

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



DLN: 93493311002452

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

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

Open to Public

| Λ Fo | r the | 2011 calendar year, or tax year beginning 01-01-2011 and er | nding 12-31-2011 | | | | Inspection |
|--------------------------------|-----------|---|--------------------|---------------------|----------------------|--------------|-----------------------------|
| | | applicable C Name of organization LINTE HERE LOCALE | iding 12-31-2011 | |) Employ | er ider | ntification number |
| | dress ch | ONTE HERE LOCAL 5 | | | 99-003 | 37985 | 5 |
| | me cha | Doing Business ∆s | | | ETelepho | | |
| | tial retu | | | _ | (808)9 | 941-2 | 141 |
| _ | | 1516 C KING CEREET | address) Room/sui | te | | | 7,271,504 |
| | rmınate | ed | | _ | | | |
| | ended | HONOLULU, HI 96826 | | | | | |
| M Apı | plication | n pending | | _ | | | |
| | | F Name and address of principal officer | | H(a) Is this | a group r | eturn | |
| | | ERIC W GILL 1516 S KING STREET | | affiliate | s? | | ⊤Yes 🔽 No |
| | | HONOLULU, HI 96826 | | H(b) Are all a | ffiliates in | nclude | d? |
| | | | | | | | (see instructions) |
| I Ta | x-exem | npt status | or 527 | H(c) Group | exemptio | on nun | nber ► |
| J W | ebsite | e: ► WWW UNITEHERE5 ORG | | | | | |
| K For | m of or | ganization Corporation Trust Association Other | <u>'</u> | L Year of forms | ation 193 | 8 M | State of legal domicile HI |
| | rt I | Summary | | L real of foline | ation 1936 | ° 14 | State of legal dofficile. H |
| | | Briefly describe the organization's mission or most significant a | struitios | | | | |
| | | ORGANIZES WORKERS IN THE HOTEL AND RESTAURANT I | | HAWAII TO SI | ECURE I | MPRO | VED WAGES, |
| a 1 | | HOURS, WORKING CONDITIONS, AND OTHER ECONOMIC | | | | | |
| Governance | | AND COLLECTIVE BARGAINING | | | | | |
| <u> </u> | | | | | | | |
| <u>₹</u> | : | | | | | | |
| | 2 | Check this box 🔭 if the organization discontinued its operatio | ns or disposed o | f more than 25° | % of its r | net as | sets |
| න් රා | 3 | Number of voting members of the governing body (Part VI, line ${f x}$ | 1a) | - | | 3 | 15 |
| ě | 4 | Number of independent voting members of the governing body (| Part VI, line 1b) | | | 4 | 10 |
| Activities & | 5 | Total number of individuals employed in calendar year 2011 (Pa | art V , line 2a). | | | 5 | 102 |
| ĕ | 6 | Total number of volunteers (estimate if necessary) | | | | 6 | 0 |
| | 7a - | Total unrelated business revenue from Part VIII, column (C), lii | ne 12 | | | 7a | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 3 | 4 | _ | | 7b | 0 |
| | | | | Prior Y | 'ear | | Current Year |
| <u>.</u> | 8 | Contributions and grants (Part VIII, line 1h) | | | 0 | 0 | |
| 3 | 9 | Program service revenue (Part VIII, line 2g) | | 6,917,1 | | 57 | 7,229,950 |
| Ravenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d |) | | 25,846 | | 17,398 |
| ш. | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 | | | 26,26 | 65 | 24,156 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, 12) | | | 6,969,26 | 68 | 7,271,504 |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1 | | | 38,36 | _ | 13,929 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | 265,0! | | 153,350 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, col | | | | | |
| 8 | | 5-10) | (· · // · · · · · | | 2,814,2 | 17 | 2,672,197 |
| æ | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | 0 | 0 |
| Expenses | ь | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | | | | |
| _ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24 | e) | | 4,092,0 | 26 | 3,116,839 |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, colum | n (A), lıne 25) | | 7,209,6! | 5 5 | 5,956,315 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | | -240,38 | 87 | 1,315,189 |
| 8 8 9 8 | | | | Beginning o | | t | End of Year |
| Net Assets or Fund Balances | 20 | Total assets (Part V. Line 16) | | Yea | | 7 2 | |
| AS: | 20 | Total assets (Part X, line 16) | | | 6,070,4 | _ | 7,010,988 |
| ž,š | 21 22 | Net assets or fund balances Subtract line 21 from line 20 . | | | 1,115,2: 4,955,26 | _ | 740,538 6,270,450 |
| | | | · · · · | | 4,955,20 | 01 | 6,270,430 |
| | rt II | Signature Block Ities of perjury, I declare that I have examined this return, including | | hadulas and stat | amonta s | and to | the best of my |
| know | ledge : | and belief, it is true, correct, and complete. Declaration of preparer (| | | | | |
| know | ledge. | | | | | | |
| | | 1. | | | 44.65 | | |
| C: | | ****** Signature of officer | | 2012 Date | -11-06 | | |
| Sigr Her | | | | 2300 | | | |
| | - | ERIC W GILL FINANCIAL SECRETARY-TREASURER Type or print name and title | | | | | |
| | | Poto | | heck if | Prenarer's | taxnav | er identification number |
| Dv: ¬ | | Preparer's signature LOUIS VERZELLA CPA 2012-11- | 06 se | elf- | (see ınstru | ctions) | er actioneduon number |
| Paid | arer's | · • | е | mployed 🕨 🦵 | P00360279 |) | |
| Use (| | ıf self-employed), | | | EIN 🕨 61- | 143695 | 6 |
| JUG 1 | J.IIY | address, and ZIP + 4 ONE PRESIDENTIAL BLVD SUITE 330 | | | | h | 0) 660 0400 |
| | | BALA CYNWYD, PA 19004 | | | Phone no | ▶ (61 | 0) 668-9400 |

May the IRS discuss this return with the preparer shown above? (see instructions)

| Part | •••• | Statement of Program Service and Check of Schedule O contains a response | | | F |
|-------------|----------------|--|--|--------------------------------|----------|
| 1 | Briefl | y describe the organization's mission | | | |
| AND NEGO | MAIN' TIAT | D HOTEL AND RESTAURANT INDUSTR' FAINED EQUITABLE WAGE SCALES AN IONS AND COLLECTIVE BARGAINING, NT EMPLOYEES | D WORKING CONDITIONS, REPRE | SENTED UNION MEMBERS | THROUGH |
| | the pr | e organization undertake any significant p or Form 990 or 990-EZ? | | ch were not listed on | Yes ✓ No |
| | | s," describe these new services on Sched | | | |
| | servi | e organization cease conducting, or make es? | | cts, any program | Yes 🔽 No |
| 4 | Desci exper | ibe the organization's program service ac- ses Section 501(c)(3) and 501(c)(4) org and allocations to others, the total expe | complishments for each of its three l anizations and section 4947(a)(1) t | rusts are required to report t | |
| | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| -ru | ORGA SCALI | NIZED HOTEL AND RESTAURANT INDUSTRY WORKI S AND WORKING CONDITIONS, REPRESENTED UN ARE AND INTERESTS OF HOTEL AND RESTAURANT | ERS THROUGHOUT THE ORGANIZATION'S JUI | RISDICTION, ESTABLISHED AND MA | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | (Code |) (Expenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) |
| C | | , (Expenses ¢ | including grants of \$\psi\$ |) (Revenue \$ | , |
| | | | | | |
| | | | | | |
| | | | | | _ |
| 4d | | r program services (Describe in Schedul | | | |
| | | | g grants of \$ | (Revenue \$ |) |
| 4e | Tota | program service expenses +\$ | | | |

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|-----------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | Νo |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | No |
| 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 | | N o |
| 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," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | Yes | |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 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 | | No |
| 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 $\sqrt{2}$ | 10 | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| | 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 | | No |
| | 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 | | No |
| | 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 | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | |
| 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | No |
| 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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, Part I | 14b | | No |
| 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 U S? If "Yes," complete Schedule F, Part II and IV | 15 | | No |
| 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 U S ? If "Yes," complete Schedule F, Part III and IV | 16 | | No |
| 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? <i>If</i> "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II | 18 | | No |
| 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 | | N o |
| 20a | | 20a | | N o |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 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 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | | N o |
| 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| 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 owner? If "Yes," complete Schedule L, Part IV | 28c | | N o |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Part I | 31 | | No |
| 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 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | and V, line 1 | 34 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| 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 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 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 | Yes | |
| | | F | orm 990 | (2011) |

| • | , |
|--------|---|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance |

| | Check if Schedule O contains a response to any question in this Part V | • | •1 | |
|----------|--|----------|-----|----|
| | | | Yes | No |
| .a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | 1a 20 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| a | 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 | 10 | | |
| | return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| а | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| | year? | За | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| a | 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 or securities account)? | 4a | | No |
| 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 | | | |
| а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | No |
| h | organization solicit any contributions that were not tax deductible? | | | |
| | were not tax deductible? | 6b | | |
| ' | Organizations that may receive deductible contributions under section 170(c). | _ | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| 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 | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | 7- | | |
| f | contract? | 7e 7f | | |
| | 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 | 7h | | |
| } | 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 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| .0 .a | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| 1 | facilities Section 501(c)(12) organizations, Enter | | | |
| | Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other | | | |
| | sources against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| D | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization | | | |
| h | allocated to each state | 13a | | |
| | Enter the aggregate 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 aggregate amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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

| Se | ection A. Governing Body and Management | | | | | | |
|-----|---|-----|-----|----|--|--|--|
| | | | Yes | No | | | |
| | | | | | | | |
| 4. | Enterphysical Control of Control of the Control of | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | | | | |
| 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 | | No | | | |
| 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 | | No | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No | | | |
| 5 | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | Yes | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | | | | |
| 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 | Yes | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | |
| а | The governing body? | 8a | Yes | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | No | | | |
| 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 | | No | | | |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | | | | |
| Re | evenue Code.) | | | | | | |
| | | | Yes | No | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | |
| 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 | Yes | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | | | |
| 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 | | No | | | |
| b | Other officers or key employees of the organization | 15b | | No | | | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | | | | |
| Se | ection C. Disclosure | ' | | | | | |
| 17 | | | | | | | |
| | | | | | | | |

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ERIC W GILL
 1516 S KING STREET

HONOLULU, HI 96826 (808) 941-2141

<u>Part VII</u> 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, and **current** key employees 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, or 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 organiz | • | lated or | rganı | zatio | ns o | compe | nsat | ed any current or fo | ormer officer, direct | or, or trustee |
|---|--|-----------------------------------|--|--------|--------------|------------------------------|--|--|--|--------------------------|
| (A) Name and Title | (B) Average hours per week (describe hours | Positi more unles an | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and | |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Office | Key employee | Highest compensated employee | Former | | MISC) | related organizations |
| (1) HERNANDO R TAN PRESIDENT | 40 00 | | | Х | | | | 67,156 | 0 | 16,808 |
| (2) GODFREY T MAESHIRO SENIOR VICE PRESIDENT | 1 00 | | | Х | | | | 825 | 0 | 178 |
| (3) ERIC W GILL FINANCIAL SECRETARY-TREASU | 40 00 | | | Х | | | | 81,123 | 0 | 17,223 |
| (4) JOYCE A GRIFFIN EXECUTIVE BOARD | 1 00 | | | Х | | | | 525 | 0 | 45 |
| (5) MICHAEL A MCGURN EXECUTIVE BOARD | 1 00 | | | Х | | | | 825 | 0 | 45 |
| (6) LORETA N TACTAY EXECUTIVE BOARD | 40 00 | | | Х | | | | 43,314 | 0 | 15,210 |
| (7) JOYCE L TIHADA EXECUTIVE BOARD | 1 00 | | | х | | | | 675 | 0 | 45 |
| (8) ADORACION D UDANI EXECUTIVE BOARD | 40 00 | | | Х | | | | 21,588 | 0 | 7,422 |
| (9) CAROLYN E WOO EXECUTIVE BOARD | 1 00 | | | х | | | | 2,118 | 0 | 493 |
| (10) RITA S IKEDA EXECUTIVE BOARD TRUSTEE | 40 00 | | | Х | | | | 56,294 | 0 | 18,003 |
| (11) MAGGIE T LARSON EXECUTIVE BOARD | 1 00 | | | х | | | | 825 | 0 | 45 |
| (12) MARGARET K SATO TRUSTEE | 1 00 | | | Х | | | | 525 | 0 | 45 |
| (13) DEBORAH T TABAR EXECUTIVE BOARD TRUSTEE | 1 00 | | | х | | | | 674 | 0 | 45 |
| (14) EVELYN D MARCELINO EXECUTIVE BOARD | 1 00 | | | х | | | | 750 | 0 | 45 |
| (15) ANGELA R PRIGGE EXECUTIVE BOARD | 1 00 | | | х | | | | 675 | 0 | 45 |
| ı | | | | | | | | | | |
| | | | | | | | | | | |

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

| | (A) Name and Title | (B) A verage hours per week (describe hours | unles an | on (d e tha | n one son er ai | e bo is bo nd a | x, oth) | | Rep comp fro organiz | (D) ortable ensation m the zation (W- 9-MISC) | on compensation amount of compensation compensations from the | | | | |
|----|---|---|-----------------------------------|-----------------------|-----------------------|-----------------------|------------------------------|---------------|-------------------------------|--|---|-------|--------------|--------|--|
| | | for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | MISC) | | organiza | I | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 1b | Sub-Total | <u> </u> | | <u> </u> | | <u> </u> | | <u> </u> ► | | T | | | | | |
| С | Total from continuation sheets | to Part VII, Sec | tion A | | | | | ► | | | | | | | |
| d | Total (add lines 1b and 1c) . | | | | | | | F | | 277,892 | | 0 | | 75,697 | |
| 2 | Total number of individuals (incli \$100,000 of reportable compens | | | | | ted | above |) who | receive | d more tha | in | | | | |
| | | | | | | | | | | | | | Yes | No | |
| 3 | Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch | | | | | | | | | t compens | ated employee | 3 | | No | |
| 4 | For any individual listed on line 1 organization and related organization and related organization. | | | | | | | | | | | | | _ | |
| 5 | Did any person listed on line 1a | | | | | | | | | | or individual for | 4 | | No | |
| | services rendered to the organiz | ation in res, o | compiet | e Scn | eaui | елт | orsuci | ı per: | son . | | • [| 5 | | No | |
| | ction B. Independent Con | | | | | | | | | | | | | | |
| 1 | Complete this table for your five \$100,000 of compensation from or within the organization's tax y | the organizatio | | | | | | | | | | | | | |
| | Nan | (A) ne and business add | dress | | | | | | | Desc | (B) ription of services | | (C Comper | | |
| | | | | | | | | | | | | # | | | |
| | | | | | | | | | | | | \pm | | | |
| | otal number of independent conti | | | ot lır | nited | l to | those | liste | d above) | who recei | ved more than | + | | | |

| Form 99 | | | | | | Page 9 |
|--|--------------|--|----------------------|--|---|---|
| | /1111 | 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 |
| まま | 1a | Federated campaigns 1a | _ | | | |
| 딦 | b | Membership dues 1b | _ | | | |
| ∰. | С | Fundraising events 1c | _ | | | |
| <u>≅</u> ,⊒ | d | Related organizations 1d | _ | | | |
| e E | e | Government grants (contributions) 1e | _ | | | |
| Contributions, gifts, grants and other similar amounts | f g | All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ | - | | | |
| Ş <u>ĕ</u> | h | Total. Add lines 1a-1f | • | | | |
| | | Business Code | | | | |
| Program Service Revenue | 2a | MEMBERSHIP DUES 9000 | 7,215,731 | 7,215,731 | | |
| Eg Eg | ь | INSURANCE PREMIUMS RET 5242 | 98 14,219 | 14,219 | | |
| - Se | С | | | | | |
| ē. E | d | | | | | |
| 8 | e | | | | | |
| grag. | f | All other program service revenue | | | | |
| Š | | Total. Add lines 2a−2f | 7 220 050 | | | |
| | д 3 | Investment income (including dividends, interest | 7,229,950 | | | |
| | | and other similar amounts) | 17,398 | | | 17,398 |
| | 4 | Income from investment of tax-exempt bond proceeds | · | | | , |
| | 5 | Royalties | | | | |
| | | (ı) Real (ıı) Personal | | | | |
| | 6a | Gross rents | 7 | | | |
| | b | Less rental | 7 | | | |
| | l c | expenses Rental income | - | | | |
| | d | or (loss) Net rental income or (loss) | _ | | | |
| | l u | (i) Securities (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | |
| | ь | Less cost or other basis and sales expenses | | | | |
| | C | Gain or (loss) | _ | | | |
| | d | Net gain or (loss) | | | | |
| Other Revenue | 8a | s of contributions reported on line 1c) | | | | |
| щ | | See Part IV, line 18 | | | | |
| Ter. | b | Less direct expenses b | 1 | | | |
| ₹ | С | Net income or (loss) from fundraising events | 7 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 a | | | | |
| | b c | Less direct expenses b Net income or (loss) from gaming activities | 7 | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | | | | |
| | b | Less cost of goods sold b | | | |] |
| | С | Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11a | OTHER INCOME 9000 | 99 24,156 | | | 24,156 |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue | | | | |
| | е | Total. Add lines 11a-11d | 24,156 | | | |
| | 12 | Total revenue. See Instructions | 7,271,504 | 7,229,950 | o | 41,554 |

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

| | neck if Schedule O contains a response to any question in this Part IX | <u> </u> | | | |
|-------|--|------------------------------|------------------------------------|---|---------------------------------------|
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 13,929 | | | |
| 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 | Benefits paid to or for members | 153,350 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 353,587 | | | |
| 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 | 1,588,479 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 169,757 | | | |
| 9 | Other employee benefits | 382,212 | | | |
| 10 | Payroll taxes | 178,162 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 96,339 | | | |
| _ | Accounting | 40,459 | | | |
| d | Lobbying | 40,439 | | | |
| u | Professional fundraising See Part IV, line 17 | | | | |
| e | | 77.406 | | | |
| f | Investment management fees | 77,486 | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 225,230 | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 365,870 | | | |
| 17 | Travel | 194,681 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 55,768 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 1,890,084 | | | |
| 22 | Depreciation, depletion, and amortization | 15,494 | | | |
| 23 | Insurance | 91,561 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| а | SHOP STEWARDS DUES REFU | 62,884 | | | |
| b | EDUCATION AND TRAINING | 983 | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 5 056 215 | | | |
| | | 5,956,315 | | | |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Pa | irt X | Balance Sheet | | | | | | |
|----------------|-------|---|-----------|--------------|-------|--------------------------|--|---------------------------|
| | | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | | 104,756 | 1 | -35,179 |
| | 2 | Savings and temporary cash investments | | | | 5,154,486 | 2 | 6,349,083 |
| | 3 | Pledges and grants receivable, net | | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 609,346 | 4 | 611,709 |
| | 5 | Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of | key en | nployees, a | nd | | | |
| | | Schedule L | | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under see persons described in section $4958(c)(3)(B)$ Complete Part II of | | 958(f)(1)) a | and | | | |
| | | Schedule L | | | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | | 7 | |
| 80 | 8 | Inventories for sale or use | | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | | 29,909 | 9 | 28,920 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 23 | 9,341 | | | |
| | b | Less accumulated depreciation | 10b | 18 | 6,700 | 57,920 | 10c | 52,641 |
| | 11 | Investments—publicly traded securities | | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | | 13 | |
| | 14 | Intangible assets | | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 114,055 | 15 | 3,814 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | | 6,070,472 | 16 | 7,010,988 |
| | 17 | Accounts payable and accrued expenses . | | | | 274,146 | 17 | 230,328 |
| | 18 | Grants payable | | | | | 18 | |
| | 19 | Deferred revenue | | | | 9,033 | 19 | 10,413 |
| | 20 | Tax-exempt bond liabilities | | | | | 20 | |
| ø. | 21 | Escrow or custodial account liability Complete Part IV of Schedule | D . | | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | | |
| æ | | persons Complete Part II of Schedule L | | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties . | | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part | | | | 832,032 | 25 | 499,797 |
| | 26 | D | | | | 1,115,211 | 26 | 740,538 |
| | 20 | Organizations that follow SFAS 117, check here ► ✓ and comple | ata lina | ne 27 | | 1,110,211 | 20 | 740,000 |
| φ | | through 29, and lines 33 and 34. | ece iiiie | :5 27 | | | | |
| ä | 27 | Unrestricted net assets | | | | 4,955,261 | 27 | 6,270,450 |
| <u> </u> | 28 | Temporarily restricted net assets | | | | | 28 | |
| <u></u> | 29 | Permanently restricted net assets | | | | | 29 | |
| r Fund Balance | | Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34. | compl | ete | | | | |
| s or | 30 | Capital stock or trust principal, or current funds | | | | | 30 | |
| sets | 31 | Paid-in or capital surplus, or land, building or equipment fund . | | | | | 31 | |
| ASS | 32 | Retained earnings, endowment, accumulated income, or other fun | | - | | | 32 | |
| Net / | 33 | Total net assets or fund balances | | | | 4,955,261 | 33 | 6,270,450 |
| Ž | 34 | Total liabilities and net assets/fund balances | | | | 6 070 472 | | 7 010 988 |

| Ра | Check if Schedule O contains a response to any question in this Part XI | | | | |
|-----|---|--------|----|-----|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 7.2 | 271,50 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 956,31 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 1,3 | 315,189 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 4,9 | 955,26 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 1 |
| 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 | | 6,2 | 270,450 |
| Par | TXII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII | | | ৮ | |
| | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | [| 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis | sued | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | quired | 3b | | |

DLN: 93493311002452

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Yes

Yes

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

| Name | of the | organi | zatıon |
|---------|---------|--------|--------|
| UNITE I | HERE LO | OCAL 5 | |

Employer identification number

99-0037985

| Part I-A | Complete if the organization is exemp | ot under section 501(c |) or is a section 52 | 27 organization. |
|----------|---------------------------------------|------------------------|----------------------|------------------|
| | | | | |

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures
- 3 Volunteer hours

Р

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

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

| (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 - |
|----------|---------------------|----------------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Grassroots lobbying expenditures

| (The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) | ווטפ | edule C (F | 01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1 | | | | | Page ∠ |
|--|------|--------------|--|---------------------------|-----------------------|------------------|---|------------------|
| A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) | Pa | rt II-A | | n is exempt under | section 501(| c)(3) and fi | iled Form 5768 | (election |
| expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0 | ١ | Check | | an affiliated group (and | lıst ın Part IV ea | ch affiliated gr | oup member's nam | e, address, EIN, |
| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 If the excess over \$1,000,000 If the excess over \$1,000,000 Over \$1,000,000 If the excess over \$1,000 | | | expenses, and share of excess lob | bying expenditures) | | _ | • | |
| Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Diver \$500,000 Diver \$500,000 Diver \$500,000 but not over \$1,000,000 Diver \$1,000,000 but not over \$1,000,0 | 3 | Check | ıf the filing organization checked bo | ox A and "limited contro | ol" provisions app | ly | 1 | 1 |
| (The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but | | | Limits on Lobbying | Expenditures | | | (a) Filing | (b) Affiliated |
| Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00 | | | | | l.) | | Organization's Totals | Group Totals |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000, | | - | | | 1 \ | | 100013 | Totals |
| c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 F1,000,000 F1,000,0 | | | | · - | | | | |
| d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000 | | | | | ying) | | | |
| Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: | | | , | b) | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0 | d | Otherexe | empt purpose expenditures | | | | | |
| Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000 | e | Total exe | mpt purpose expenditures (add lines 1 | .c and 1d) | | | | |
| Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount | f | | nontaxable amount Enter the amount | from the following table | in both | | | |
| Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00 | | If the an | ount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | Not over \$5 | 500,000 | 20% of the amount on lii | ne 1e | | | |
| Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00 | | Over \$500, | 000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 000 | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount | | Over \$1,00 | 0,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | Over \$1,50 | 0,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500, | 000 | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | Over \$17,0 | 00,000 | \$1,000,000 | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | Grassroo | ts nontaxable amount (enter 25% of li | ne 1f) | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | h | Subtract | line 1a from line 1a If zero or less. en | ter -0 - | | | | |
| Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount | | | | | | | | |
| 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | | | | organization file | Form 4720 re | portina | |
| (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | | | | | | F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | ┌ Yes ┌ No |
| Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount | | (Sor | ne organizations that made a | section 501(h) el | ection do not | have to co | | ne five |
| beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount | | | Lobbying Exp | enditures During | 4-Year Avera | ging Period | d | |
| b Lobbying ceiling amount | | | | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| | 2a | Lobbyin | g non-taxable amount | | | | | |
| | b | | | | | | | |
| c Total lobbying expenditures | c | Total loi | obying expenditures | | | | | |
| | | | | | | | | |
| d Grassroots non-taxable amount | d | Grassro | ots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | e | | | | | | | |

| che | edule C (Form 990 or 990-EZ) 2011 | | | | Pa | age 3 |
|-----|--|-------|----------|---------|-------|--------------|
| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has f (election under section 501(h)). | NOT f | iled F | orm | 5768 | 3 |
| | | (| a) | (b) | | |
| | | Yes | No | 1 | Amoun | it |
| L | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | Volunteers? | | | 4 | | |
| Ь | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | 4 | | |
| C | Media advertisements? | | <u> </u> | ╀ | | |
| d | Mailings to members, legislators, or the public? | | | ــــــ | | |
| e | Publications, or published or broadcast statements? | | | ـــــــ | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | O ther activities? If "Yes," describe in Part IV | | | | | |
| j | Total lines 1c through 1: | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| ar | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 501(c |)(5), | or s | ectio | n |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | L | 1 | Yes | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | L | 2 | | Νo |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | 3 | | Νo |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". | | | | ectio | n |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | 2a | <u> </u> | | | |
| b | Carryover from last year | 2b | | | | |
| С | Total | 2c | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | | |

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11 Also, complete this part for any additional information

Identifier | Return Reference | Explanation

5

DLN: 93493311002452

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Name of the organization UNITE HERE LOCAL 5

Employer identification number

| | | | | 0037985 |
|-----|---|---|------------------------|--------------------------------|
| Par | Organizations Maintaining Donor Association answered "Yes" to Form 99 | | r Funds | or Accounts. Complete if the |
| | organization answered tes to form 95 | (a) Donor advised funds | | (b) Funds and other accounts |
| | Total number at end of year | | | |
| | Aggregate contributions to (during year) | | | |
| | Aggregate grants from (during year) | | | |
| | Aggregate value at end of year | | | |
| | Did the organization inform all donors and donor adv funds are the organization's property, subject to the | | | ısed Yes No |
| | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit | | | |
| П | Conservation Easements. Complete | ıf the organization answered "Ye | es" to Forn | n 990, Part IV, line 7. |
| | Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space | on or pleasure) Preservation of Preservation of | of a certifie | d historic structure |
| | Complete lines 2a–2d if the organization held a qual easement on the last day of the tax year | ified conservation contribution in the | form of a co | T |
| | Tabal w | | <u> </u> | Held at the End of the Year |
| | Total number of conservation easements | | 2a | |
| | Total acreage restricted by conservation easements Number of conservation easements on a certified his | | 2b | |
| | Number of conservation easements included in (c) a | • • | 2c 2d | |
| | | | | |
| | Number of conservation easements modified, transfe | erred, released, extinguished, or term | inated by tr | ne organization during |
| | the taxable year 🗠 | | | |
| | Number of states where property subject to conserv | ation easement is located 🗕 | | |
| | Does the organization have a written policy regarding enforcement of the conservation easements it holds | | handling of | fviolations, and Yes No |
| | Staff and volunteer hours devoted to monitoring, insp | pecting and enforcing conservation ea | asements d | uring the year ► |
| | Amount of expenses incurred in monitoring, inspecti ► \$ | ng, and enforcing conservation easen | nents durin | g the year |
| | Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 2(d) above satisfy the requirements o | fsection | ┌ Yes |
| | In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer | the footnote to the organization's fina | | |
| rt | Organizations Maintaining Collection Complete if the organization answered | ons of Art, Historical Treasure "Yes" to Form 990, Part IV, line 8 | es, or Ot 3. | her Similar Assets. |
| | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir | for public exhibition, education or res | search in fu | |
| | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | public exhibition, education, or resea | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | | F \$ |
| | If the organization received or held works of art, hist following amounts required to be reported under SFA | | ets for finan | |
| | Revenues included in Form 990, Part VIII, line 1 | | | ▶ - \$ |

b Assets included in Form 990, Part X

| Par | Organizations maintaining Collections of Ar | t, HIS | stor | <u>icai irea</u> | sur | es, or Otne | r Similar Asse | ts (co | <u>ntinued)</u> |
|------|--|----------|----------------|--------------------------------|-------|-----------------------------------|------------------------------|------------------|-----------------|
| 3 | Using the organization's accession and other records, check aritems (check all that apply) | ny of tl | he fo | llowing tha | t are | a sıgnıfıcant u | se of its collection | 1 | |
| а | Public exhibition | d | Γ | Loan or | excha | inge programs | | | |
| b | Scholarly research | e | Γ | Other | | | | | |
| c | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's collections and explorant XIV | aın ho | w the | y further t | he or | ganızatıon's ex | empt purpose in | | |
| 5 | During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained as | | | | | | | Yes | Г No |
| Par | t IV Escrow and Custodial Arrangements. Compl Part IV, line 9, or reported an amount on Form 9 | | | | | answered "Y | es" to Form 990 |), | |
| 1a | Is the organization an agent, trustee, custodian or other intermincluded on Form 990, Part X? | ediary | / for o | contributio | ns or | other assets r | | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV and complete the | follov | ving t | able | | | Amou | ınt | |
| c | Beginning balance | | | | | 1c | Alloc | | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on Form 990, Part X, Iir | ne 217 | , | | | | Г | Yes | ┌ No |
| | If "Yes," explain the arrangement in Part XIV | 21. | | | | | , | | , 110 |
| | rt V Endowment Funds. Complete if the organization | n ans | swer | ed "Yes" | to Fo | orm 990. Par | t IV. line 10. | | |
| | (a)Current Year | |) Prior | | | | |) Four Ye | ears Back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Investment earnings or losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the year end balance held | as | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | |
| b | Permanent endowment 🕨 | | | | | | | | |
| c | Term endowment ▶ | | | | | | | | |
| За | Are there endowment funds not in the possession of the organizorganization by | zatıon | that | are held a | nd ad | ministered for | the | Yes | No |
| | (i) unrelated organizations | | | | | | 3a(i) | 162 | NO |
| | (ii) related organizations | | | | | | 3a(ii) | | |
| b | If "Yes" to 3a(II), are the related organizations listed as require | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the organization's en | | | | | | | | |
| Par | t VI Land, Buildings, and Equipment. See Form 99 | 90, Pa | art X | <u>, line 10.</u> | | | 1 | 1 | |
| | Description of property | | | a) Cost or ot asıs (ınvestm | | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Bo | ook value |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | | | | | | |
| | Equipment | • | | | | 239,341 | 186,700 | | 52,641 |
| | Other | | | | | | <u> </u> | | |
| Гotа | I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, colu | mn (B |), line | ≘ 10(c).) . | | | • | | 52,64 |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 12 | |
|--|---|--|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | |
| | | 12 |
| Part VIII Investments—Program Related. See | | (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. See Form 990, Part X, lin | | |
| (a) Descrip | tion | (b) Book value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | 5.) | |
| Part X Other Liabilities. See Form 990, Part X | | • |
| 1 (a) Description of Liability | (b) A mount | |
| Federal Income Taxes | • | |
| | 126 524 | |
| ACCRUED COMPENSATED ABSENCES | 136,534 | |
| DUES REFUNDS PAYABLE | 35,039 | |
| PER CAPITA TAXES PAYABLE | 316,221 | |
| SETTLEMENT PAYABLE | 31 | |
| DUE TO BUILDING FUND | 11,972 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ | 499,797 | |

| Part | XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | nts | |
|--------|---|---------|-------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 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 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Reti | ırn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |
| Part : | Reconciliation of Expenses per Audited Financial Statements With Expenses | per Re | eturn |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | 1 | |
| c | Other losses | 1 | |
| d | Other (Describe in Part XIV) 2d | 1 | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) |] | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | |
| Part | XIV Supplemental Information | | |
| | | | |

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

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | | MANAGEMENT EVALUATED THE LOCAL'S TAX POSITIONS AND CONCLUDED THAT THE LOCAL HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS AT THE PRESENT TIME, THE LOCAL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008 |

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule T

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493311002452

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

► Attach to Form 990 Employer identification number

UNITE HERE LOCAL 5 99-0037985 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (a) Description of (h) Purpose of grant (e) A mount of non-(f) Method of organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal other) 99-0335935 501(C)(3) 6.000 FINANCIAL (1) FAITH ACTION FOR COMMUNITY EQUITY1352 SUPPORT LILIHA STREET ROOM 2 HONOLULU, HI 96817

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistanc |
|--------------------------------|-------------------------|-----------------------------|-----------------------------------|--|--------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493311002452

Schedule L Tran

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

| Name of the organization UNITE HERE LOCAL 5 | | | | | | | F | mployer i | dent if ica | tion numbe | er |
|---|----|------------------|-----------------------|------------|----------------------------------|--|-----------|------------|-------------|------------|----------------|
| Down I France Bornefit Tree | | /- | antion FO1/ | 'a\(2\ a | and cooking FO1 | (0)(4) | | 9-00379 | | | |
| Part I Excess Benefit Train Complete if the organizat | | | | | | | | | | ine 40b | |
| 1 (a) Name of disqualified pe | | | | , | | | (| | | | (c) rected? |
| | | | | | | | | | | Yes | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Enter the amount of tax impos section 4958 | | | | | | | | year unde | :r ► \$ | | |
| 3 Enter the amount of tax, if any | | | | | | | | | • \$ | | |
| | | | | | | | | | | | |
| Part II Loans to and/or I Complete if the organiz | | | | | Dowt IV line 26 | a Fa | 000 I | = 7 Dowt \ | / line 20 | _ | |
| Complete if the organiz | | | Tes on Fo |)IIII 99C | , Part IV, line 26 | , 01 F01 | 111 990-1 | (f) | | <u> </u> | |
| (a) Name of interested person and | | oan to om the | | | | (e) In Approved by board or committee? | | ved | (g)Written | | |
| purpose | 1 | zation? | principal a | | | | | agreement? | | | |
| | To | From | | | | Yes | No | Yes | No | Yes | No |
| | | 1 | | | | | 1 | | 111 | | 111 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | ļ | | | | | | | | | |
| | | 1 | | | | | | | | | |
| | | | | . . | | | | | | | |
| otal | | | | ► \$ | Persons | | | | | | |
| Complete if the orga | | | | | | ', line | 27. | | | | |
| (a) Name of interested pers | | | b) Relationshi | ıp betwe | een interested per ganization | | | nount of g | rant or ty | pe of assi | stance |
| | | | and | a the or | gamzacion | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Part IV | Business | Transactions | Involvina | Interested | Persons |
|---------|----------|--------------|-----------|------------|---------|
| | | | | | |

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

| (a) Name of interested person | (b) Relationship between interested person and the | (c) A mount of transaction | (d) Description of transaction | organı | arıng of zatıon's nues? |
|-------------------------------|---|----------------------------|--------------------------------|--------|-------------------------------|
| | organization | | | Yes | No |
| (1) ERIC GILL | > 35% ENTITY BY FAMILY | 2,425 | LEGAL SVCS | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Identifier Return Reference Explanatio |
|--|
|--|

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493311002452

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization UNITE HERE LOCAL 5

Employer identification number

99-0037985

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | FORM 990, PART VI, SECTION A, LINE 6 | PER ARTICLE II OF UNITE HERE LOCAL 5'S BY-LAWS SECTION 1 MEMBERSHIP OF THIS ORGANIZATION SHALL CONSIST OF AN UNLIMITED NUMBER OF WORKERS PRIMARILY IN THE HOTEL AND RESTAURANT INDUSTRIES WHO AGREE TO ABIDE BY THE BYLAWS OF THIS LOCAL, THE RITUAL AND CONSTITUTION OF THE UNITE HERE INTERNATIONAL UNION, AS NOW IN EFFECT OR AS THEY MAY THEREAFTER BE AMENDED SECTION 2 ACQUIRING MEMBERSHIP A PERSON ELIGIBLE FOR MEMBERSHIP AND WORKING WITHIN THE JURISDICTION OF THIS LOCAL UNION, MAKING APPLICATION FOR MEMBERSHIP, SHALL BECOME A MEMBER OF THIS LOCAL AND THE INTERNATIONAL UNION UPON RECEIPT OF THE MEMBERSHIP APPLICATION AND THE DUES AND FEES WHICH MAY BE REQUIRED SECTION 3 WHENEVER A MEMBER OF THIS LOCAL BECOMES A MANAGER NOT WORKING IN THE CRAFT OF THIS LOCAL UNION, AND WONER OR PROPRIETOR OR A WORKING MEMBER OF ANOTHER INTERNATIONAL UNION, AND NOT EMPLOYED UNIDER THE JURISDICTION OF THIS INTERNATIONAL UNION, HE MAY BE ACCEPTED FOR OR HOLD MEMBERSHIP IN THIS LOCAL UNION ONLY AS A PASSIVE MEMBER, PROVIDED SUCH PERSON MAINTAINS NO AFFILIATION AUTHOR PROPRIETORS' ORGANIZATION HOSTILE TO THIS INTERNATIONAL UNION AND TEMPLOYED UNIDER THE JURISDICTION OF THIS UNION OR ANY POSITION AS A DELEGATE REPRESENTING THIS UNION (B) PASSIVE MEMBERSHIP IS HEREBY DECLARED A PRIVILEGE, REVOCABLE AT WILL BY THE EXECUTIVE BOARD OF THE LOCAL UNION (C) ANY MEMBER DESIRING TO CHANGE HIS MEMBERSHIP STATUS HAS CHANGED UNDER THE GUIDE LINES OF THIS LOCAL DRION THE APPROVAL OF THE EXECUTIVE BOARD AT ANY TIME THE EXECUTIVE BOARD OF THIS LOCAL DRION, THE EXECUTIVE BOARD AT ANY TIME THE EXECUTIVE BOARD OF THIS LOCAL DRION, THE EXECUTIVE BOARD AT ANY TIME THE EXECUTIVE BOARD OF THIS LOCAL DRION AT AN ACTIVE MEMBERS STATUS HAS CHANGED UNDER THE GUIDE LINES OF THIS SECTION, THE EXECUTIVE BOARD AT ANY TIME THE EXECUTIVE BOARD OF THIS LOCAL DETERMINES THAT AN ACTIVE MEMBERS STATUS BOARD AT ANY TIME THE EXECUTIVE BOARD OF THIS LOCAL DRION AT NO COST TO THE MEMBER OF THIS LOCAL UNION AT NO COST TO THE MEMBER OF THIS LOCAL UNION AT NO COST TO THE MEMBER OF TH |

| FORM 990, PART VI, SECTION A, LINE 7A PER ARTICLE V OF UNITE HERE LOCAL 5'S BY-LAWS SECTION 1 (A) ELECTION OF OFFICERS SHALL B EVERY THREE (3) YEARS TO BE ELIGIBLE, NOMINATED AND HOLD OFFICE, A MEMBER MUST 1 HAVE EN ACTIVE MEMBER IN CONTINUOUS GOOD STANDING WITH THIS LOCAL UNION, AND, 2 HAVE HIS/HER DURING FOR THE MONTH SPECIOL OF TWENTY-FOUR (24) CONSECUTIVE CALENDAR MONTHS PRECEDING THE MONTH NOMINATIONS ARE HELD AN ACTIVE MEMBER IN CONTINUOUS GOOD STANDING SHALL MEAN THAT A MEMBER'S DUES ARE FULLY PAID FOR THE TWENTY-FOUR (24) CONSECUTIVE MONTHS PERIOD IMMEDIATIONS ARE HELD NO MEMBER WHO HAS AUTHOR IZED HIS EMPLOYERS DELAY OR DEFAULT IN PAYMENT OR DEDUCTION OF DUES (ORDER FOR ANY MEMBER TO BE ELIGIBLE TO BE NOMINATED FOR ANY OF FICE IN THIS LOCAL, HE/SHE BE PRESENT AT THE NOMINATING MEETING, OR, 2 MUST HAVE SUBMITTED A WRITTEN STATEMENT TO FINANCIAL SECRETARY-TREASURER PRIOR TO THE OPENING OF NOMINATIONS, INDICATING HIS/HER WILLINGNESS TO ACCEPT THE NOMINATION IF HIS/HER NAME IS PROPOSED A NOMINEE CAN ONLY BE NOMINATED FOR ONE OFFICE (C) IN ADDITION TO THE REQUIREMENTS OF ARTICLE V, SECTION 1(A) AN ORDER TO BE ELIGIBLE TO BE A CANDIDATE FOR EXECUTIVE BOARD MEMBER FOR THE HOTEL DIVISION HOSPITAL DIVISION, FOOD AND BEVERAGE DIVISION AND THE NEIGHBOR ISLAND COUNTY/ISLAND, A MEMBER FOR THE HOTEL DIVISION. | BEEN AN UES FULLY TH THAT A ATELY OYER TO DIDATE FOR (B) IN E MUST 1 |
|--|--|
| MUST BE WORKING IN THE DIVISION OR IN THE NEIGHBOR SLAND/COUNTY, AS STIPULATED IN ARTICLE SECTION 1 HEREIN FOR A PERIOD OF THREE (3) MONTHS IMMEDIATELY PRECEDING THE MEETING FOR NOMINATIONS, EXCEPT THAT ANY ELIGIBLE MEMBER MAY BE BLECTED TO THE POSITION OF EXECUTIV MEMBER-AT-LARGE, TRUSTESS OR OFFICERS OF THE LOCAL SECTION 2 A REASONABLE OPPORTUNI. BE GIVEN TO THE MEMBERS TO NOM INATE CANDIDATES FOR OFFICE NOMINATIONS OF OFFICERS SHA RECEIVED AT A MEETING TO BE HELD DURING THE MONTH OF MAY 2007, ON A DAY TO BE DETERMINED EXECUTIVE BOARD, AND E VERY THREE (3) YEARS THEREAFTER NOMINATIONS MAY ALSO BE MADE! FACSIMLE, OR IN PERSON FROM MEMBERS NOT RESIDING ON THE SUND OF OAHL) PROVIDED SUCH NOMINATIONS ARE RECEIVED BY STHE CHAIRMAN OF THE BLECTION COMMITTEE ON OR BEFORE THE DAY TIME OF THE NOMINATION ARE RECEIVED BY STHE CHAIRMAN OF THE BLECTION SHALL BE HELD BY SECRET BALLOT D. MONTH OF JUINE 2007 ON A DAY TO BE DETERMINED BY THE EXCOUTIVE BOARD AND EVERY THREE (3) THEREAST THE AMONG THE MEMBERS IN GOOD STANDING IN THIS LOCAL UNION NO WRITEIN VOTES SI PER MITTED SECTION 4. THE PINANCIAL SECRETARY THEASURER NOT LESS THAN FIFTEEN (15) DAYS THE DATE OF NOMINATIONS, SHALL MAIL TO EACH MEMBER IN GOOD STANDING AT HIS LAST KNOWN ADDRESS A NOTICE OF THE OFFICES TO BE FILLED AND THE LECTION AS DECIDED UPON BLECTION COMMITTEE. THE NOTICE SHALL BEAR THE SIGNATURES OF BOTH THE P RESIDENT AND FINA SECRETARY TREASURER SECTION 5. THE BLECTION SHALL STATE THAT THE PRESIDENT, AS DELECTION SHOW, AS DELECTION 5. THE BLECTION SHALL STATE THAT THE PRESIDENT, AS DELECTION SHOW THE SECRETARY TREASURER SECTION 5. THE BLECTION OF SHALL STATE THAT THE PRESIDENT, AS DELECTION SECTION 5. THE BLECTION OF THE BLECTION SHALL STATE THAT THE PRESIDENT, AS DELECTION SECTION 5. THE BLECTION OF THE BLECTION SHALL STATE THAT THE PRESIDENT AND THE BLALL STATE THAT THE PRESIDENT AND THE BLALL STATE. BY VIFUE OF THE CHAIR SHALL STATE THAT THE PRESIDENT AND THE BLECTION OF SHALL SERVE BY VIFUE OF THER OFFICE, AS DELECATES TO THE LOCAL BY VIFUE OF THE CH | ND 1(B), IN NN, MEMBER EIV, /EBOARD JITY BE BY MAIL, ATE AND JRING THE BY HALL BE HALL BE OF HOME MITTING N BY ALL BE OF HOME NCIAL BE OF HOME |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION A, LINE 7A | LEAST TWO-THIRDS OF THE SEPARATE CATEGORIES OF OFFICES OR POSITIONS TO BE FILLED AT THE E LECTION (INCLUDING CATEGORIES WHICH MAY HAVE BEEN FILLED BY ACCLAMATION), AND (II), WHERE TWO OR MORE PLACES ARE TO BE FILLED IN A CATEGORY OF ELECTIVE OFFICES OR POSITIONS, INCLUD ES AT LEAST ONE-HALF OF THE NUMBER OF PERSONS TO BE ELECTED TO EACH SUCH OFFICE OR POSITION (C) PERMISSION MAY BE WITHHELD BY THE ELECTION COMMITTEE IF THE SLATE DESIGNATION REQUE STED IS SO SIMILAR TO THAT SELECTED BY ANOTHER SLATE AS TO MISLEAD VOTERS (D) ANY CANDIDA TE IN AN ELECTION MAY APPEAL TO THE INTERNATIONAL PRESIDENTS FROM A DECISION GRANTING OR D ENYING DESIGNATION AS A SLATE (E) IF A REQUEST FOR DESIGNATION AS A SLATE IS APPROVED, THE BALLOT SHALL PROVIDE SPACE AT THE HEAD OF THE LIST OF CANDIDATES SO THAT ONE VOTE MAY BE CAST FOR ALL CANDIDATES APPEARING UNDER SUCH SLATE EACH CANDIDATE IN SUCH SLATE, HOWEVER, SHALL IN ADDITION HAVE RINTED OPPOSITE HER OR HIS NAME, A SPACE OR BOX IN WHICH AN INDIVIDUAL VOTE FOR HIM OR HER MAY BE CAST AND RECORDED SECTION 8 ANY CANDIDATE SHALL HAVE THE RIGHT TO HAVE AN OBSERVER OF THE ELECTION PROCESS IN ACCORDANCE WITH FEDERAL REGULATION S ALL OBSERVERS MUST BE ACTIVE MEMBERS IN GOOD STANDING IN THIS LOCAL UNION SECTION 9 THE VOTES CAST BY MEMBERS OF THIS LOCAL SHALL BE COUNTED AND THE RESULTS FOR EACH OFFICE SHALL BE ANNOUNCED AND PUBLISHED SEPARATELY THE SECRETARY-TREASURER SHALL RESERVE FOR ONE YEAR THE BALLOTS AND ALL OTHER RECORDS PERTAINING TO THE ELECTION SECTION 10 THE INSTALL ATION OF ALL OFFICERS-ELECT SHALL TAKE PLACE WITHIN ONE MONTH FOLLOWING THE BLECTION, ON A DAY TO BE DETERMINED BY THE EXECUTIVE BOARD THE NEW OFFICERS SHALL TAKE THE PLEDGE SET F ORTH IN UNITE HERES CONSTITUTION, ARTICLE 8, SEC 8 THE OUTGOING OFFICERS SHALL TAKE THE PLEDGE SET F ORTH IN UNITE HERES CONSTITUTION, ARTICLE 8, SEC 8 THE OUTGOING OFFICERS SHALL MEEDING THE PLEDGE SET FOUND TO HAVE VIOLATED THIS FROVISION PURSUANT TO A DECISION ON CHARGES FILED UNDER THESE BYLAWS MAY BE REMOVED FROM OFFICE |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION A, LINE 7B | PER ARTICLE XIV OF UNITE HERE LOCAL 5'S BY-LAWS SECTION 1 ALL PROPOSED AMENDMENTS TO THESE BY LAWS MUST BE IN WRITING AND RECOMMENDED BY THE EXECUTIVE BOARD OR SIGNED BY 300 MEMBERS IN GOOD STANDING WITH THE LOCAL UNION AND READ AT AND VOTED UPON AT A SPECIAL MEETING OR AT A LOCAL CONVENTION A TWO-THIRDS MAJORITY VOTE OF MEMBERS PRESENT SHALL BE REQUIRED TO ADOPT AN AMENDMENT NO AMENDMENT SHALL BECOME EFFECTIVE UNTIL APPROVED BY THE INTERNATIONAL PRESIDENTS THE MEMBERSHIP SHALL BE NOTIFIED AFTER AN AMENDMENT HAS BEEN APPROVED BY THE INTERNATIONAL PRESIDENTS SECTION 2 THE PROCEDURE OUTLINED ABOVE IN SECTION 1 SHALL BE FULLY APPLICABLE TO AMENDMENTS PROVIDING FOR AN INCREASE IN DUES, INITIATION FEES OR A SPECIAL OR GENERAL ASSESSMENT, EXCEPT IT SHALL REQUIRE A MAJORITY VOTE BY SECRET BALLOT AFTER REASONABLE WRITTEN NOTICE OF INTENT TO VOTE ON THE INCREASE OR ASSESSMENT IS GIVEN TO THE MEMBERSHIP THE AMENDMENT AS SET FORTH IN THE NOTICE IS NOT SUBJECT TO CHANGE AFTER THE NOTICE IS SENT SECTION 3 RULES OF ORDER OF BUSINESS MAY BE AMENDED BY TWO-THIRDS VOTE OF THE MEMBERSHIP AT A SPECIAL MEMBERSHIP MEETING OR AT A LOCAL CONVENTION |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION A, LINE 8B | SUBCOMMITTEES REPORT TO THE EXECUTIVE BOARD THEREFORE THEIR ACTIONS ARE DOCUMENTED IN THE EXECUTIVE BOARD MINUTES |

| ldentifier | Return Reference | Explanation | | | |
|------------|---------------------------------------|---|--|--|--|
| | FORM 990, PART VI, SECTION B, LINE 11 | THE FORM 990 IS REVIEWED BY THE COMPTROLLER PRIOR TO ITS FILING | | | |

| Identifier | Return Reference | Explanation | | | | | | | |
|------------|---|---|--|--|--|--|--|--|--|
| | FORM 990, PART VI, SECTION B, LINE 12C | OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUAL INTEREST THAT COULD GIVE RISE TO CONFLICTS | | | | | | | |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | · ' | THE ORGANIZATION DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | , , , , , | UNITE HERE LOCAL 5'S GOVERNING BODY IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THAT PERFORMS THE AUDIT |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493311002452

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

| Name of the organization UNITE HERE LOCAL 5 | | | | | | | | | | fication number | | |
|---|---------------------------|-------------------------------------|---|---|------------------------|----------------------------|----------------------------------|---|-------|--|----------|--|
| Part I Identification of Disregarded Entities (Con | nplete | ıf the organizatı | on a | answered "Yes | " o | n Form 990, Pa | rt IV | 99-00379 , line 33.) | 85 | | | |
| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | | (c) Legal domicile (state or foreign country) | | (d) te Total income | | (e) End-of-year asse | |) (f) | | | |
| | | | | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during | anizat ig the t | ions (Complete tax year.) | ıf tl | he organızatıo | n a | nswered "Yes" | on F | orm 990, P | art I | V, line 34 becaus | e ıt had | one |
| (a) Name, address, and EIN of related organization | | (b) Primary activity | | (c) Legal domicile (state or foreign country) | | (d) Exempt Code section | | (e) Public charity statu (if section 501(c)(3 | | (f) Direct controlling entity | | g) 12(b)(13 rolled uzation |
| (1) UNITE HERE LOCAL 5 PAC FUND 1516 S KING STREET HONOLULU, HI 96826 26-0305193 | POLITIC COMMIT | AL ACTION TEE | | ні | SECTION 527 | | | | | | Yes | No No |
| (2) LOCAL 5 HOLDINGS INC 1516 S KING STREET HONOLULU, HI 96826 32-0289602 | TITLE HI | TITLE HOLDING CORPORATION | | ні | | 501(C)(2) | | | | | | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line | e 34 |
|----------|--|------|
| | because it had one or more related organizations treated as a partnership during the tax year.) | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | , · | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gene mana parti | ral or nging | (k) Percentage ownership |
|---|--------------------------------|--|-----|--|--|---|--|----|---|-----------------------------|-----------------|---------------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | i |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Рптагу activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------------|--|-------------------------------------|--|--|--|---------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Part | | s" on Form 990, Par | T IV, line 34, 35, 3 | 35A, Or 36.) | Yes | No | | | | | |
|------------|--|--|------------------------|--|-----|----------|--|--|--|--|--|
| | ote. Complete line 1 if any entity is listed in Parts II, III or IV | | TT TV2 | | res | NO | | | | | |
| | ng the tax year, did the organization engage in any of the following transactions with one or more related organ | nizations listed in Parts | S 11-1V / | 4- | | NI- | | | | | |
| | eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1a 1b | 1 | No No | | | | | |
| | Gift, grant, or capital contribution from related organization(s) | | | | | | | | | | |
| | | | | | | | | | | | |
| | 2 Louis of four guarantees to of for related organization(s) | | | | | | | | | | |
| e L | oans or loan guarantees by related organization(s) | | | 1e | + | No | | | | | |
| f S | ale of assets to related organization(s) | | | 1f | | No | | | | | |
| | urchase of assets from related organization(s) | | | 1g | | No | | | | | |
| | xchange of assets with related organization(s) | | | 1h | | No | | | | | |
| | ease of facilities, equipment, or other assets to related organization(s) | | | 1i | | No | | | | | |
| | | | | | | | | | | | |
| j L | ease of facilities, equipment, or other assets from related organization(s) | | | 1 <u>j</u> | | No | | | | | |
| _ | erformance of services or membership or fundraising solicitations for related organization(s) | | | 1k | | No | | | | | |
| | erformance of services or membership or fundraising solicitations by related organization(s) | | | 11 | | No | | | | | |
| m S | haring of facilities, equipment, mailing lists, or other assets with related organization(s) | | | 1m | , | No | | | | | |
| n S | haring of paid employees with related organization(s) | | | 1n | | No | | | | | |
| o F | eimbursement paid to related organization(s) for expenses | | | 10 | | No | | | | | |
| p F | eimbursement paid by related organization(s) for expenses | | | 1 p | | No | | | | | |
| q | ther transfer of cash or property to related organization(s) | | | 1 q | | No | | | | | |
| r C | ther transfer of cash or property from related organization(s) | | | 1r | | No | | | | | |
| 2 I | the answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii | ncluding covered relati | onships and transact | cion thresholds | | | | | | | |
| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determing Involved | | unt | | | | | |
| 1) 2) | | | | | | | | | | | |
| 2) | | | | | | | | | | | |
| 3) | | | | | | | | | | | |
| 4) | | | | | | | | | | | |
| 5) | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6) | | 1 | | I | | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | org | (e) Are all partners section 501(c)(3) janizations? | (f) Share of total income | | Share of | Share of | (g) Share of end-of-year assets | (h) Disproprtionate alloc | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging ener? | (k) Percentage ownership |
|---|--------------------------------|---|---|-----|---|--|--|----------|----------|---|------------------------------|----|---|---------------------|--|---------------------------------------|
| | | | , | Yes | No | | | Yes | No | | Yes | No | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 99-0037985

Name: UNITE HERE LOCAL 5

Form 990, Special Condition Description:

Special Condition Description