the year, did the organization							
	assets to be sold to raise funds rather			-				
Part		_	-	_	anization ar	nswe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amour							
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and comp	lete the fo	ollowing t	able:			
				_			F	Amount
C	Beginning balance					10	;	
d	Additions during the year					10	1	
е	Distributions during the year					16	,	
f	Ending balance					11		
2a	Did the organization include an amount	nt on Form 990, F	Part X, line	21? .				🗌 Yes 🗌 No
<u>b</u>	If "Yes," explain the arrangement in P							
Par	V Endowment Funds. Compl							
		(a) Current year	(b) Pr	or year	(c) Two years	back	(d) Three years bac	ck (e) Four years back
1a	Beginning of year balance		ļ		ļ			
b	Contributions		_					
С	Net investment earnings, gains, and							
_	losses		-					
d	Grants or scholarships	- · · · · · · · · · · · · · · · · · · ·	 					
е	Other expenditures for facilities and programs							
	Administrative expenses							
Ť	End of year balance			-			 	
g 2	Provide the estimated percentage of t	he current vear e	nd haland	e (line 1o	column (a))	held	 as [.]	
a	Board designated or quasi-endowmer			,	,, σοιατιπ (α),	11010		
b	Permanent endowment ►		'					
c	Temporarily restricted endowment ▶							
•	The percentages in lines 2a, 2b, and 2		00%.					
3a	Are there endowment funds not in the			ization tha	at are held ar	nd ad	ministered for t	he
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations					•		3a(ii)
b	If "Yes" to 3a(ii), are the related organ							3b
4	Describe in Part XIV the intended use							
Part		ment. See For	m 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or o		1 ' '	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment			<u> </u>				
ее	Other	·		<u></u>				
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form S	990, Part	X, columr	n (B), line 10(d	c).)	<u></u> ▶	

Part VII	Investments - Other Securi	ties. See Form 990, Part X	, line 12.	
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	alue
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				<u></u>
(F)				
(G)				
(H)				
(l)	A)	1 5		
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12. Investments—Program Relation		V line 13	
Part VIII		(b) Book value		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market va	ılue
(1)				
(2)				·
(3)				
(4)			· · · · · · · · · · · · · · · · · · ·	
(5) (6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				·
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets. See Form 990	, Part X, line 15.		
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)				
(9)				
(10)	umn (b) must equal Form 990, Part	X. col. (B) line 15.)		
Part X	Other Liabilities. See Form 9			
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)			_	
	(b) must equal Form 990, Part X, col. (B) line 25		1	
			o the organization's financial statements	that reports the
organizatio	n's liability for uncertain tax positio	ns under FIN 48 (ASC 740).		

Page	4
raue	•

Parl	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States	nents	······
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	509,922
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	534679
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<24757>
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Ret	turn
1	Total revenue, gains, and other support per audited financial statements	1	509,922
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	Ì	
b	Donated services and use of facilities		
C	Recoveries of prior year grants	7	
d	Other (Describe in Part XIV.)	7	
e	Add lines 2a through 2d	26	• 0
3	Subtract line 2e from line 1	3	509,922
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	40	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	509,922
Part			eturn
1	Total expenses and losses per audited financial statements	- T	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		<u> </u>
е	Add lines 2a through 2d	2€	0
3	Subtract line 2e from line 1	3	534679
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	40	:
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	534679
Part	XIV Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	mplete	e this part to provide
any a	dditional information.		

		- -	

chedule D (Form 990) 2011 Page 5					
Part XIV	Supplemental Information (continued)				
					
	·				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number		
Office and Professional employees International Union Local 109	71-1016972		
Part VI Section A 7 b			
Danny M. McDade 4609 Brookview Road Rockford, IL 61108-5803			
Alan G. Jewett 23523 Esaws Avenue Apple Valley, CA 92307-4407			
Craig V. Fielding 3600 Walker Road Hillsborough, NC 27278-8437			
Dean A. Mischke 5700 W Brookdale Dr Reno NV 89523-2280			
Douglas B. Bernreuter 840 Cloudberry Branch Way Jacksonville, FL 32259-4451			
Ernie W. Lonas 2405 Brett Drive Champaign, IL 61821-5753			
James A. Mayors 1399 49th Avenue N.E. Saint Petersburg, FL 33703-4119			
Johnny J. Burns 5119 North Miller Place Oklahoma City, OK 73112-8036			
Michael S. Cheek 1001 East 109th Terrace Kansas City, MO 64131-3561			
Michale D. Cobb 1019 Berkshire Boulevard Mount Juliet, TN 37122			
Troy V. Montanez 3330 S. 29th Street Lincoln, NE 68529-0805			
Kevin C. Kyzer 7477 South Lamar Street Littleton, CO 80128-7044			
Gale J. Wolff 425 Roosevelt Woods Court Fenton, MO 63026-3982			
Part VI Section B 15 All Board members and employee salaries are voted on by the membership per o	ur constitution.		

Octriedale O (1 01111 330 01 330-EZ) (2011)	Page Z
Name of the organization	Employer identification number
•	
······································	
······································	