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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

| | nal Revenue | | L | | auton may have to u | | | | | | | | |
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| | | | | ear, or tax year be | | | | and endin | g Sep | | | 2013 | |
| В | Check if app | olicable | C Na | ame of organization B | eer Bottl | ers Local | Union | 144B | | ' ' | | fication Numb | 31 |
| | Address | s change | | oing Business As | | | | | | | 03713 | | |
| | Name o | change | Νι | umber and street (or P (| D box if mail is not o | telivered to street a | aar) | Room/s | suite | E Telepho | | | |
| | Initial re | eturn | | 2 Wood Stre | et | | | | | (72 | 4) 60 | <u>00-6645</u> | |
| | Termina | ated | Cı | ity, town or country | | | | ZIP code + 4 | • | <u> </u> | | | |
| | Amend | | | robe | | | PA | 15650 | | G Gross r | | | |
| | Applica | ation pending | F Na | ame and address of prin | ncipal officer | | | | 1 | a group retur | | | Yes X |
| | | | | ph Kohuth 1612 | | | | <u>15650</u> | If 'No,' | affiliates incl attach a list | uded? (see inst | tructions) | Yes |
| <u> </u> | | npt status | 50 | 01(c)(3) X 501(c) | (5) ⁴ (ı | nsert no.) 4 | 947(a)(1) or | 527 | | | | | |
| <u>J</u> | Website | | | | | - T | | | <u> </u> | exemption nu | | | |
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| જ | | | | ndent voting mem | | | | 1b) | | | 4 | | 13 |
| Activities & Governance | | | | dividuals employe | | | | | | | 5 | • · | |
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| A S | | | | siness revenue fro | | | 12 | | | | 7a | | |
| evenue A | b Net | t unrelated | busi | ness taxable inco | me from Form | 990-T, line 34 | | | | | 7b | | |
| | | | | | | | | | P | rior Year | | Curren | |
| | | | | grants (Part VIII, | | | | | <u> </u> | 44,1 | .66. | | 62,24 |
| Revenue | | | | evenue (Part VIII, | | 7.1 | | | | | | | |
| ě | | | | e (Part VIII, colum | | | 11\ | | | - 2 | 4. | | 1 221 |
| - | | | | rt VIII, column (A) | | | | o 12\ | - | | 01. | | 1,335 63,583 |
| | | | | dd lines 8 through amounts paid (Pa | | | 11111 (A), 1111 | 6 12) | | 46,7 | 71. | | 03,36. |
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| Se | ŀ | | | mpensation, emplo | - | | (A), illes | 3-10) | | 12,6 | 90. | | 14,06 |
| Expenses | 1 | | | aising fees (Part I | | | | | _ | | \rightarrow | | |
| ď | | | - | expenses (Part IX, | | | | | | | | | |
| ш | 17 Oth | her expens | ses (P | Part IX, column (A |), lines 11a-11d | l, 11f-24e) | | | | 24,3 | 318. | | 23,53 |
| | 18 Tot | tal expense | es A | dd lines 13-17 (mi | ust equal Part I | X, column (A), | line 25) | | | 37,0 | | | 37,60 |
| | | venue less | expe | enses Subtract lir | ne 18 from line | 12 | | | | 9,7 | 763. | | 25,97 |
| 8 5 | | | | | | | | | Beginnii | ng of Currer | t Year | · | f Year |
| Assots Baland | 20 Tot | | | X, line 16) | | | | | | 35,1 | - | | 62,02 |
| a t | 21 101 | | • | art X, line 26) | | | | | | | 792. | | 1,64 |
| | ' | t assets or | r fund | I balances Subtra | ct line 21 from | line 20 | | | | 34,3 | 392. | | 60,37 |
| Pa | irt II | Signatur | e Bl | ock | | | | | | | | | |
| Unde | er penalties | of perjury, I de | eclare t | hat I have examined thi | s return, including ac | companying schedu | iles and statem | nents, and to | the best of n | ny knowledge | and beli | ef, it is true, co | orrect, and |
| com | piete Declar | ration of prepa | arer (or | ber than officer) is base | u on all information | willor preparer na | is any knowied | <u> </u> | | , , , | ,, | 1// | |
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| | | Print/Type p | | | Preparer's sig | inature | | Date | | Check | _]" | | |
| Pa | | Christ | toph | ner T. Pakos | | 1. Poto c | 11.16 | 1-8- | <u>/Y</u> | self employ | red | P000673 | 371 |
| | eparer | Firm's name | e • | Christophe | | s, CPA, P | <u>c</u> | | | 4_ | | | |
| Us | e Only | Firm's addre | ess | 535 Lloyd | Ave | | | | | Firm's EIN | | <u>-014453</u> | |
| | | | | Latrobe | | P. | | 0 | | Phone no | (724 | 4) 537- | - |
| Ma | y the IRS | discuss th | ns ret | turn with the prep | arer shown abo | ve? (see instru | ctions) | | | | | X Yes | N |
| BA | A For Pa | perwork R | Reduc | tion Act Notice, s | see the separate | instructions. | | TE | EA0101 05/ | /09/13 | | Form | 990 (20 |

| Part | Form | 1990 (2012) Beer Bottlers Local Union 144B | 25-0 | 37136 | 57 | F | age 2 |
|--|------|---|---------------------------|--------------------|-------------------|--|--------------|
| Beref describe the organization's mession Beer Bottlers Local Union 1448 endeavors to negotiate and enforce Labor contracts at Pittaburgh Brewing Co. and Latrobe Brewing Co. as well as protect the welfare of its members | Par | | | | | | _ |
| Beer Bottlers Local Union 1448 endeavors to negotiate and enforce labor contracts at Pittsburgh Brewing Co. and Latrobe Brewing Co. as well as protect the welfare of its members. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 1 Yes | | | | | | | ∐ |
| negotiate and enforce labor contracts at Pittaburgh Brewing Co. and Latrobe Brewing Co. as well as protect the welfare of its members. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-EZ? If Yes, describe these new services on Schedule O. 3 Did the organization grands on darks significant changes in how it conducts, any program services. Yes No. If Yes, describe these changes on Schedule O. 4 Describe the organizations (grades on Schedule O.) 4 Describe the organizations (grades on Schedule O.) 5 Section 501c(X) and 501c(X) organizations and section 4947(0)(X) trusts are required to report the amount of grants and allocations to others, the follar expenses, and revenue, if yes, the each program service reported or open the amount of grants and allocations to others, the follar expenses, and revenue, if yes, the each program service reported or open the amount of grants and allocations to others, the follar expenses, and revenue, if yes, the each program service reported or open the amount of grants and allocations to others, the follar expenses, and revenue, if yes, the each program service reported or open the amount of grants and allocations to others, the follar expenses and revenue, if yes, the each program service reported or open the amount of grants and allocations to others, the follar expenses and expenses and allocations to others, the follar expenses and allocations to other expenses and allocations to ot | 1 | • | | | | | |
| as well as protect the welfare of its members. 2 Dut the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E72 If Yes, describe these new services on Schedule O. 3 Dut the organization cease conducting, or male significant changes in how it conducts, any program services? Yes No | | | | | | | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2? If Yes, describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If Yes, describe these changes on Schedule 0. If Yes, describe these changes on Schedule 0. A Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses so the organization or organization and an allocations to others, the total expenses, and revenue, if any, for each program service reported to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported to report the amount of grants and allocations to others, the total expenses \$ 1,000 collects members bit, due for members to cover costs of representation regulation regulation grants of \$) (Revenue \$ 61,804.) The Local Union collects members bit, due from members to cover costs of representation regulation for the dues is remarked to national labor organizations which provide support for the local unions. 4b (Code:) (Expenses \$ | | negotiate and enforce labor contracts at Pittsburgh Brewing Co. a | nd Lat | robe | Brev | ving | Co. |
| Form 990 or 990-E27 If Yes, Section between we services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, describe these changes on Schedule O. If Yes, describe these changes on Schedule O. A Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses of Section 501(C)(S) and 501(C)(S) and 501(C)(S) criganizations and section 4927(3)(1) tusts are required to report the amount of grants and allocations to others, the full expenses, and reversure, farging network reported to report the amount of grants and allocations to others, the full expenses, and reversure, farging network reported in report and interest of the control of the section 501(C)(S) and 501(C)(S | | as well as protect the welfare of its members. | | | | | |
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| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | Form 990 or 990-EZ? | | | Yes | X | No |
| H Yes, describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) fusis are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code:) (Expenses \$ 27,029, including grants of \$) (Revenue \$ 61,804.) The local Union collects membership dues from members to cover costs of representation regarding labor contract negotiation and enforcement. A portion of the dues is remitted to national labor organizations which provide support for the local unions. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$ | | If 'Yes,' describe these new services on Schedule O. | | | | _ | |
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| 4b (Code:) (Expenses \$ | | provide support for the local unions. | | | | | |
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| | 4 e | 7,000 | | | | <u>′ </u> | |

| | | | 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 | | х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . | 2 | | Х |
| 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 | | х |
| 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? If 'Yes,' complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | x |
| 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 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . | 8 | · | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable | | | * |
| ā | a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI | 11 a | | х |
| ŧ | 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 | 11 b | | х |
| (| c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | х |
| • | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | - | X |
| 1 | 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 | 11 f | | х |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | | х |
| | 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 and XII is optional | 12b | | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| , | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | х |
| 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 | | х |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | Х |
| 1 | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

| | | | Yes | No |
|------|---|------|-------------|----------|
| 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 | | X |
| 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 27 If 'Yes,' complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | x |
| 24 a | a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25 | 24a | | x |
| t | 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 | | |
| C | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | a 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 | | |
| ł | 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | x |
| 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): | | TOTAL SOLVE | |
| ā | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | <u>X</u> |
| ŧ | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | <u> </u> |
| | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | X |
| | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . | 29 | | X |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 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 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | х |
| 35 a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| I | b If 'Yes' to line 35a, 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 | 35ь | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| BAA | | Form | 990 | (2012) |

| _ | m 990 (2012) Beer Bottlers Local Union 144B | <u>25-0371367</u> | 7 | P | age |
|-----------|--|---|-----|----------|--|
| <u>Pa</u> | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
| | Check if Schedule O contains a response to any question in this Part V | | | | |
| | | | | Yes | No |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 a 0 | | | |
| | b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b 0 | | | |
| | ں $oldsymbol{c}$ Did the organization comply with backup withholding rules for reportable payments to vendors | | | | |
| | (gambling) winnings to prize winners? . | . and reportable gaining | 1 c | | |
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | | - |
| _ | ments, filed for the calendar year ending with or within the year covered by this return | 2a 3 | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment t | tax returns? . | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst | tructions) | | | |
| 3 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | · · · · · · · · · · · · · · · · · · · | 3 a | | Х |
| | b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i> | | 3 b | | |
| | • | | | _ | |
| 4 | a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.) | or other authority over, a ancial account)? | 4 a | | х |
| | b If 'Yes,' enter the name of the foreign country | a | | | * |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fin | ancial Accounts | | | ~ |
| _ | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y | l' | 5 a | | х |
| | | ´ | | | X |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter | transaction | 5 b | | _^_ |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | } | 5 c | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and | d did the organization | | | |
| | solicit any contributions that were not tax deductible as charitable contributions? | _ | 6 a | | X |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such con | tributions or gifts were | | | |
| | not tax deductible? | | 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and par | rtly for goods and | | <u> </u> | <u> </u> |
| | services provided to the payor? | , any ter geome and | 7 a | | Х |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | Ī | 7 b | | i |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which | ch it was required to file | | | |
| | Form 828Ž ² | | 7 c | | X |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | 7 d | | | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be | enefit contract? | 7 e | | X |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef | fit contract? | 7 f | | Х |
| | g If the organization received a contribution of qualified intellectual property, did the organization | n file Form 8899 | | | |
| | as required? | | 7 g | | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o | organization file a | | | |
| | Form 1098-C? | | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | organizations. Did the | | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, has | | | · | |
| _ | holdings at any time during the year? | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | } | | | |
| | a Did the organization make any taxable distributions under section 4966? | ļ | 9 a | | |
| | b Did the organization make a distribution to a donor, donor advisor, or related person? | | 9 b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 Ь | | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | | 1 |
| | a Gross income from members or shareholders | 11 a | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources | | | ł | |
| | against amounts due or received from them.) | 11 b | | | |
| 12 | a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of | f Form 1041? | 12a | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 126 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | | | |
| | a is the organization licensed to issue qualified health plans in more than one state? | | 13a | | 1 |
| | Note. See the instructions for additional information the organization must report on Schedule | 0. | | | |
| | · | | | | |
| | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 136 | | | |
| | c Enter the amount of reserves on hand | 13c | | | |
| 14 | a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | \vdash | X |
| . 1 | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sc | rhedule O | 14b | | |
| | | | | | <u> </u> |

Form 990 (2012) Beer Bottlers Local Union 144B 25-0371367 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 130 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 h 130 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 Х 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b stockholders, or other persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director or 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 Oa Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Х 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? Х 14 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? a The organization's CEO, Executive Director, or top management official 15 a Х b Other officers of key employees of the organization 15_b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Other (explain in Schedule O) Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 1612 Wood Street ___(724)_600-6645 <u>Latrobe</u> PA 15650

TEEA0106 08/08/12

Form 990 (2012)

BAA

| Form 990 (2 | 2012) | Reer | Bottlers | Local | Union | 144R |
|--------------------|-------|------|----------|-------|-------|------|
| | | | | | | |

25-0371367

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

| Check this box if neither the organization | nor any r | elated | org | anız | atıo | n com | pen | sated any current offi | cer, director, or truste | e |
|--|---|--------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|------------------------------|--------|-------------------------------------|--|--|
| | | | | ((| ;) | | | | | |
| (A) Name and Title | (B) Average hours per Average and a director/trustee) | | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other | | | | | |
| | hours per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Joseph Kohuth | 10.00 | | | | | | | | | |
| Business Agent | | Х | | Х | | X | | 6,632. | 0. | 0. |
| (2) Steve Tulenko | 2.00 | | | | | | | | | |
| President | | Х | | X | | | | 1,986. | 0. | 0. |
| <u>(3) Colleen Stiffler</u> | 3.00 | | | | | | | | | |
| Vice Pres/Secretary | | Х | | X | | | | 80. | 0. | 0. |
| | | | | | | | | | | |
| (5) | | | | | | | | | - | |
| (6) | | | | | | | | | | |
| | | | | | | | | | | · |
| (8) | | | | - | | | | | | <u> </u> |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Fait VII 5 | ection A. Officers, Directors, | (B) | Ney | EII | ipic | | es, e | anı | nighest Con | ipensated Empi | oyees | s (COI | 11) |
|--------------|---|--|---------------|----------------------|-------------------------|----------------|---|--------------|--|--|-------------|---|-----|
| | (A) Name and title | Average hours per week (list any | box, offi | unle cer ar | heck ss pe nd a (| rson direct | than on the state of the state | i an tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations | amou com | (F) stimated ent of oth pensation | her |
| | | hours for related organiza - tions below dotted line) | or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | ımer | (W-21033-NI3C) | (W-2/1099-MISC) | orga and | om the anization d related anization | i |
| (15) | | | | | | | | | | | - | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | _ | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | ļ | | | | | | | | | |
| (20) | | | | | | | | _ | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | · | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | - | | | | | | | | | | |
| 1 b Sub-tota | al om continuation sheets to Part VII, So | ection A | | | ' | | · | <u>▶</u> | 8,698. | 0. | | | 0. |
| d Total (ac | dd lines 1b and 1c) | | | | | | | > | 8,698. | 0. | . 0. | | |
| | mber of individuals (including but not organization | l limited to tho | se lis | sted | abo | ve) | who i | rece | eived more than \$ | 100,000 of reportabl | e comp | ensatı | on |
| 3 Did the | organization list any former officer, d | lirector or trus | tee, I | кеу е | emp | loye | e, or | hıg | hest compensated | l employee | | Yes | No |
| 4 For any | a? If 'Yes,' complete Schedule J for individual listed on line 1a, is the sur | m of reportable | e con | nper | ısatı | ion a | and o | the | r compensation fro | om | 3 | | X |
| such inc | | | • | | | | | | | | 4 | | х |
| for servi | person listed on line 1a receive or acces rendered to the organization? If Independent Contractors | | | | | | | | | | 5 | | X |
| 1 Complet | e this table for your five highest comsation from the organization. Report | pensated inde | pend for t | lent he c | cont | tract | ors ti | hat end | received more tha | n \$100,000 of | ax vear | | |
| <u> </u> | (A) Name and business address (B) Description of services Compensation | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | mber of independent contractors (inc 0 in compensation from the organiza | _ | ıımıt | ed t | o the | ose | usted | ı ab | ove) who received | more than | | | |

| | | Check if Schedule O | contains a re | sponse to any question | | | · | L |
|---|----------------|--|----------------|------------------------|----------------------|--|--|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ANT | 1 a | Federated campaigns | 1 | а | | · | | |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | b | Membership dues | 1 | b 61,804. | | | | |
| FTS. | C | Fundraising events | <u> </u> | c | | | | |
| SE | d | Related organizations | <u> </u> | d | | | | |
| S S | е | Government grants (contribution | | е | | | | |
| 圏間 | f | All other contributions, gifts, g similar amounts not included | grants, and | f 440 | | | | |
| E S | a | Noncash contributions include | <u></u> | \$ 440. | | | | |
| 용록 | h | Total. Add lines 1a-1f | | Y | 62,244. | | | |
| 팔 | | | | Business Code | 02,244. | | | |
| E | 2 a | | | _ | | | | The second description of the second descrip |
| 띩 | b | | | | | | | |
| Ž | С | : | | _ | | | | |
| SE | d | | | | | | | |
| 8 | e | All - Al- | | _ | | | | |
| 윤 | 1 | All other program service Total. Add lines 2a-2f | ce revenue | <u> </u> | | | | |
| | 3 | Investment income (incl | ludina divider | | | | | |
| | 3 | other similar amounts) | idding divider | ius, interest and | 4. | 0. | 4. | 0. |
| | 4 | Income from investmen | t of tax-exem | pt bond proceeds | | | | |
| | 5 | Royalties | | • | | | | |
| | | | (ı) Real | (II) Personal | - | | | |
| | | Gross rents | | | - | | | |
| | | Less rental expenses Rental income or (loss) | | | - | | | |
| | | Net rental income or (lo | l | | | | | |
| | | Gross amount from sales of | (i) Securitie | s (II) Other | | | * / | |
| | / a | assets other than inventory | | | | | ** | |
| | Ь | Less cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | ı | : Gain or (loss) | | | | | | |
| | l | Net gain or (loss) | | • | | | | |
| OTHER REVENUE | 8 a | Gross income from fund (not including . \$ of contributions reported | _ | ts — | | | | |
| RE | | See Part IV, line 18 | ŕ | a 875. | | | | |
| 黑 | ь | Less direct expenses | | b 1,544. | - | | | |
| 0 | C | : Net income or (loss) fro | om fundraisin | g events | -669. | | 0. | -669. |
| | | Gross income from gan See Part IV, line 19 | | a | | | | |
| | l | Less. direct expenses | | b | | | | |
| | | : Net income or (loss) fro | | | ' | | | ļ |
| | | Gross sales of inventory and allowances | | a | | | | |
| | l | Less cost of goods sole Net income or (loss) from | | b ▶ | | | | <u> </u> |
| | ا ' | Miscellaneous Reven | | Business Code | - | | | |
| | 11 a | Vending Income | : | 999999 | 2,004. | 2,004. | 0. | 0 |
| | b | - | | | | | | |
| | c | : | | | | | | |
| | 1 - | All other revenue | | | | | | |
| | 1 - | Total. Add lines 11a-11 | | | 2,004. | | | |
| | 12 | Total revenue. See inst | ructions . | <u>_</u> _ | 63,583. | 2,004. | 4. | <u>–669</u> |

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)

| Check if Schedule O contains a response to any question in this Part IX | | | | | | | | | | |
|---|---|----------------|---|-------------------------------------|--|--|--|--|--|--|
| | ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | | | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | | | | | | |
| | 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 | | | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 8,618. | 0. | 8,618. | | | | | | |
| 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 . | 3,194. | 3,194. | | | | | | | |
| | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 0,151 | 0, 23 11 | | | | | | | |
| 9 | Other employee benefits | <u></u> | · · · · · · | | | | | | | |
| 10 | Payroll taxes | 2,255. | | 2,255. | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | |
| а | Management | | | | | | | | | |
| b | Legal | 525. | 525. | | | | | | | |
| c | Accounting | 1,246. | | 1,246. | | | | | | |
| d | Lobbying | | | | | | | | | |
| е | Professional fundraising services See Part IV, line 17 | | w, | ` ` | | | | | | |
| g | Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion | | | | | | | | | |
| 13 | Office expenses | 80. | 80. | | | | | | | |
| 14 | Information technology | | | | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | | | | | | | | | |
| 17 | Travel | 1,880. | 1,880. | | <u> </u> | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 1,485. | 1,485. | - | | | | | | |
| 20 | Interest . | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | | | | |
| | Insurance . | 421. | 421. | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | | | | | | |
| ā | Miscellaneous | 46. | 46. | | | | | | | |
| | Postage | 70. | 70. | | | | | | | |
| | Membership Dues | 17,254. | 17,254. | | | | | | | |
| (| Gifts | 530. | 530. | | | | | | | |
| | Total functional expenses. Add lines 1 through 24e | 37,604. | 25,485. | 12,119. | | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | |

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X X (B) End of year (A) Beginning of year Cash - non-interest-bearing 26,690 1 52,015. 2 Savings and temporary cash investments 2 8,494 9,977. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net ... 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less, accumulated depreciation 10b 10 c Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 28. 16 Total assets. Add lines 1 through 15 (must equal line 34) 35,184 16 62,020. 17 Accounts payable and accrued expenses 792 17 1,649. Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, * * key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 792 1,649. Organizations that follow SFAS 117 (ASC 958), check here > 1 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28,053 27 54,032. 28 Temporarily restricted net assets 28 6,339. 6,339. 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund ... 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 34,392 <u>60,371.</u>

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34

Total liabilities and net assets/fund balances

Form 990 (2012)

62,020.

35,184

34

| OII | 1930 (2012) Beer Bottleis Local Union 144B | (3-03/136/ | F | age ız | | |
|--|---|----------------|------|--------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 63, | 583. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 604. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 979. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 34, | 392. | | |
| 5 | Net unrealized gains (losses) on investments . | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 60, | 371. | | |
| Pa | rtXII Financial Statements and Reporting | ,, | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | |
| | | _ _ | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain | | | | | |
| 9. | in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a X | لنشا | | |
| 2 | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both | ved on a | Za X | | | |
| | K Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| 1 | were the organization's financial statements audited by an independent accountant? | | 2 b | х | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | rate | | | | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | | | |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133? | e Single | 3 a | x | | |
| | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits | quired audit | 3 b | | | |

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Form **990** (2012)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|--------------------------------|
| Beer Bottlers Local Union 144B | 25-0371367 |
| Pt_VI, Line_7aAll officers_are_elected_by_member_votes | |
| Pt VI, Line 7b All decisions of the board are subject to membe | r_votes |
| Pt_VI, Line 19 The officers are presented with the form and | - |
| Pt_VI, Line 19 it is subject to review by the membership, prior | r_to_signing |
| Pt X Taxes incorrectly deducted owed to company. | · |
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