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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)

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

A	For the 2	012 cale	ndar year, or tax year beginning , 2012, and endir	ng		, 20						
В	Check if ap	plicable	identification number									
	Address ch	ange	03-0122468									
	Name chan	ige	number									
	Initial return	_	802-476-4159									
$\bar{\Box}$	Terminated											
$\overline{}$		nended return South Barre, VT 05670 G Gross rec										
\exists	Application		F Name and address of principal officer: Mr. Ronald Rabideau	H(a) Is this	a group return to	eipts \$ 773,954 raffliates? Yes Vo						
			149 Quarry Hill Road, South Barre, VT 05670	1	• .	luded? Yes No						
1	Tax-exemp	t status:	□ 501(c)(3)			ist (see instructions)						
<u>.</u>	Website:			H(c) Grou	p exemption i	number >						
K			☐ Corporation ☐ Trust ☐ Association ☑ Other ► Labor Union L Year of forma			of legal domicite: VT						
		Summ				<u> </u>						
			escribe the organization's mission or most significant activities: To org	ranizo worko	re and to se	ocure improved wages						
	1		orking conditions and other economic advantages through organizing, neg									
8	112	ours, we	orking conditions and other economic advantages through organizing, neg	ouanons and	Collective	vargammy.						
Jan												
ě	2 Ö	hack th	us box ► if the organization discontinued its operations or disposed	of more than	25% of it	te not secote						
Activities & Governance	1		of voting members of the governing body (Part VI, line 1a)		1 1	o net assets.						
ಹ	1		of independent voting members of the governing body (Part VI, line 1b)									
ties			nber of individuals employed in calendar year 2012 (Part V, line 1b)	,	5	0						
ξ			· · · · · · · · · · · · · · · · · · ·		·	16						
Ä			nber of volunteers (estimate if necessary)		6	0						
			elated business revenue from Part VIII, column EX Energy Energy		. 7a	0						
	b N	et unre	lated business taxable income from Form 990-T, line 34	Prior Y	. 7b	Current Year						
			tions and grants (Part VIII, line 1h) .	- Phor Y		Current Year						
ē	1		tions and grants (Part VIII, line 1h) .		0	0						
Revenue	1	_	Service revertide (Fait VIII, line 29) .		729,632	733,352						
æ	10 lr	ivestme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		9,758	8,078						
		ther rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 11e)		0	0						
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		739,390	741,430						
	1		nd similar armounts paid (Part IX, column (A), lines 1-3)		0	0						
	1		paid to or for members (Part IX, column (A), line 4)		0	0						
es	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)		360,407	384,912						
Expenses			onal fundraising fees (Part IX, column (A), line 11e)	,	0	0						
Š			draising expenses (Part IX, column (D), line 25) ▶			<u>4</u>						
ш	I.		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		356,885	368,714						
			penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	L	717,292	753,626						
		evenue	less expenses. Subtract line 18 from line 12		22,098	(12,196)						
Net Assets or Fund Balances				Beginning of C	urrent Year	End of Year						
sets le	20 T	otal ass	sets (Part X, Iine 16)		397,951	382,307						
Ž B	21 T		oilities (Part X, line 26)		14,461	11,013						
žā	22 N		ts or fund balances. Subtract line 21 from line 20		383,490	371,294						
P	art II	Signa	ture Block									
			ry, I declare that I have examined this return, including accompanying schedules and stat			ny knowledge and belief, it is						
tru	ie, correct, a	and comp	lete reclaration of preparer (other than officer) is based on all information of which prepare	er has any knov	vledge.							
		Li	Legale Roboling		631	413						
Sig	gn	Skyn	ature of officer		ate							
He	ere	N 1	Ronald Kabideau									
	Ì	Тур	e or print name and title									
		Print/Ty	pe preparer's name Preparer's Sopharfe	Date	Check [T IT PTW						
	aid Soporor		+ SWIN / VAV	5-30-1	3 self-emp							
	eparer	Firm's r	name The Accounting Office of Michael P. Ross	F.	rm's EIN ▶	30-0293272						
US	se Only		address ► 34 Salem Street, Reading, MA 01867		none no	781-942-5800						
Ma	v the IRS		s this return with the preparer shown above? (see instructions)	<u></u>	10110 110							
_				No 11282Y		Form 990 (2012)						
. 0	obeime		Cat	110 112021		1 3111 000 (2012)						

Form 99	90 (2012)	Page 2
Part		
	Check if Schedule O contains a response to any question in this Part III	🗅
1	Briefly describe the organization's mission:	
	Allows the organization to negotiate contracts, arbitrate cases and conduct all other necessary activities to ensure proper wo	king
	conditions and economic advantages for the membership and to carry-on organizing activities to attract 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?	✓ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☑ No
	If "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 to the control of the	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,
	the total expenses, and revenue, if any, for each program service reported.	
	(0.1	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		·
		·
		·
		· -
		••••
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	- , -
40	(Code:) (expenses \$) (nevenue \$))
		·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
	/ (// / // / // / // // / // /	/
		·
		·
		·
		•••
		••
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program conting and the second	

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No V
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>·</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	\	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	✓	✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	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		1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	m gar	(2012)
		rur	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	· (2012)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	N,	A A
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		A
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		'A
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	N	/A
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		*
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		· •
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	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	35b		✓
	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		✓
	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	}	✓
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	1	

Part						Page
I ait	Check if Schedule O contains a response to any question in this Part V					. [
			- - -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
C	Did the organization comply with backup withholding rules for reportable payments	to vei	ndors and			
_	reportable gaming (gambling) winnings to prize winners?			1c	/	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a	17	2b		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	tax ret	umsr.	20	V	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year			3a		1
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	N	/A
	At any time during the calendar year, did the organization have an interest in, or a signature of			<u> </u>		
4a	over, a financial account in a foreign country (such as a bank account, securities account,	or othe	er financial			
	account)?			4a		1
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 Finance	ial Acc	ounts.		; ,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax			5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter			5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	N	A
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, ar	nd did the			
	organization solicit any contributions that were not tax deductible as charitable contributions	?		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such	contri	butions or			, ,
	gifts were not tax deductible?			6b	N	A
7	Organizations that may receive deductible contributions under section 170(c).				4	
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?		 lab itaa	7b	N	/A
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property required to file Form 8282?	or wn	ich it was	7.		/
	·	 7d		7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	لتتنا	N/A	7e		✓
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefits			7f		V
	If the organization, during the year, pay premiums, directly of inclinectly, on a personal bore			7g	N	/A
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file			7h		/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)					
_	organizations. Did the supporting organization, or a donor advised fund maintained by				-	
	organization, have excess business holdings at any time during the year?	٠	·	8		✓
9	Sponsoring organizations maintaining donor advised funds.					i sy P
а	Did the organization make any taxable distributions under section 4966?			9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		1
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	N/A			
11	Section 501(c)(12) organizations. Enter:	1 1				
a	Gross income from members or shareholders	11a	N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
	-	11b	N/A	40-		,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu if "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12a		V
b	· · · · · · · · · · · · · · · · · · ·	12b	N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		1
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedul			13a		✓
h	Enter the amount of reserves the organization is required to maintain by the states in which	. О,				

the organization is licensed to issue qualified health plans

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

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

14a

14b

13b 13c

	30 (2012)			Page O
Part				
	' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Saati	Check if Schedule O contains a response to any question in this Part VI	· ·	<u> </u>	<u>. </u>
Secu	on A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	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 . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct		_	 •
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓_	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	,	i
	one or more members of the governing body?	7a	✓	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		F 1: \$13.
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
<u>Secti</u>	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.) Yes	,
40-	Did the organization have local chapters, branches, or affiliates?	10a	105	No
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	iva		 '
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N,	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		/
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	N.	/A
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	1.0		,
40	Did the organization have a written whistleblower policy?	12c	IN,	/A
13 14	Did the organization have a written document retention and destruction policy?	14	-	V
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		√
b	Other officers or key employees of the organization	15b		✓
4=	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ſ		
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?	40-		
b		16a		1
ט	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	N	Α
Sect	ion C. Disclosure			· · · · ·
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	s only
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict and financial statements available to the public during the tax year.	of inte	rest _l	policy
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	۵.	
20	organization: ► 149 Quarry Hill Road, South Barre, VT 05670 (802) 476-4159	or tile	-	
	- 5 145 Quarry rim roud, South Balle, 91 03070 (002) 470-4135			

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Form	990	にいい	21

	<u> </u>		
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors		

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

compensated employees; and former such persons.										
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C		•				
(A)	(B)	l		Posi				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	office				or/trust		compensation	compensation from	amount of
	week (list any hours for	유	٦	ç	<u>چ</u>	라	75	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ual	Į,	Ì	nplc	t co		(W-2/1099-MISC)		organization and related
	line)	trus	ᆲ		yee	mpe	1			organizations
		e	ste			กรล	1			
			۰			ted				
(1) Ronald Rabideau	1								-	
149 Quarry Hill Road, South Barre, VT 05670				✓			<u> </u>	107,615	15,000	37,127
(2) Duane Messier	ļ									
149 Quarry Hill Road, South Barre, VT 05670				✓			✓	80,895		30,694
(3) Steven Graves	ļ				i			}	}	
149 Quarry Hill Road, South Barre, VT 05670	<u> </u>			✓				973	ļ <u>-</u>	
(4) Tony St. Hilaire	ļ]		
149 Quarry Hill Road, South Barre, VT 05670		<u> </u>		✓	_	<u> </u>	_	29,624	\ <u></u> .	11,086
(5) Chris Myott	ļ						1			
149 Quarry Hill Road, South Barre, VT 05670	 -	<u> </u>	L.	✓	<u> </u>	ļ <u> </u>	<u> </u>	1,156	<u> </u>	
(6) Steven LeClaire	ļ	1		,			}	1	1	
149 Quarry Hill Road, South Barre, VT 05670				✓	<u> </u>	<u> </u>	<u> </u>	1,156		
(7) William Kelly				١,		İ				
149 Quarry Hill Road, South Barre, VT 05670	 	 	-	1			├-	600		
(8)	 	l								
(0)	 	-	-	-	ļ	<u> </u>	├-		ļl	
(9)	·	-		İ						
	 	 		-	├	-	├-	 	 	· — — — —
(10)		.[ļ	l				ļ		
/44\	-	 	┝	-	├-		╁	 	 	
(11)	· }	·				ł				
(10)	 	 	├	-	├	 -	╀		 	
(12)	· }	·								
(12)	 -	 	-	-	┢╌	├	╁╌	 	 	
(13)	+	{			1	}	1			
(14)	 	 -	┼-	\vdash	╁	 	┼╌	 	 	
(17)	· †	1			1					
					1		L_		L	

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	b office or director	unies er and	Pos neck ss pe	rson	e than or s both or/trus Highest co	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-Mi	from	(F) Estimated amount of other compensation from the organization and related
		line)	trustee	al trustee		уее	Highest compensated employee					organizations
(15)												
(16)												
(17)					-							
(18)								-				
			-					-			-	
(00)			_					-			-	
(21)			-					-			+	
					_			-			\dashv	
			_			-	-	_			\dashv	
					_							
										<u> </u>	_	
(25)												
1b c d	Sub-total	VII, Sectio	n A					∧	222,019 0 222,019		,000,	78,90
2	Total number of individuals (including but reportable compensation from the organic	t not limited						_				
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	nest comper	nsated	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble d	con	npei	nsatio					
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	 vidual	
	on B. Independent Contractors			-							4.22	
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensation
						_						
						_						
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed ab	ove) who		

Part	VIII	Statement of Revenue						
		Check if Schedule O contains a	a respo	nse to any quest	tion in this Part V		<u></u>	<u></u> 🔾
				2 2 2	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S) S)	1a	Federated campaigns	1a					
ons, Gifts, Grants Similar Amounts	b	Membership dues	1b					
ي ق	C	Fundraising events	1c					
Gifts, ilar An	d	Related organizations	1d					
ig i	e	Government grants (contributions)						
Contributions, Cand Other Simil	f	All other contributions, gifts, grants,						
ž ž	•	and similar amounts not included above						
o Ti	_	Noncash contributions included in lines 1						
uo.	g		-					
O e	h	Total. Add lines 1a-1f	 .	Business Code			,	
ביי ביי	0-	Dues and sansaments		Dusiness Gode	722.252		1	
eve	2a	Dues and assessments			733,352		 	
B	b						 	
Ž	C		· }				 	
လွ	d						 	
ram	e	All 4L					 	<u> </u>
Program Service Revenue	f	All other program service rever			700.050			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including	divide	nde interest	733,352			
	3			•	11,094		1	1
		Income from investment of tax-ex			11,094		 	
	4 5			_ [
	9	Royalties	al I	(ii) Personal			 	
	6a	Gross rents						
		Less: rental expenses						
	b	Rental income or (loss)						
	C d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Secu	rities	(ii) Other				
	, a	assets other than inventory		29,508	b		1	
	ь	Less: cost or other basis		23,300				
		and sales expenses .		32,524				F
	c	Gain or (loss)		(3,016)				d R
	d				(3,016)			
	"	rect gain or (1033)	٠ . [• • • • • •	(3,010)			
<u>r</u> e	8a	Gross income from fundraising	,					1
venue		events (not including \$						
	}	of contributions reported on line	1c).					
ē		See Part IV, line 18	. a					
Other Re	ь	Less: direct expenses	. ь					
•	С	Net income or (loss) from fund	raising (events . >				
	9a	Gross income from gaming acti						
		See Part IV, line 19	· a					
	b	Less: direct expenses	. b					
		Net income or (loss) from gami		vities ►				
	10a	Gross sales of inventory,	less					
		returns and allowances	· a					
	b							
	c	Net income or (loss) from sales	of inve					
		Miscellaneous Revenue		Business Code				1
	11a							
	b			-				
	С							
	d	All other revenue	•					
	е	Total. Add lines 11a-11d		▶			1	Ţ
	12	Total revenue. See instruction	S	•	741 430			

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	VII other organizatio	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se to any question	in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	222,544			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			=	
7 8	Other salaries and wages	30,450			
•	•	60,025		-	
9	Other employee benefits	56,701	· · · · · · · · · · · · · · · · · · ·		
10 11	Payroll taxes	15,192			
''	Management				
a b	Legal	4.074			
C	Accounting	4,974 5,553			
ď	Lobbying	3,201			
e	Professional fundraising services. See Part IV, line 17	3,201			• • • • • • • • • • • • • • • • • • • •
f	Investment management fees				·
g	Other. (If line 11g amount exceeds 10% of line 25, column			-	
9	(A) amount, list line 11g expenses on Schedule O.)	1,275			
12	Advertising and promotion	1,370			
13	Office expenses	19,421	•		<u> </u>
14	Information technology				
15	Royalties				-
16	Occupancy	8,832	•		
17	Travel	41,262			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	9,486			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	21,678			
23	Insurance	3,362			
24	Other expenses. Itemize expenses not covered	1			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 1 0% of line 25, column			4	
_	(A) amount, list line 24e expenses on Schedule O.)				
a	Per Capita Tax	163,195		 	
b	Assessments	3,925		 	
C C	Contributions	8,011			
d	Steward Dues & Expense	35,378		ļ	
e	All other expenses See schedule attached Total functional expenses. Add lines 1 through 24e	37,791		ļ . ———	
25	Joint costs. Complete this line only if the	753,626			
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			 		- 490 11
		Check if Schedule O contains a response to	any	question in this Part >	x		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			319,034	2	304,523
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and trustees, key employees, and highest co	mpe	nsated employees.			
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volun	d con	tributing employers and employees' beneficiary			
ets	l _	organizations (see instructions). Complete Part II of Sche		į.		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·	8	
	9	· · · · · · · · · · · · · · · · · · ·				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				m . +n
	b	Less: accumulated depreciation		123,047	78,917		77,784
	11					11	
1	12	Investments—other securities. See Part IV, line				12	
	13	Investments—program-related. See Part IV, line		13	<u> </u>		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
_	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			397,951	_	382,307
	18	Grants payable				17 -18	1,561
	19	Deferred revenue	-	19	· · · · · · · · · · · · · · · · · · ·		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Ø	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compendisqualified persons. Complete Part II of Schedu	sated	l employees, and	·	22	
Lia	23	Secured mortgages and notes payable to unrela			F F2F		
	24	Unsecured notes and loans payable to unrelated			5,535	24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payal	oles to related third			
	00	of Schedule D			8,926		9,452
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		ok bara N. M. and	14,461	26	11,013
seo		complete lines 27 through 29, and lines 33 and	d 34.		in the state of t	4	
lar	27	Unrestricted net assets			383,490	27	371,294
Ba	28	Temporarily restricted net assets				28	
Ę	29	Permanently restricted net assets	· ·			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 99 complete lines 30 through 34.		_		1	
ets	30	Capital stock or trust principal, or current funds				30	
SSI	31	Paid-in or capital surplus, or land, building, or ed				31	
χA	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			383,490	 	371,294
	34	Total liabilities and net assets/fund balances .			397,951	34	382,307
							Form 990 (2012)

Form 99	0 (2012)			Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		741,430
2	Total expenses (must equal Part IX, column (A), line 25)	2		753,620
3	Revenue less expenses. Subtract line 2 from line 1	3		(12,196
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		383,490
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor 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		371,29
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		
				Yes No
1	Accounting method used to prepare the Form 990: ✓ Cash — Accrual — Other —			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		
	separate basis, consolidated basis, or both:			
	Separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o] !	
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain in		
	Schedule O.	6		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in		
	the Single Audit Act and OMB Circular A-133?		3a	/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	auditS	3b	1 1

Form **990** (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

- 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

		that have NOT filed Form 5768 (electio			
If the c	organization answered "Yes	," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer iden	tification number
Teams	ters Local Union No. 597				03-0122468
Part	I-A Complete if the	e organization is exempt und	er section 501(c	c) or is a section 527 o	organization.
1		the organization's direct and indire			
2	Political expenditures .			\$	
3	Volunteer hours				
Part		e organization is exempt und			
1		excise tax incurred by the organiza			· ·
2		excise tax incurred by organization			-
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a					Yes No
b	If "Yes," describe in Part				· · · · · · · · · · · · · · · · · · ·
Part		e organization is exempt und			(c)(3)
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
2		filing organization's funds contrib			
3		expenditures. Add lines 1 and 2			
	line 17b	·			
4	Did the filing organization	n file Form 1120-POL for this year	7		Yes No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made paym	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also enter
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	e (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate
					political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sch	edu	le C (Form 990 or 990-EZ) 2012						Page 2
Pa	art	II-A Complete if the organizat section 501(h)).	ion	is exempt u	ınder section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A	CI	neck ► ☐ if the filing organization to name, address, EIN, exp						oup member's
В	C	neck ▶ ☐ if the filing organization of	che	cked box A a	and "limited con	trol" provisions a	apply.	
	_	Limits on Lo	bby	ing Expendit	ures	<u>-</u>	(a) Filing	(b) Affiliated
		(The term "expenditures"				.)	organization's totals	group totals
	la	Total lobbying expenditures to influence	ce r	ublic opinion	(grass roots lobby	vina)		
	b	Total lobbying expenditures to influence						
	c	Total lobbying expenditures (add lines						<u>-</u>
	d	Other exempt purpose expenditures						
	e	Total exempt purpose expenditures (a						
	f	Lobbying nontaxable amount. Enter columns.						
	ſ	If the amount on line 1e, column (a) or (b)	is:	The lobbying	nontaxable amour	nt is:		
	r	Not over \$500,000			nount on line 1e.			
	1	Over \$500,000 but not over \$1,000,000			15% of the excess	over \$500,000.		
	ŀ	Over \$1,000,000 but not over \$1,500,000			10% of the excess			
	-	Over \$1,500,000 but not over \$17,000,000			5% of the excess of			
	ı	Over \$17,000,000		\$1,000,000.				
_	g	Grassroots nontaxable amount (enter	25%					
	h	Subtract line 1g from line 1a. If zero or						
	í	Subtract line 1f from line 1c. If zero or						
	j	If there is an amount other than zer		n either line	1h or line 1i, die	d the organization	file Form 4720	
		reporting section 4911 tax for this year	ar?		<u> </u>	<u></u> <u>.</u>	<u>.</u> <u>.</u> .	∐Yes ∐ No
		(Some organizations that r columns below	mad v. S	e a section 5	ctions for lines 2	not have to com a through 2f on pa		÷
		Lobbyii	ng I	=xpenaitures	During 4-Year A	veraging Period		
		Calendar year (or fiscal year beginning In)		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	2a	Lobbying nontaxable amount						
	b	Lobbying ceiling amount (150% of line 2a, column (e))			1			
	С	Total lobbying expenditures						
	d	Grassroots nontaxable amount		<u></u>				
	е	Grassroots ceiling amount (150% of line 2d, column (e))						
	f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2012

Schedu	le C (Form 990 or 990-EZ) 201 2				ı	Page 3
Part		filed	For	n 5768		
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	<u> </u> ((a)	 	(b)	
desci	iption of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local	,		1.		
	legislation, including any attempt to influence public opinion on a legislative matter or					
_	referendum, through the use of:		Ĭ	4		
a	Volunteers?	\vdash	 	-		
b	Media advertisements?	-	┼			
d	Mailings to members, legislators, or the public?		1			
e	Publications, or published or broadcast statements?		T			
f	Grants to other organizations for lobbying purposes?		1			
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	Other activities?					
j	Total. Add lines 1c through 1i			L		
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 d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5),	or se	ction		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	165	NO
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	+	1
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	+	1
1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." Dues, assessments and similar amounts from members				line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			. <u> </u>
b	Carryover from last year		2b	 		
C	Total		2c	—		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	<u> </u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying		Í		
_	and political expenditure next year?	•	4	<u> </u>		
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>·</u>	5	Щ.		
	t IV Supplemental Information	D4	U A /-	£611 1 -		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	Part	II-A (8	ипшатес	ı grou	P
	and the second s					
			··			
, -						
*						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2012

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

Open to Public Inspection Employer identification number

Teams	ters Local Union No. 597		03-0122468
Par	Organizations Maintaining Dor organization answered "Yes" to	nor Advised Funds or Other Similar Fr	unds or Accounts. Complete if the
	organization answered fes to	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(,,
	Aggregate contributions to (during year) .		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	d donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subj	ect to the organization's exclusive legal con	trol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, d		
	only for charitable purposes and not for the		
	conferring impermissible private benefit?		Yes No
Part		plete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		
		, recreation or education) Preservation	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
•	Preservation of open space Complete lines 2a through 2d if the organize	ration hold a gualified concentation contribu	ition in the form of a generation
2	easement on the last day of the tax year.	zation neid a qualmed conservation contribt	mon in the form of a conservation
	cassinoni on the last day of the last year.		Held at the End of the Tax Year
а	Total number of conservation easements		· ·······
b	Total acreage restricted by conservation ea		
c	Number of conservation easements on a c		
ď	Number of conservation easements inclu		
	historic structure listed in the National Reg		1 1
3	Number of conservation easements modifitax year ▶	ed, transferred, released, extinguished, or to	erminated by the organization during the
4	Number of states where property subject t	o conservation easement is located	
5	Does the organization have a written p		nspection, handling of
	violations, and enforcement of the conserv		
6	Staff and volunteer hours devoted to moni	toring, inspecting, and enforcing conservati	
	>		
7	Amount of expenses incurred in monitoring \$ \begin{align*} \text{*}	g, inspecting, and enforcing conservation ea	asements during the year
8	Does each conservation easement reporte	ed on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
9	In Part XIII, describe how the organization		- -
	balance sheet, and include, if applicable, t	he text of the footnote to the organization's	financial statements that describes the
	organization's accounting for conservation		
Part		lections of Art, Historical Treasures,	
		wered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted u	nder SFAS 116 (ASC 958), not to report in	its revenue statement and balance shee
	works of art, historical treasures, or othe public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted works of art, historical treasures, or othe public service, provide the following amou	r similar assets held for public exhibition,	
	(i) Revenues included in Form 990, Part V	III, line 1	. , , > \$
	(ii) Assets included in Form 990, Part X .		🕨 💲
2	If the organization received or held work	s of art, historical treasures, or other sim	ılar assets for financial gain, provide the
	following amounts required to be reported		
a	Revenues included in Form 990, Part VIII,		<u>> \$</u>
b	Assets included in Form 990, Part X		

Part	III Organizations Maintaining										
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	her recor	ds, chec	k any of the	e follov	wing that are a	signifi	cant us	e of its
а	☐ Public exhibition					or exchang					
b	☐ Scholarly research			e	Other						
С	☐ Preservation for future generations										
4	Provide a description of the organizat XIII.	tion's	collections a	and expla	iin how th	ney further	the org	ganization's exe	mpt p	urpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	solici	t or receive	donation	s of art, l	historical tr	easure	s, or other simi	lar _	l Voc	□ Na
Dort	V Escrow and Custodial Arra										
Faru	line 9, or reported an amour					ailization	31 13 W C	160 163 101	Oilli	750, 1 a	,
	Is the organization an agent, trustee	Cust	odian or oth	er interm	edian/ fo	r contribut	ions o	r other assets n	ot .		
1a	included on Form 990, Part X?									Yes	□ No
L	If "Yes," explain the arrangement in P						• •		L_	, 165	NO
b	ir res, explain the arrangement in P	an i vii	i and comple	ele li le io	nowing to	able.		T	Amour	nt	
_	Posinning helange						14				
C	Beginning balance						10				
d	- •						16				
e 4	Distributions during the year Ending balance						11				
f	Did the organization include an amou							<u> </u>		Voc	□ No
2a b											
Par		ate if	the organia	ation ar	swered	"Yes" to F	orm 0	90 Part IV lin	e 10	 -	<u> </u>
r ai	Endowment I ands. Compr		Current year		or year			(d) Three years bac		Four year	s back
1a	Beginning of year balance	\ <u>\-</u> '			,	(-, ,		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+ ``		
b	Contributions	 									
C	Net investment earnings, gains, and							 	\dashv		
U	losses										
a	Grants or scholarships	-						ļ	 		
d e	Other expenditures for facilities and	 -		<u> </u>					+		
•	programs										
f	Administrative expenses										
g	End of year balance							L			
2	Provide the estimated percentage of	the cu	ırrent year er	nd balanc	e (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowme			%							
b	Permanent endowment >	%									
С	Temporarily restricted endowment										
•	The percentages in lines 2a, 2b, and 3										
3a	Are there endowment funds not in the organization by:	e pos	session of th	ie organi	zauon ini	at are neid	and ac	ammistered for t	.ite	[]	-1 1.
	•								[-		s No
	(i) unrelated organizations(ii) related organizations						• •		_	Ba(i)	+-
b	If "Yes" to 3a(ii), are the related organ				 In Schad	ulo P2	• •			a(ii) 3b	+-
4	Describe in Part XIII the intended use								. L	<u> </u>	
Par											
الثيال	Description of property	311101	(a) Cost or o			or other basis	(c)	Accumulated) Book va	
			(investm			other)		depreciation		, DOUR VA	
1a	Land	•			ļ	1,500		<u> </u>			1,500
b	Buildings	•	ļ		 	115,271		83,879			31,392
C	Leasehold improvements	•	<u> </u>		ļ						
d	Equipment	•	ļ		ļ	31,573	<u> </u>	30,420			1,153
e	Other	•	L	-1.5	<u> </u>	52,487		8,748			43,739
Total.	Add lines 1a through 1e. (Column (d) i	nust e	equal Form 9	90, Part	x, columi	n (B), line 10	J(c).)	<u> ▶ </u>			77,784

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 Cost or end-of-yea	
(1) Financial				
	neld equity interests			·
				·
(A)				
(B) (C)		_		
(D)				
(E)				
(F)		···		
(G)				
(H)				
<u>(I)</u>				
	b) must equal Form 990, Part X, col. (B) line 12.)	1 0 · · F · · · 000 B · ·	V II 40	
Part VIII	Investments - Program Related		•••	
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
(1)				
(2)				
_(3)		•=-		
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col (B) line 13.)	137 15 - 45		
Part IX	Other Assets. See Form 990, Pa	IT X, IINE 15.		(b) Book value
/1)	(6	n Description		(b) Book value
(1) (2)		•		
(3)			1711	· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
_(6)				
(8)				· · · · · · · · · · · · · · · · · · ·
<u>(9)</u> (10)				
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		>
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	1,	<u>561</u>	
	d vacation wages	9,	452	
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25.) ►	11,	013	· · · · · · · · · · · · · · · · · · ·
2. FIN 48 (AS	SC 740) Footnote. In Part XIII, provide the	text of the footnote to the	organization's financial statements	that reports the organization's
nability for U	ncertain tax positions under FIN 48 (ASC 7	40). Uneck here if the tex	a or the toothote has been provided	in Part XIII

Schedu	le D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	741,430
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		
С	Recovenes of prior year grants		
ď	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	741,430
4	Amounts 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	1 1	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	741,430
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	753,626
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	753,626
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 XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	753,626
Part	XIII Supplemental Information		
Part V	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I I, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the nation.		
			

Schedille D (Fo	orm 990) 2012	Page 3
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employer identification number
Teamsters Local Union No. 597	03-0122468
	•
Part VI, Section C., Line 19:	
The Executive Board of Teamster's Local Union No. 597 meets on a monthly basis to review the financial	al activity of the Local Union and to
discuss matters relative to the general membership. The Secretary-Treasurer reports to the general m	embership of the Local Union on a
regular basis the financial status of the Local as required by the Local Union's By-Laws and the Teams	ster's International Constitution. The
Local Union makes available to its general membership, upon request for review, any governing docu	ment or policys required by it's
By-Laws, the U.S. Department of Labor and the Internal Revenue Service.	
······	
	•••••••••••••••••••••••••••••••••••••••

Teamsters Local Union No. 597 03-0122468 FORM 990 12/31/2012

Part IX, Line 24(f) — Other Expenses

Auto Expense	\$ 32,707
Election Expense	2,780
Refund Dues and Fees	2,304
Total	\$ 37,791

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2012)

• If you are	e filing for an Automatic 3-Month Extension, of the filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only P	art II (on page 2 of	this form).		
	mplete Part II unless you have already been of: filing (e-file). You can electronically file Form			•	=		
a corporati 8868 to re Return for	ion required to file Form 990-T), or an addition required to file Form 990-T), or an addition required any of time to file any of the Transfers Associated With Certain Personals). For more details on the electronic filing of the	nal (not auto forms listed Il Benefit C	omatic) 3-month extens d in Part I or Part II wit Contracts, which must	ion of time. You cai th the exception of be sent to the IR	n electronicall Form 8870, I S in paper fo	ly file Form nformation ormat (see	
Part I	Automatic 3-Month Extension of Time				boy and ac	malata	
•	tion required to file Form 990-T and reque	-	· · · · · · · · · · · ·			-	
	orporations (including 1120-C filers), partnersh						
to file incor	me tax returns.						
					Enter filer's identifying number, see instructions Employer identification number (EIN) or		
Type or	Name of exempt organization or other filer, see in	nstructions	· · ·		Cation number (EIN) or 03-0122468		
print Teamsters Local Union No. 597 Number, street, and room or sulte no If a) box see instructions		Social security number (SSN)			
File by the due date for	149 Quarry Hill Road						
filing your return See	City, town or post office, state, and ZIP code Fo	or a foreign a	ddress, see instructions.		·		
instructions	South Barre, VT 05670						
Enter the F	Return code for the return that this application	is for (file a	separate application fo	or each return) .		0 1	
Application Return Application			Application	<u> </u>		Return	
ls For		Code	Is For			Code	
Form 990)	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			80	
Form 990-EZ		01	Form 4720			09	
Form 990-PF		04	Form 5227			10	
	Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)		Form 6069 Form 8870			11	
1 01111 330	1-1 (trust other than above)	06	1 0111 001 0			12	
Telephor If the org	me No. ► (802) 476 - 4159 ganization does not have an office or place of the for a Group Return, enter the organization's for the ole group, check this box ►	ousiness in ur digit Gro f it is for par	oup Exemption Number	(GEN)	If thi	is is	
unt for	equest an automatic 3-month (6 months for a continuous til August 15 , 20 13 , to file the execute organization's return for: Calendar year 20 12 or					ension is	
	tax year beginning the tax year entered in line 1 is for less than 12 Change in accounting period				, 20 um	·	
no	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						
est	estimated tax payments made. Include any prior year overpayment allowed as a credit.						
EF	llance due. Subtract line 3b from line 3a. Inclu TPS (Electronic Federal Tax Payment System)	. See instru	ctions.		3c \$		
Caution If	you are going to make an electronic fund withdrawa	al with this Fo	orm 8868, see Form 8453-	EO and Form 8879-F	O for payment in	nstructions	

Cat No 27916D

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.