

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

**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)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

- B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Portage County Area Clerical, Technical, and Paraprofessional Employees Local 348, AFSCME, AFL-CIO

Number and street (or P O box, if mail is not delivered to street address) Room/suite
7517 Huntington Ln

City or town, state or country, and ZIP + 4
Custer WI 54423-9518

D Employer identification number
39-6075952

E Telephone number
715-592-6453

F Group Exemption Number ▶ 1381

o Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ▶

I Website: ▶ www.afscme348.com

H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 233,490.59

-Part I- Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		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																										
	2	Program service revenue including government fees and contracts																										
	3	<u>128,621.47</u>																										
	4	<u>99.26</u>																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less: cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)																										
	6b	Less: direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less: cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ▶ <u>Insurance Program, Arbitration Refund</u>)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ <u>233,490.59</u>																											
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	<u>6179.78</u>																										
	13	<u>2072.55</u>																										
	14																											
	15	<u>1572.96</u>																										
	16	Other expenses (describe ▶ <u>See attached</u>)																										
	17	Total expenses. Add lines 10 through 16 ▶ <u>229,969.77</u>																										
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										
	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)																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ <u>20,178.13</u>																										

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	<u>16,657.31</u>	<u>20,178.13</u>
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	<u>16,657.31</u>	<u>20,178.13</u>
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>16,657.31</u>	<u>20,178.13</u>

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? <u>Member Services</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
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, and other relevant information for each program title.		
28	<u>Negotiated Contracts</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	<u>Handled Grievances</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	<u>Organized New Members</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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 the instructions for Part IV)

(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
Collene Ottum 5598 Prairie Rd, Junction City	President / 3	911		
Elizabeth Trzebiatowski 5285 Cty K, Amherst	VP / 2	709		
Debra Danczyk 7517 Huntington Ln, Custer	Treasurer / 3	807		
Wendell Nelson 7008 Cty Hwy 8B, Bancroft	Secretary / 1	627		
Carol Grubba 909 Wilshire, Stevens Point	Steward / 1	427		
Jenny Lihygaist 5735 Jurgella Ln, Stevens Point	Steward / 1	449		
Kathleen Lorbiecki 7470 Huntington, Custer	Steward / 1	377		
Kevin Lutz 504 Autumn Ct, Stevens Point	Steward / 1	320		
Mira Melcher 8549 Cty J, Almond	Steward / 1	467		
Mary Ann Sankey 1621 8th St, Plover	Steward / 1	366		
Karyn Tank 1742 A Pine St, Stevens Point	Trustee / 1	60		
Susan Skrzecz Koski 3153 Cty Rd G, Junction City	Trustee / 1	78		
Doreen Check 5549 Elmwood Ave, Stevens Point	Bargaining / 1	42		
Michaelene Cycharz 2116 Oak St, Stevens Point	Bargaining / 1	60		
Chandra Kay 1733 Water St, Stevens Point	Bargaining / 1	72		
Penny Oliver 2800 Porter Ct, Plover WI	Bargaining / 1	30		
Tammy Porter 1211 Sherman Ave, Stevens Point	Bargaining / 1	42		
Denise Schultz 5415 Prairie Dr, Stevens Point	Bargaining / 1	54		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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? 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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <u>N/A</u>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u>N/A</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>N/A</u>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a	The organization's books are in care of ▶ <u>Debra Danczyk</u> Telephone no ▶ <u>715-592-6453</u> Located at ▶ <u>7517 Huntington Ln, Custer, WI</u> ZIP + 4 ▶ <u>54423-9518</u>		
b	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 account)?	Yes	No
	If "Yes," enter the name of the foreign country ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country ▶ _____		
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 <u>N/A</u> <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46 N/A	A
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47 N/A	A
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48 N/A	A
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a N/A	A
b If "Yes," was the related organization a section 527 organization?	49b N/A	A

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

Sign Here

▶ Debra Danczyk Signature of officer Date 5-1-10
 ▶ Debra Danczyk - Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Date ▶ Check if self-employed Preparer's identifying number (See instructions) ▶
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIN ▶ Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No



Form 990-EZ 2009

Portage County Area Clerical, Technical, and Paraprofessional Employees,
Local 348, AFSCME, AFL-CIO

39-6075952

Part I Line 16

Per Capita	113,948.15
Insurance Program	103,816.49
Good & Welfare	150.00
Workers Compensation	251.00
Conferences	1,784.84
Surety Bond	<u>194.00</u>
	220,144.48