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-orm **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public Inspection

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

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

For the 2012 calendar year, or tax year beginning July 1 2012, and ending June 30 20 13 D Employer identification number C Name of organization Local 693 Education Fund В Check if applicable Doing Business As 36-4006511 Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return **Gregory Drive** 802-864-4042 City, town or post office, state, and ZIP code Terminated G Gross receipts \$ 236,176 Amended return South Burlington, VT 05403 H(a) Is this a group return for affiliates? ☐ Yes ☑ No F Name and address of principal officer: Mr. Jeffrey Potvin Application pending 3 Gregory Drive, South Burlington, VT 05403 H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) **√** 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status. 501(c)(3) H(c) Group exemption number ▶ Website: ▶ Form of organization Corporation Trust ☐ Association ✓ Other ► L Year of formation: M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: To provide educational and training service to plumbers and pipefitting members of the Local 693 Plumbers Union under the Collective Bargaining Agreement. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 15 6 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 194,543 19,374 9 Program service revenue (Part VIII, line 2g) 181,657 184,318 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,018 7,259 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 10,664 19,692 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 394,123 233,402 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 50,051 40,590 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundials and expenses Part IX, column (D), line 25) b 12 × 12 + 11 × 5 Other expenses (Part IX, column (A) lines 11a-11d, 11f-24e) 17 277,704 176,497 Total expenses. Add lines 13–17 (pust equal Part IX, column (A), line 25)
Rever line less expenses. Subtractione 18 from line 12 18 327,755 217,087 19 66,367 16,315 End of Year **Beginning of Current Year** 98 20 Total assets (Far X Tine 16) 649,564 166,100 Total liabilities (Part X, line 26) 21 1,761 1,540 Net assets or fund balances. Subtract line 21 from line 20 22 648,024 664,339 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here of print pame and title Print/Type preparer's name Check Paid self-employed Preparer Firm's EIN ▶ Firm's name Accounting Office of Michael P. Ross 30-0293272 **Use Only** Firm's address ▶ 34 Salem Street, Suite 201, Reading, MA Phone no 781-942-5800

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

✓ Yes
☐ No.

| Part | Check | | esponse to any question in this Part | III <u></u> | <u> [</u> |
|------------|----------------|--------------------------------------|--|---|----------------------------------|
| 1 | • | be the organization's mission | | | |
| | | · | es to plumbing and pipefitting members | | |
| | | | | | |
| 2 | | | ficant program services during the year | | ☐ Yes ☑ No |
| 3 | Did the orga | | , or make significant changes in ho | | |
| | If "Yes," desc | cribe these changes on Sch | | | ☐ Yes ☑ No |
| 4 | expenses. Se | ection 501(c)(3) and 501(c)(4 | vice accomplishments for each of its () organizations are required to report or each program service reported. | three largest program services, the amount of grants and alloc | as measured t ations to other |
| 4 a | | | including grants of \$ | | |
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| 4b | | | including grants of \$ | | |
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| | | | | | |
| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| | | / (Exponed + | | · | |
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| 4d | Other progra | ım services (Describe in Sch | edule O.) | | |
| | (Expenses \$ | including g am service expenses ▶ | | \$) | |

| Part I | V Checklist of Required Schedules | _ | | |
|-----------|---|-----------|--|-----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| • | complete Schedule A | 1 | | / |
| 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 | 2 | <u> </u> | V |
| 3 | 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) | _ | | <u> </u> |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | N/ | A |
| 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, | | 1 | |
| _ | Part III | 5 | ' | ļ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | <u> </u> | | |
| | 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 | ١. | | 1 |
| 40 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | 9_ | | <u> </u> |
| 10 | 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, | 10 | 100 | ر ا |
| | VII, VIII, IX, or X as applicable. | 2 | ٠. | ال مي درج |
| 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 | ✓ | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | ✓ | - |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 1.0 | | - |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | ✓ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ✓ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | ١. |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 100 | | 1 |
| h | Schedule D, Parts XI and XII | 12a | <u> </u> | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| 4.5 | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | ✓ |
| 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 | 13 | | - |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | ✓ |
| 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 | L | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | <u> </u> | ✓ |
| 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 | 40 | | |
| 20 - | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | 1 |
| zu a b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | N | /A |
| | 100 to line 20d, the the organization attached copy of the addition interior outcome to the rotation | | | (2012) |

| Part | V Checklist of Required Schedules (continued) | | | |
|----------|---|------------|-----|----------|
| _ | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | 1 |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 24d 25a | N/ | √ 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/ | |
| 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 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | 45. | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| 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 | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | _ | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | √ |
| 34 | 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 | N/ | A |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | ✓ |
| 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 | N/ | A |
| 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, | | | |
| 38 | Part VI | 37 | | ✓ |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ | |

Form **990** (2012)

| rait | | | | _ |
|----------|--|--|----------|---------------------------------------|
| | Check if Schedule O contains a response to any question in this Part V | • • | · · | . <u>L</u> |
| 10 | Followith and the Day O of Form 4000 Follow O March and limited | <u></u> | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | ļ'`. | | , , |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | · | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| ο- | 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 15 | | | : |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | V | ļ |
| 0- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | <i>ئىي</i> ــا |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | <u> </u> | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | N/ | A |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | _ | | 1 |
| | account)? | 4a | 130 | √ |
| b | If "Yes," enter the name of the foreign country: N/A | ¥3.55 | La . | 1 4 |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | - |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | N/ | Α |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | , |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | , at / | |
| _ | gifts were not tax deductible? | 6b | N/ | A |
| 7 | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 17/2 | . "4 | |
| а | and services provided to the payor? | 7- | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | N/ | √ |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 70 | 147 | A |
| · | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 76 | - 12 | , , , , , , , , , , , , , , , , , , , |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. | 7f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/ | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/ | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | . KO-00 | | - |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | * ka | ٤ ،، ٤ |
| | organization, have excess business holdings at any time during the year? | 8 | N/ | Δ |
| 9 | Sponsoring organizations maintaining donor advised funds. | / u | | |
| a | 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: | -13", | `, * | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 1 1 1 1 | | <u> </u> |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A | | s C pt | 1 |
| 11 | Section 501(c)(12) organizations. Enter: | φ., - | 37 | 5 |
| а | Gross income from members or shareholders | | ٠, ١ | 7 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | - , 4 |
| | against amounts due or received from them.) | , and | · ' ' ' | , 9, , |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | 1 |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A | 44.4 | 33. | , |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | <u>\$</u> |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | N/ | Α |
| | Note. See the instructions for additional information the organization must report on Schedule O. | 47. | J. 7 | 7 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | ~ | 71,7 | |
| | the organization is licensed to issue qualified health plans | ىقە قىرىپ تارىخۇچ | , | . 77 |
| C | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | N/ | A |
| b | If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | N/ | |

| Part \ | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Contains a response to any question in this Part VI |). See ins | structi | ons. |
|----------|--|--------------------|--|---------------------------------------|
| Section | 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 ' | 1,3 | - , |
| | 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 | 100 | 2 14 3 4 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit any other officer, director, trustee, or key employee? | 2 | A STATE | V |
| 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? . | at | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | ✓_ |
| 6 | Did the organization have members or stockholders? | . 6 | / | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoil one or more members of the governing body? | ¹¹ 7α | | 1 |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | | | - |
| D | stockholders, or persons other than the governing body? | " 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during 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 | 1 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | 10 0/0 1 | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rev | enue C | oae.) Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | N/ | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | ✓ |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | - | 2 \ 5,7 | |
| 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 | | N/ | A |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done | 12c | N/ | |
| 13 | Did the organization have a written whistleblower policy? | 13 | - | 1 |
| 14 15 | Did the process for determining compensation of the following persons include a review and approval to | | 1.1 | W,1 × 1 |
| .0 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | , , , , , , , | 1. | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | 1 |
| b | Other officers or key employees of the organization | 15b | | √ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | 1, 1, 10 | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme with a taxable entity during the year? | 16a | | ✓ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i 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? | ts ne | N/ | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 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 (Sec available for public inspection. Indicate how you made these available. Check all that apply. | tion 501 | (c)(3)s | only) |
| | ☐ 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. | | | oolicy, |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and reco | as of th | е | |
| | organization: Mr. Jeffrey Potvin, 3 Gregory Drive, South Burlington, VT 05403 (802)864-4042 | | | |

| Page | 7 |
|-------|---|
| ı ayv | • |

| 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.

| Check this box if neither the organization no | r any related | d orga | aniz | atio | n co | ompe | nsa | ted any curren | t officer, director | , or trustee. |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Trtle | (B) Average hours per | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | | (E) Reportable compensation from | (F) Estimated amount of other |
| | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) See Schedule Attached | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | · |
| | | | | | | | _ | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | - | | | | _ | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | } | | | | | | | | |

| | (A) Name and title | (B) Average hours per week (list any | (do n | ot ch | Pos eck s pe d a d | (C) Position eck more than s person is bot a director/trus | | one an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|---------|--|--|--------|-----------------------|-----------------------------|--|------------------------------|------------|--|--|--|
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| (17) | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | | | | ••• | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | - | | | | | | | | |
| 1b c | Sub-total | | | • | • | | • | A A | 0 | 0 | 0 |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | to th | | | | above | e) w | | _ | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete s | ficer, direc | tor, c | | | | | | loyee, or high | | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | ? If | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | ation or individu | al 5 🗸 |
| | on B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest of compensation from the organization. Replyear. | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | ervices | (C) Compensation |
| | | | | <u> </u> | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | th | ose listed abo | ove) who | |
| | | | | | | | | | | | Form 990 (2012) |

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

Form **990** (2012)

| Part | VIII | Statement of Reve | enue | | | | | r age C |
|---|------|--|--------------------|---------------------|--|--|--|--|
| | | Check if Schedule O | | nse to any ques | tion in this Part | VIII | | П |
| 2 - 15 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 |
| Grants | 1a | Federated campaigns | 1a | | | ر را مین آن آن شهر سازگری کاری | The second of th | 1 0 cm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| i Sign | b | Membership dues . | 1b | | | 1 | | |
| Is, (| С | Fundraising events . | | | 1 5 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | المراجعة ال | |
| Contributions, Gifts, Grants and Other Similar Amounts | d | Related organizations | | 3,005 | | | | |
| ns, | е | Government grants (con | tributions) 1e | 16,369 | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 207 |
| atio er S | f | All other contributions, gi | | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | |
| Contributions, and Other Sim | | and similar amounts not inc | | | | the state of the s | In the same of the state of the | A hard of the state of the stat |
| ad (| g | Noncash contributions includ | • | | | And the second of the second | The state of | |
| | h | Total. Add lines 1a-1 | <u>f</u> | <u> </u> | 19,374 | 12.5 | () () () () () () () () () () | |
| Program Service Revenue | | | | Business Code | 67 | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The state of the s |
| 9/6 | 2a | Contractor Contributio | ns | | 184,318 | | | |
| ě | b | | | | | | | |
| Ž | C | | | | | | | - |
| Š | a | | | | | | | |
| <u>ra</u> | | All other program sen | vice revenue | | | | | |
| õ | g | Total. Add lines 2a-2 | | <i></i> > | 404.040 | المراه المراجع المراجع والمراجع والمراجع | L A WATER & SHOW | |
| | 3 | Investment income | | | 184,318 | Burger son break the war | · Back to the total the total | to the proposition of the standar of |
| | • | and other similar amo | | | 10,018 | } | | |
| | 4 | Income from investment | • | and proceeds | 10,018 | | | - |
| | 5 | Royalties | t or tax oxompt be | na proceda P | | | | |
| | | rioyanaoo i i i i | (ı) Real | (II) Personal | LINE TENE | 18 - Special 20 30 | THE STATE OF THE | tray of the section of the |
| | 6a | Gross rents | | | PALLER STATE OF THE STATE OF TH | | A STATE OF THE STA | |
| | Ь | Less: rental expenses | | | 1 2 1 7 EST 1 2 C 2 2 | | | |
| | С | Rental income or (loss) | | | | 1 | | |
| | d | Net rental income or (| | ▶ | and which with the state of the San | - The letter and the bis and | - State State State of the same | |
| | 7a | Gross amount from sales of | (ı) Securities | (II) Other | A TON THE STATE OF | を見る : ** ** ** ** ** ** ** ** ** ** ** ** * | 1000 表情的 "A | (唐) 基 (宋) (A) (A) (A) (A) |
| | | assets other than inventory | 2,774 | | The state of the s | The same of the sa | | Action of the second |
| | b | Less: cost or other basis | | | A STATE OF THE STA | | | |
| | | and sales expenses . | 2,774 | | | | | |
| | С | Gain or (loss) | 0, | | Action to the second | A TOTAL STATE OF THE STATE OF T | | |
| | d | Net gain or (loss) . | | <u> </u> | 0 | | | |
| ø. | | | | | のでは、中央にはなった。 これでは、これでは、た | 建筑建筑 | A CONTRACTOR OF THE PARTY OF TH | |
| Ž | 8a | Gross income from fu | ındraısing | | | | 10 15 15 15 15 15 15 15 15 15 15 15 15 15 | ر در |
| e Ve | | events (not including \$ | | | | The state of the s | | |
| Ϋ́ | | of contributions reporte | ed on line 1c). | | 1 may 1 min | | | |
| Other Revenue | ١. | See Part IV, line 18 | · · · · a | | | The state of the s | The Court of the C | 1 5 0 m |
| δ | 1 | Less: direct expenses | | | Marie and the state of the stat | THE SHE | The state of the s | |
| | C | Net income or (loss) for | | events . ► | at North Petron | | Establish of the Total Control | See Life Control to a Victor Confe |
| : | 9a | Gross income from ga See Part IV, line 19 . | - | | A | The second second | | |
| | , h | Less: direct expenses | | | 2 2 1 40 Th The Mark of the 1 th | THE PROPERTY OF | | 第二次的第三人称单数 |
| | b | Net income or (loss) fa | | vities > | المرافعة المرافعة المستقدد | The Control of the Co | | Ministration and a second |
| | _ | Gross sales of in | | vides P | Continue Continue | | -22 To 2 1 1 1 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 - 2 1/22 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 |
| | .00 | returns and allowance | | | | | | |
| | ь | Less: cost of goods s | - | | A STATE OF THE STA | | San | |
| | C | Net income or (loss) f | | entory | Charles and the second | للكرف أعارين من أنفيه شائه بخلاسا | | LA TURE TO MENTER I |
| | | Miscellaneous R | | Business Code | | 中華 神場を手続ると、 | The state of the s | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | 11a | Unrealized Appreciatio | | | 14,711 | The bold water to the beautiful | milet and electrical literature with | Internal of the state of the state of the |
| | b | Tuition, Certification & P | | | 2,806 | | | |
| | C | Book Sales | 109.1663 | | 2,806 | | | |
| | d | | | | 2,175 | | | |
| | e | Total. Add lines 11a- | | | 10 602 | Was a state of the | and the second | W THE THE SECOND |
| | 12 | Total revenue. See in | | | 233 402 | | Handle St. Color - Mark St. St. Color | ALLE CARRESTON NORTH CREATING |

| Part IX Statement of Functional Expense |
|---|
|---|

| 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 respon | se to any question | in this Part IX | | | | | | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | it to a second | | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | 1. 4. X - 1. 15 12. | And the state of the | | | | |
| 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 | | | 10° 10'0 10 | | | | | |
| 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 | 36,579 | | | | | | | |
| 9 10 11 | Other employee benefits | 4,011 | | | | | | | |
| a b c | Management | | | | | | | | |
| d e f g | Lobbying | 2,774 | 79 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | Wind Si | | | | | |
| 12 13 | (A) amount, list line 11g expenses on Schedule O) Advertising and promotion | 3,252 | | | | | | | |
| 14 15 | Information technology | 1,026 | | | | | | | |
| 16 17 18 | Occupancy | 10,325 1,760 | | | | | | | |
| 19 20 | for any federal, state, or local public officials Conferences, conventions, and meetings Interest | 723 | | | | | | | |
| 21 22 23 | Payments to affiliates | 4,988 2,260 | | | | | | | |
| 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.) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | |
| a b c | See Attached Schedule | 149,389 | | | | | | | |
| d e 25 | All other expenses Total functional expenses. Add lines 1 through 24e | | | | | | | | |
| 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) | 217,087 | | | | | | | |
| | | ,001 | | | I | | | | |

| Ρá | art X | Balance Sneet | | | | | | |
|-----------------------------|----------|--|---|---------------------------------------|--|---|--|--|
| _ | | Check if Schedule O contains a response to | any question i | n this Part | | | <u> </u> | |
| | | | | | (A) Beginning of year | | (B) End of year | |
| | 1 | Cash-non-interest-bearing | | | 21,759 | 1 | 16,107 | |
| | 2 | Savings and temporary cash investments | | | 25,244 | 2 | 25,247 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | | |
| İ | 4 | Accounts receivable, net | | | | 4 | | |
| | 5 | Loans and other receivables from current and t | | | 11 16 18 18 18 18 | , | 5 88 - 1 h | |
| | | trustees, key employees, and highest co | mpensated e | mployees. | The state of the s | | | |
| | | Complete Part II of Schedule L | | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified pers | | | 1 | act - | | |
| | ı | 4958(f)(1)), persons described in section 4958(c)(3)(B), an | | | | , , | | |
| | | sponsoring organizations of section 501(c)(9) volun | | | | 2 | | |
| ţ | | organizations (see instructions). Complete Part II of Sche | | | | 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 | | | | 1 10 | | |
| | _ | other basis. Complete Part VI of Schedule D | 10a | 204,433 | | | المستشيرة المستسير | |
| | | Less: accumulated depreciation | 10b | 180,001 | 24,196 | | 24,432 | |
| | 11 | | | | 265,861 | 11 | 287,810 | |
| | 12 | Investments—other securities. See Part IV, line 1 | | | 312,504 | | 312,504 | |
| | 13 | Investments—program-related. See Part IV, line | | 13 14 | | | | |
| | 14 | Intangible assets | | | | 15 | | |
| | 15 | Other assets. See Part IV, line 11 | | | C40 504 | 16 | 000 400 | |
| | 16 17 | Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses | | | 649,564 | 17 | 666,100 | |
| | 18 | Grants payable | | | | 18 | | |
| | 19 | Deferred revenue | - | 19 | | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete I | | | | 21 | | |
| S | 22 | • | Loans and other payables to current and former officers, directors, | | | | | |
| Liabilities | | trustees, key employees, highest compen | | 7-121 | A STATE OF THE STA | | | |
| 夏 | | disqualified persons. Complete Part II of Schedu | | | * | 22 | | |
| Ë | 23 | Secured mortgages and notes payable to unrela | ted third partie | s | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated | d third parties | | | 24 | | |
| | 25 | Other liabilities (including federal income tax, | payables to re | lated third | | | | |
| | | parties, and other liabilities not included on lines | s 17-24). Comp | lete Part X | | | | |
| | ŀ | of Schedule D | | | 1,540 | | 1,761 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,540 | 26 | 1,761 | |
| S | | Organizations that follow SFAS 117 (ASC 958 | | ► ∐ and | Santak to De Maria | agen est | and the state of t | |
| ည | | complete lines 27 through 29, and lines 33 and | | | Comment of the second of the s | ئنن | | |
| <u>la</u> | 27 | Unrestricted net assets | | | | 27 | | |
| B | 28 | Temporarily restricted net assets | | | | 28 29 | | |
| 2 | 29 | Permanently restricted net assets | | | The second second | 29 | 1 (J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Ţ | | complete lines 30 through 34. | oo), check here i | ▼ anu | The state of the s | 10 to | المراجع المراج | |
| Net Assets or Fund Balances | - | - | | | 7,7 | 30 | | |
| ets | 30 | Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed | | | | 31 | | |
| 4ss | 31 32 | Retained earnings, endowment, accumulated in | | | 648,024 | | 664,339 | |
| et/ | 33 | Total net assets or fund balances | | | 648,024 | | 664,339 | |
| Ž | 34 | Total liabilities and net assets/fund balances | | | 649,564 | | 666,100 | |
| | <u> </u> | Total ligorities and not assets/fund balances . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 040,004 | - | Form 990 (2012) | |

| Page | 1 | 2 |
|------|---|---|
| | | |

| ///// 00 | | | | га | 98 12 |
|------------|--|-----------|--------|----------|--------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | <u> </u> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 23 | 3,402 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 21 | 7,087 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 1 | 6,315 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 64 | 8,024 |
| 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 | | 66 | 4,339 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other | | | | 1 15 |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain ir | n King | | |
| | Schedule O. | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | ✓_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | piled o | r | | |
| | 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 | a Jawa | | * |
| | separate basis, consolidated basis, or both: | | 1.00 | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 3,000 | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | | | N | ' A |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | | | 1 | A. |
| | If the organization changed either its oversight process or selection process during the tax year, e. | kplain is |) | de W | , v |
| | Schedule O. | | | A. | 162.3 |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | 4 1 | | |
| | 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 | | 1 1 | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | uaits | 3b | N | |
| | | | Form | 990 | (2012) |
| | | | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

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

| | ection 501(c)(4), (5), or (6) orga of organization | and the state of t | | Employer ider | ntification number |
|---------|---|--|-----------------------------|---------------------------|---|
| Local | 593 Education Fund | | | | 36-4006511 |
| Part | | organization is exempt und | er section 501(c | | |
| 1 | | he 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 | • | ed a section 4955 tax, did it file Fo | | | = = |
| 4a | | | | | Yes No |
| | If "Yes," describe in Part | | | | (-\(0\) |
| Part | | e organization is exempt und ly expended by the filing organiz | | | (C)(3). |
| 1 | | | | | |
| 2 | | filing organization's funds contrib | | | |
| _ | | vities | | | |
| 3 | | expenditures. Add lines 1 and 2 | | | |
| | | | | | |
| 4 | | n file Form 1120-POL for this year | | | |
| 5 | 5 5 | ses and employer identification nu | | | |
| | | ents. For each organization listed, | | | |
| | | ontributions received that were pro | | | |
| | as a separate segregated | fund or a political action committee | ee (PAC). If additio | nal space is needed, prov | ide information in Part IV. |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | (-7 | | (, , , , , , , , , , , , , | filing organization's | contributions received and |
| | | | | funds If none, enter -0- | promptly and directly delivered to a separate |
| | | | | | political organization If none, enter -0- |
| | | | | | none, enter-o- |
| (1) | | | - | | |
| | | | | | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| | | | | | |
| (4) | | <u></u> | • | | |
| | | | | | |
| (5) | | ļ | 1 | | |
| /e\ | | | | | |
| (6) | | | 1 | Į. | I |

| Par | t II-A | Complete if the organizat section 501(h)). | on is exempt u | nder section 50 | 11(c)(3) and filed | 1 Form 5768 (ele | ction under |
|------------|---|--|---------------------|---|--------------------|---|------------------|
| A (| Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). | | | | | | |
| в (| Check ▶ | ☐ If the filing organization of | hecked box A a | nd "limited cont | rol" provisions a | ipply. | |
| | | Limits on Lo | bbying Expenditu | ires | | (a) Filing | (b) Affiliated |
| | | (The term "expenditures" | means amounts | paid or incurred.) | | organization's totals | group totals |
| 1a | Total lo | obbying expenditures to influen | ce public opinion | grass roots lobby | ing) | | |
| b | Total lo | obbying expenditures to influen | ce a legislative bo | dy (direct lobbying | g) | | |
| C | | obbying expenditures (add lines | • | | | | |
| C | | exempt purpose expenditures | | | | | |
| e | | exempt purpose expenditures (a | | | | | |
| f | Lobby colum | ing nontaxable amount. Ente ns. | r the amount fr | om the following | table in both | | |
| | If the a | mount on line 1e, column (a) or (b) | is: The lobbying | nontaxable amount | t is: | " d'en | (1) |
| | Not ove | er \$500,000 | 20% of the am | ount on line 1e. | | | |
| | Over \$5 | 500,000 but not over \$1,000,000 | \$100,000 plus | 15% of the excess of | over \$500,000. | | " A STATE OF THE |
| | Over \$1 | ,000,000 but not over \$1,500,000 | | 10% of the excess of | | | |
| | Over \$1 | ,500,000 but not over \$17,000,000 | \$225,000 plus | 5% of the excess or | ver \$1,500,000. | 10 0 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 . P . S |
| | | 17,000,000 | \$1,000,000. | | | 3 " | + |
| Ę | • | roots nontaxable amount (enter | | | | | |
| ł | | act line 1g from line 1a. If zero o | | | | | ···- |
| į | | act line 1f from line 1c. If zero or | | | | 51 - Farm 4700 | |
| j | | e is an amount other than ze ing section 4911 tax for this ye | | in or line 11, ala | | | Yes No |
| | | (Some organizations that I | nade a section 5 | Period Under Sec 01(h) election do tions for lines 2a | not have to com | | • |
| | | Lobbyi | ng Expenditures | During 4-Year Av | eraging Period | · · · · · · · · · · · · · · · · · · · | |
| | Cale | endar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 28 | a Lobby | ring nontaxable amount | | | | | |
| ł | | ving ceiling amount 5 of line 2a, column (e)) | | | 182 4 | 2,0" q ",~, ~ ~, | |
| | Total I | obbying expenditures | | | | | |
| • | d Grass | roots nontaxable amount | | | | | |
| • | | roots ceiling amount 6 of line 2d, column (e)) | و المراقع المراقع | the same has to | the second of the | | |
| 1 | Grass | roots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2012

| or e | or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed | | a) | (b) | | |
|-------------|---|----------|--|-----------|---|-----------|
| | iption of the lobbying activity. | Yes | No | A | moun | t |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | , | | . h. "" | 42 | |
| а | Volunteers? | | |] t | | 251 |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | . day . a |
| c | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | _ | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | <u> </u> | <u> </u> | | | |
| į | Other activities? | | | | | |
| j | Total. Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | · | F 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | |
| þ | If "Yes," enter the amount of any tax incurred under section 4912 | , , | , - , | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | <u>'</u> | 5 - 1 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | <u> </u> | <u> </u> | | ٠, , | , |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). | :)(5), | or se | ection | | |
| | | - | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | ✓ | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | ✓ | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) | | | 3 | <u>L</u> _ | ✓ |
| 1 | 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 | | 1 | | ine | 3, IS |
| 2 | political expenses for which the section 527(f) tax was paid). | 5 UI | 9 '2 | | | |
| а | Current year | | 2a | | | |
| 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 | | ************************************** | | | |
| | and political expenditure next year? | | 4 | | | |
| _ | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | - |
| 5 | Taxable altituation toppying and political expenditures (see instruction) | | | | | - |
| 5 Par | | | | | | <u> </u> |
| Par Comp | | | I-A (a | ffiliated | l grou | |
| Par Comp | Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; | | I-A (a | ffiliated | l grou | |
| Par Comp | Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; | | I-A (a | ffiliated | I grou | |
| Par Comp | Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; | | I-A (a | ffiliated | grou | |
| Par Comp | Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; | | I-A (a | ffiliated | I grou | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public

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.

Inspection

Employer identification number

| | 93 Education Fund | | 36-4006511 |
|--------|--|--|---|
| Pari | | or Advised Funds or Other Similar Fu | unds or Accounts. Complete if the |
| | organization answered "Yes" to F | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) . | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | | I donor advisors in writing that the assets ect to the organization's exclusive legal con | |
| _ | | • | |
| 6 | | onors, and donor advisors in writing that gree benefit of the donor or donor advisor, or | |
| | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| Part | | plete if the organization answered "Yes | |
| 1 | Purpose(s) of conservation easements held | | to roun 990, rarriv, line r. |
| • | | recreation or education) Preservation | of an historically important land area |
| | Protection of natural habitat | · | of a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | | ation held a qualified conservation contribu | ition in the form of a conservation |
| | easement on the last day of the tax year. | • | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation ea | sements | 2b |
| C | | ertified historic structure included in (a) | |
| d | | ded in (c) acquired after 8/17/06, and no | ot on a |
| | historic structure listed in the National Regi | | · · 2d |
| 3 | | ed, transferred, released, extinguished, or te | erminated by the organization during the |
| | tax year > | | |
| 4 | Number of states where property subject to | | |
| 5 | | olicy regarding the periodic monitoring, is attention easements it holds? | |
| | • | | |
| 6 | Starr and volunteer hours devoted to monit | oring, inspecting, and enforcing conservation | on easements during the year |
| 7 | Amount of expanses incurred in monitoring | , inspecting, and enforcing conservation ea | seements during the year |
| • | ►\$ | , mapecting, and emoroning conservation ea | isements during the year |
| 8 | | d on line 2(d) above satisfy the requirement | s of section 170(h)(4)(B) |
| | | | · · · · · · · · · · · · · · · · No |
| 9 | In Part XIII, describe how the organization | reports conservation easements in its reven | |
| | | ne text of the footnote to the organization's | |
| | organization's accounting for conservation | | |
| Part | | ections of Art, Historical Treasures, | |
| | Complete if the organization ans | wered "Yes" to Form 990, Part IV, line 8 | 3. |
| 1a | | nder SFAS 116 (ASC 958), not to report in | |
| | | similar assets held for public exhibition, | |
| | • | of the footnote to its financial statements to | |
| b | | under SFAS 116 (ASC 958), to report in it | |
| | | r similar assets held for public exhibition, | education, or research in furtherance of |
| | public service, provide the following amount | | . • |
| | (i) Hevenues included in Form 990, Part VI | II, line 1 | \$ |
| • | (II) Assets included in Form 990, Part X . | s of art, historical treasures, or other simi | lor accets for financial sain provide the |
| 2 | | under SFAS 116 (ASC 958) relating to these | |
| _ | | ine 1 | |
| a b | Assets included in Form 900 Part Y | | • • • • • • • • • • • • • • • • • • • |
| | record moracca min offit add, i are re- | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |

| Part | | | | | | | | | | | |
|------------|--|----------|----------------------------|----------------|------------|--------------------------|---------------|-------------------------|----------|--------------|--------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | access | sion, and ot | her recor | ds, chec | k any of th | e follov | ving that are a | signific | ant us | se of its |
| а | ☐ Public exhibition | | | d [| ☐ Loan | or exchang | ge prog | rams | | | |
| b | ☐ Scholarly research | | | е [| Other | • | | | | | |
| С | Preservation for future generations | 3 | | | | | | | | | |
| 4 | Provide a description of the organizat | | collections a | and expla | in how t | hev further | the ord | anization's exe | e tame | urpose | in Part |
| | XIII. | | | | | | ` | , | | • | |
| 5 | During the year, did the organization | solicit | or receive | donation | s of art | historical tr | reasure | s or other sim | ilar | | |
| • | assets to be sold to raise funds rather | | | | | | | | | Vec | □ No |
| Part | V Escrow and Custodial Arra | | | | | | | | | | |
| | line 9, or reported an amoun | | | | | a, nzadon · | u. 10110 | 100 100 | 011110 | 00, 1 | ω , |
| 1a | Is the organization an agent, trustee, | | | | | or contribut | tions or | other assets i | oot | | |
| 14 | included on Form 990, Part X? | | | | | | | | | Voc | □ No |
| h | If "Yes," explain the arrangement in Pa | | | | | | | | . П | 163 | INO |
| b | ir res, explain the arrangement in Pa | art Aili | and comple | ete trie io | llowing to | abie. | | 1 | Amoun | + | |
| | | | | | | | | | | - | |
| C | Beginning balance | | | | | | 10 | | | | |
| đ | Additions during the year | | | | | | 10 | | | | |
| е | Distributions during the year | | | | | | 16 | | | <u>-</u> _ | |
| f | Ending balance | | | | | | | | | | |
| 2 a | Did the organization include an amour | | | | | | | | | | ☐ No |
| | If "Yes," explain the arrangement in Pa | | | | | | | | | <u> </u> | |
| _Par | V Endowment Funds. Comple | | | | | | | | | | |
| | | (a) C | Current year | (b) Pro | or year | (c) Two year | rs back | (d) Three years ba | ck (e) | Four yea | ars back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions , | | | | | | | | | | |
| C | Net investment earnings, gains, and | | | | | | | | | | |
| | losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities and | | | | | | | | | | |
| | programs | | | | | | | | 1 | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | • | | | | | | | | |
| 2 | Provide the estimated percentage of t | he cur | rent vear er | nd balanc | e (line 10 | column (a | a)) held | as: | | | |
| a | Board designated or quasi-endowmer | | | | o (o . g | ,, 00.0 (0 | ٠,, ٠.٠٠٠٠ | | | | |
| b | Permanent endowment | ··· % | | '" | | | | | | | |
| C | Temporarily restricted endowment ▶ | | % | | | | | | | | |
| C | The percentages in lines 2a, 2b, and 2 | o cho | ^{/0} | \004 | | | | | | | |
| За | Are there endowment funds not in the | | | | zation the | at are held | and ad | lministered for | the | | |
| Ja | organization by: | e poss | 36331011 01 11 | ie organii | Lanon in | at are riela | and ad | in in instance ion | | Ye | es No |
| | <u> </u> | | | | | | | | 2 | a(i) | 3 110 |
| | (i) unrelated organizations | | | | | | | | | a(ii) | |
| | (ii) related organizations | | | | | | | | | 3b | |
| b | If "Yes" to 3a(ii), are the related organ | | | | | | | | | 3D | |
| 4 | Describe in Part XIII the intended uses | | | | | | | | | | |
| Par | | meni | | | | | | | | | |
| | Description of property | | (a) Cost or of (investm | | | or other basis other) | ď | Accumulated epreciation | (a) | Book v | alue |
| 1a | Land | . 🗆 | | | | | 1 - 2 - 3 May | | | | |
| b | Buildings | . [| | | | | | | | | |
| c | Leasehold improvements | . [| | | | 2,043 | | 867 | | | 1,176 |
| d | Equipment | . | | | | 189,740 | | 175,339 | | | 14,401 |
| e | Other | . | | | | 12,650 | 1 | 3,795 | | | 8,855 |
| | Add lines 1a through 1e. (Column (d) r. | nust e | qual Form 9 | 90, Part 2 | (, columr | | • | • | | | 24,432 |
| | | | | | | | | | | | |

| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 1,761 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's | Part VII | Investments - Other Securitie | s. See Form 990, Part X, | ine 12. |
|---|---|---|--------------------------|--|
| 2) Closely-held equity interests | (ε | | (b) Book value | |
| (3) Other Investment in Realty (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | | | |
| (G) | | | | |
| (G) (C) (D) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G | • | vestment in Realty | 312,504 | Cost |
| Ci | | | | |
| (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | | |
| (G) | | | | |
| (G) (G) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | | | | |
| (i) (iii) (iiii) (iiiii) (iiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiiii) (iiiiiiii) (iiiiiiiii) (iiiiiiiii) (iiiiiiiii) (iiiiiiiii) (iiiiiiiii) (iiiiiiiiii | | | | |
| (a) Description of investments Part VIII Investments Program Related. See Form 990, Part X, line 13. | (G) | | | |
| Total. Column (b) must equal Form 990, Part X, col. (B) line 13. Part XX Ine 13. | | | | |
| Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation (Cost or end-of-year market value (1) | | | | |
| (a) Description of investment type (b) Book value (c) Method of variation (Cast or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g | | | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets, See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities See Form 990, Part X, line 25. 1, (a) Description is lability (b) Book value (1) Federal income taxes (2) Accrued payroll taxes and payroll taxes (3) withholdings 1,761 (4) (6) (6) (7) (8) (9) (10) (11) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (2) Accrued payroll taxes and payroll taxes (3) withholdings 1,761 (4) (6) (6) (7) (8) (9) (10) (11) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Zero X Secured payroll taxes and payroll taxes (3) Withholdings 1,761 (4) (5) (6) (7) (7) (8) (9) (10) (11) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Zero X Secured payroll taxes and payroll taxes (5) (6) (7) (7) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (19) (19) (19) (11) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (19) (19) (19) (11) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18 | | (a) Description of investment type | (b) Book value | 1 |
| (2) (3) (6) (7) (8) (9) (10) Total. (Column (b) must aqual Form 990, Part X, col. (B) line 13.) ▶ Part XX Other Assets. See Form 990, Part X, col. (B) line 15.) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (c) | (1) | | | |
| (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f | | | | |
| (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (d) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (e) Description of liability (b) Book value (f) Federal income taxes (g) withholdings (g) withholdings (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | | | | |
| (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description (b) Book value Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of lability (b) Book value (7) (8) (9) (10) (11) (14) (5) (6) (7) (8) (9) (10) (11) (10) (11) (11) (11) (12) (14) (5) (6) (7) (8) (9) (10) (11) (11) (12) (13) (14) (5) (6) (7) (8) (9) (10) (11) (11) (12) (14) (5) (6) (7) (7) (8) (9) (10) (11) (11) (12) (14) (5) (6) (7) (7) (8) (9) (10) (11) (11) (12) (14) (5) (5) (6) (7) (7) (8) (9) (10) (11) (11) (12) (14) (5) (5) (6) (7) (7) (8) (9) (10) (11) (11) (12) (14) (5) (5) (6) (7) (7) (8) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18 | | | | |
| (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued payroll taxes and payroll taxes (3) withholdings 1,761 (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (b) Book value (c) Accrued payroll taxes and payroll taxes (a) withholdings 1,761 (b) (c) (f) (7) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | | | | |
| (6) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of lability (b) Book value (1) Federal income taxes (2) Accrued payroll taxes and payroll taxes (3) withholdings (4) (5) (6) (7) (8) (9) (10) (10) (10) (11) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,761 (9) (10) (11) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,761 (2) Expenditure that reports the organization's financial statements that reports the organi | | | | |
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| Part | XI Reconciliation of Revenue per Audited Financial Stateme | nts \ | With Revenue per | Retur | 'n |
|--------|---|--------|---------------------------|------------|-------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | 1 . 1 | |
| С | Recoveries of prior year grants | 2c | | 1 4 | |
| d | Other (Describe in Part XIII.) | 2d | | 1 - 1 | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 25 N 24 EC | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | P 30 W | |
| b | Other (Describe in Part XIII.) | 4b | | 1. | |
| 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 | |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | ents | With Expenses pe | r Ret | :um |
| 1 | | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | . ^ | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | |] | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | 1 "1 | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | , | |
| b | Other (Describe in Part XIII.) | 4b | | 1 | |
| c | • | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | |
| Part | XIII Supplemental Information | | | | |
| Comp | lete this part to provide the descriptions required for Part II, lines 3, 5, and | 9; Pa | rt III, lines 1a and 4; P | art IV, | lines 1b and 2b; |
| Part V | , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b | . Also | complete this part to | provi | de any additional |
| | ation. | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection.

Employer identification number

36-4006511

Department of the Treasury Internal Revenue Service Name of the organization 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.

| Local 693 Education Fund | 36-4006511 |
|--|--|
| Part VI, Section C, Line 19: The Board of Trustees of the Local 693 Education Fund meets on a periodi | c basis to review the financial |
| activity of the Fund and to discuss matters relative to the Fund's participants. The Education Fund ma | |
| upon request, any governing document or policy as required by the By-Laws, the U.S. Department of L | abor and the Internal Revenue Service. |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ocal 693 Education Fund

OMB No 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37.

Related Organizations and Unrelated Partnerships

▶ See separate instructions. ▶ Attach to Form 990.

| N | Publ |
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Employer identification number

36-4006511

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 (f)
Direct controlling
entity ş Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling
entity (e) End-of-year assets × (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(5) (c)
Legal domicile (state
or foreign country) Cat. No 50135Y (c)
Legal domicile (state
or foreign country) (b) Pnmary activity 5 (b) Primary activity Labor Union For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 3 Gregory Drive, South Burlington, VT (1) Plumbers & Pipefitters Local 693 (9) Part I (2) Part II (2) ල € Ð 9 E 2 € 9 E

| Schedule R (F | Schedule R (Form 990) 2012 |
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| Part III | identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) |

|) trage ship | | | | | <u> </u> | | | | b)(13) | <u>ي</u> | · | | | | | | | 2012 |
|---|-----|-----|------------|---|----------|-----|---|---|---|----------|-----|---|---|----|-----|-----|---|----------------------------|
| (k) Percentage ownership | | | | | | | | art IV, | (I) Section 512(b)(13) controlled entry? | Yes | | | | | | - | - | rm 990) |
| General or managing partner? | | | | | | | | n 990, P | (h) Percentage ownership | | | | | | | | | Schedule R (Form 990) 2012 |
| | | | | | | | | to Forn | Perc ssets own | | | | | - | | | | Schec |
| Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | | | | | | : | | d "Yes" | (g) Share of end-of-year assets | | | | | | | | | |
| Share of end-oi- Disproportionate year assets allocations? | | | | | | | | nswere) | | | | | | | | - | | |
| nd-oi- Dis | | | | | | | | zation a tx year. | (f) Share of total income | | | _ | | | | | | |
| Share of end-c | | | | | | | | organizing the ta |) entity orp, or trust) | | | | | : | | | | |
| Share of total income | | | | | | | | ste if the ust durir | (e) Type of entity (C corp., S corp, or trust) | | | | | | | | | |
| Shar | | | | | | | | (Comple on or tr | (d) Direct controlling entity | | | | | | | | | |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | | | | | | | r Trust orporati | | | | | | | | | | |
| Pre incor ur excl sectio | | | | | | | | ation o | (c) Legal domicile (state or foreign country) | | | | : | | | | | |
| (d) Direct controlling entity | | | - | | | | | Corpor s treate | Legal state or fo | | | | | | | | | |
| Direc | | | | | | | | le as a nization | ıvıty | | | | | | | | : | |
| (c) Legal domicile (state or foreign country) | | | | | | | | s Taxab ed organ | (b) Primary activity | | | | | | | | | |
| Ala | | | | | | | | ization re relate | _ | | ! | | | 1 | | | | |
| (b) Primary activity | | | | | | | | l Organ e or mo | ation | | | | | | | | | |
| <u>ū</u> | | | | | | | | Related had on | ed organiz | | | | | | | | | |
| (a) (b) (c) (d) (e) (f) (f) (f) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f | | | | | | | | Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | (a) Name, address, and EIN of related organization | | | | | | | | | |
| (a) Name, address, and EIN of related organization | | | | | | | | entifica e 34 be | dress, and | | | | | | | | | |
| Vame, addr related c | | | | | | | | _ | Name, adr | | | | | | | | | |
| | (1) | (2) | <u>(6)</u> | 9 | (2) | (9) | E | Part IV | | | (£) | 8 | ල | 4) | (2) | (9) | E | |

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| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-1V? | related organization | ations listed in Parts | s II–IV? | | - |
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| | | | Schedule F | R (Form 99 | 0) 2012 |
| Giff, grant, or capital contribution to related organization(s) Giff, grant, or capital contribution to related organization(s) Giff, grant, or capital contribution to related organization(s) Giff, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Coans or loan guarantees by related organization(s) Dividends from related organization(s) Exchange of assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, or other assets from related organization(s) Sharing of facilities, equipment, or other assets from related organization(s) Sharing of facilities, equipment, or other assets from related organization(s) Sharing of paid employees with related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must comple mbers & Pipefitters Local 693 Name of other organization In o. E | | te this line, includ (b) Transaction type (a-s) | te this line, including covered relation (b) Transaction Transaction Transaction Transaction Transaction Transaction Amount involved Sp.050 85,050 | te this line, including covered relationships and transaction Transaction Transaction Transaction Amount involved 85,050 Amount Paid Schedule | e this line, including covered relationships and transaction (b) Transaction Transaction Transaction Transaction Transaction Amount involved Wethod of determining (b) 85,050 Amount Paid Schedule R |

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

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

| Secretary and the supplementation of the supp | gaintain. | | agai aii ig evolusi | מווס כפוומ | in myesuneur pe | il il iei ol il bo. | | | | |
|--|-------------------------|-------------------------------|---|--|-----------------|-----------------------|-------------------------|--|----------------------|-------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile | (d) Predominant | (e) Are all partners | (f) Share of | | (h) Disproportionate | (i) Code VUBI | (I) General or | (k) Percentage |
| | | (state or foreign country) | income (related, unrelated, excluded from tax under | section 501(c)(3) organizations? | total income | end-of-year assets | allocations? | amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | ownership |
| | | | | Yes No | | | Yes No | | Yes No | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | : | | | | | | | | |
| (9) | | | | | | | | | | |
| ω | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | ,,,,, | | | | | | | | | |
| (16) | | | | | | | | | | |
| | | | | | | | | | | |

Schedule R (Form 990) 2012

LOCAL 693 EDUCATION FUND 36-4006511 FORM 990 JUNE 30, 2013

Part IX - Other Expenses - Line Item 24(a)

| Shared Fund Coordinator expenses | \$ 72,467 |
|---|---------------|
| International training expenses | 23,513 |
| Educational supplies and expenses | 21,530 |
| Shared administrative expenses | 12,583 |
| Telephone and other office expenses | 7,812 |
| Instructor training expenses | 6,773 |
| Certification fees and other Program expenses | 3,916 |
| Dues and subscriptions | <u> </u> |
| Total | \$ 149,389 |

LOCAL 693 EDUCATION FUND 36-4006511 FORM 990 JUNE 30, 2013

Part V - List of Officers, Directors and Trustees

| (A) | (B) | (C) | (D) | (E) |
|--|-----------|---------|---------|---------|
| Jeff Potvin Local 693 3 Gregory Drive So. Burlington, VT05403 | Chairman* | \$ None | \$ None | \$ None |
| John O'Farrell 281 Manley Road Milton, VT 05468 | Trustee* | None | None | None |
| Ernie Wheeler A Cooper Mechanical 12 Marcy Drive Essex Junction, VT 05452 | Trustee* | None | None | None |
| Jeff Towne 511 West Milton Road Milton, VT 05468 | Trustee* | None | None | None |
| Cathy Croteau 296 Route 2 Grand Isle, VT 05458 | Trustee* | None | None | None |
| Craig Rexford East Shore Mechanical 119 East Shore North Grand Isle, VT 05486 | Trustee* | None | None | None |
| Ron Gentile 3 Gregory Drive South Burlington, VT 05403 | Trustee* | None | None | None |

^{*} These are part-time positions and accordingly it is not possible to determine the amount of time devoted to these positions on an hour-per-week basis,