

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust
 ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

1999

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 1999 calendar year, OR tax year beginning October 01, 1999, and ending September 30, 2000

B Check if:
 Change of address
 Initial return
 Final return
 Amended return (required also for state reporting)

C Name of organization CWA Local Union # 3199
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 3199
 City or town, state or country, and ZIP + 4 Ashland, Florida 32899-3199

D Employer identification number 51-0187489

E Telephone number (407) 447-3199

F Check if exemption application is pending

H Enter four-digit group exemption number (GEN) 1102

G Accounting method: Cash Accrual Other (specify) ▶

I Type of organization—▶ Exempt under section 501(c) (5) ◀ (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. **Some states require a complete return.**

K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) ▶ \$ 98,500
 if \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)																									0	
	2	Program service revenue including government fees and contracts																									0	
	3	Membership dues and assessments																									94,796	
	4	Investment income																									1,204	
	5a	Gross amount from sale of assets other than inventory																									0	
	5b	Less: cost or other basis and sales expenses																									0	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																									0	
	6	Special events and activities (attach schedule):																										
	6a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)																									0	
	6b	Less: direct expenses other than fundraising expenses																									0	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																									0		
7a	Gross sales of inventory, less returns and allowances																									0		
7b	Less: cost of goods sold																									0		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																									0		
8	Other revenue (describe ▶ <u>Miscellaneous receipts & reimbursements</u>)																									2,500		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																									98,500		
Expenses	10	Grants and similar amounts paid (attach schedule)																									0	
	11	Benefits paid to or for members																									0	
	12	Salaries, other compensation, and employee benefits																									53,100	
	13	Professional fees and other payments to independent contractors																									2,400	
	14	Occupancy, rent, utilities, and maintenance																									15,000	
	15	Printing, publications, postage, and shipping																									3,900	
	16	Other expenses (describe ▶ <u>Contributions & Gifts</u>)																									600	
17	Total expenses (add lines 10 through 16)																									75,000		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																									23,500	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																									62,000	
	20	Other changes in net assets or fund balances (attach explanation)																									0	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																									85,500	

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 36.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	60,600	84,100
23	Land and buildings	0	0
24	Other assets (describe ▶ <u>Furniture & Fixtures</u>)	1,400	1,400
25	Total assets	62,000	85,500
26	Total liabilities (describe ▶ _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,000	85,500

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 36.)

What is the organization's primary exempt purpose? Local Labor Union

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28 To establish through collective bargaining adequate wage standards, short hours of work and improvements in conditions of employment for workers in this local 225 members. (Grants \$)	28a
29 To secure legislation safeguarding the economic security and social welfare of the workers in this union, to protect and extend our democratic and civil rights and liberties. (Grants \$)	29a
30 To resolve questions concerning interpretation of agreements and studies. To assist with arbitrations & National Labor Relation Board filings as required for the local's membership. (Grants \$)	30a
31 Other program services (attach schedule) (Grants \$)	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 36.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
June Keihl 816 Market Street North Ashland, Florida 32889	President 20 Hrs/Wk	21,800	0	1,200
Paul Nash 1218 South Cedar Street Mt. Carmel, Florida 32885	Vice President 12 Hrs/Wk	12,700	0	800
Terry Brenner RR #2, Box 16 Fountain Springs, Florida 32788	Sect/Treas. 15 Hrs/Wk	16,200	0	800

Part V Other Information (See Specific Instructions on page 37.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	n/a	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a -0-		
b Did the organization file Form 1120-POL for this year?	n/a	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b n/a	
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a n/a	
b Gross receipts, included on line 9, for public use of club facilities	39b n/a	
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 -0- ; section 4912 -0- ; section 4955 -0-		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958	-0-	
d Enter: Amount of tax on line 40c, above, reimbursed by the organization	-0-	
41 List the states with which a copy of this return is filed.	none	
42 The books are in care of Terry Brenner Telephone no. (407) 447-3199 Located at 1804 Center Street, Ashland, Florida ZIP + 4 32899-3199		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		43 n/a

Please Sign Here

Under penalties of perjury, 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. (Important: See General Instruction U, page 14.)

Signature of officer: _____ Date: 11/02/2000 Secretary-Treasurer Terry Brenner
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN: _____
Firm's name (or yours if self-employed) and address: _____ EIN: _____ ZIP + 4: _____