

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 January 1, **2009, and ending** December 31, **20** 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Association Of Western Pulp & Paper Workers Local 183		D Employer identification number 91-6058438
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P. O. Box 2527		E Telephone number 360-387-2509
		City or town, state or country, and ZIP + 4 Stanwood, WA 98292		F Group Exemption Number ▶ 1689

• 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: ▶

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

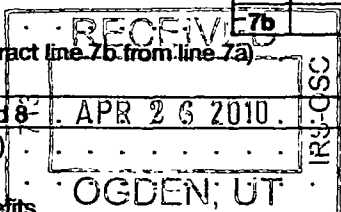
H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ▶ \$

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	207930
	4	Investment income	4	3525
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	211455	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE LM-3 & ATTACHED SCHEDULE B)	16	
	17	Total expenses. Add lines 10 through 16	17	187332
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24123
	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)	19	170154
	20	Other changes in net assets or fund balances (attach explanation) <u>Rounding</u>	20	(1)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	184276



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	167548	22 192333
23 Land and buildings		23
24 Other assets (describe ▶ _____)		24
25 Total assets	2606	25 1843
26 Total liabilities (describe ▶ _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	170154	27 184276

SCANNED MAY 11 2010

R
10

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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.		✓
41	List the states with which a copy of this return is filed. ▶ <u>WASHINGTON</u>		
42a	The organization's books are in care of ▶ <u>DARRELL J.R. MOFFATT, TREASURER</u> Telephone no. ▶ <u>360-387-2500</u> Located at ▶ <u>87 N. SUNRISE BLVD., CAMANO ISLAND, WA</u> ZIP + 4 ▶ <u>98282</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: ▶ _____		✓
	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.?		✓
	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 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			✓
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		✓

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 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 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

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

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

▶ Darrell J. R. Moffatt | 4/7/2000
 Signature of officer | Date
 ▶ DARRELL J. R. MOFFATT, 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

ATTACHMENT TO FORM 990

Local 183 ,AWPPW

Calendar Year Ending December 31,

2009

C/O Darrell J.R. Moffatt

P.O. Box 2527

EIN: 91-6058430

Stanwood, WA 98292

To reconcile LM-2 or LM-3 Report to IRS Form 990.

Income as shown on LM-2, Line 55 or LM-3, Line 44

\$ 211,155

Adjustments to Income:

Loans Payable (money borrowed by Local)

\$ _____

Loans Recievable (money paid to Local for
Loans made by Local)

\$ _____

Other (Specify) _____

\$ _____

Adjusted Income for Line 12(A), Form 990

\$ 211,155

Expenses as shown on LM-2, Line 74 or LM-3, Line 55

\$ 186,669

Adjustments to expenses:

Depreciation added for 2006

\$ 663

Purchase of Assets and Investments

\$ _____

Other (Specify) _____

\$ _____

Other (Specify) _____

\$ _____

Adjusted Disbursments for Line 17 (A), Form 990

\$ 187,332

NOTE: Line 21 (A) and Line 74 (B) must be the same amount.

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

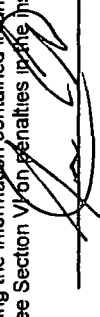
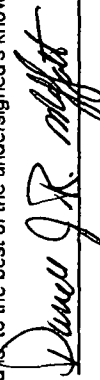
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT	
For Official Use Only E	1. FILE NUMBER 062-284
2. PERIOD COVERED MON DAY YEAR From 01/01/2009 Through 12/31/2009	3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here <input type="checkbox"/> (b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here <input type="checkbox"/> (c) SUBSIDIARY - If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here: <input type="checkbox"/>

4. AFFILIATION OR ORGANIZATION NAME PULP & PAPER WORKERS UBCJA	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION	6. DESIGNATION NUMBER 183
7. UNIT NAME (if any)	

8. MAILING ADDRESS (Type or print in capital letters)	
First Name DARRELL	Last Name MOFFATT
P.O. Box - Building and Room Number (if any) 2527	
Number and Street 87 N. SUNRISE BLVD.	
City CAMANO ISLAND	
State WA	ZIP Code + 4 98292-8715

9. Are your organization's records kept at its mailing address? (If "No," provide address in item 56.)
 Yes No

56. ADDITIONAL INFORMATION

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)	
57. SIGNED 	58. SIGNED 
(If other title, see instructions.) PRESIDENT	(If other title, see instructions.) TREASURER
Date 01/26/10 (360) 691-9664	Date 1/26/2010 (360) 397-2505
Telephone Number (360) 691-9664	Telephone Number (360) 397-2505

COMPLETE ITEMS 10 THROUGH 23

FILE NUMBER:

062-284

10. During the reporting period did the labor organization have a 'subsidiary organization' as defined in section X of the instructions? Yes No

11. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes No

12. During the reporting period did the labor organization have a political action committee (PAC) fund? Yes No

13. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes No

14. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No

15. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) Yes No

16. During the reporting period did the labor organization have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? Yes No

17. During the reporting period did the labor organization pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes No

18. During the reporting period did the labor organization have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes No

19. How many members did your organization have at the end of the reporting period?

20. What is the maximum amount recoverable under your organization's fidelity bond, for a loss caused by any officer or employee of your organization?

21. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than the rates of dues and fees, or in practices/procedures listed in the instructions? (If the constitution and bylaws or practices/procedures have changed, see the instructions.) Yes No

22. What is the date of your organization's next regular election of officers?

23. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	50.98	per	Month		
(b) Initiation Fees	75.00	per			
(c) Transfer Fees	0	per			
(d) Work Permits	0	per			

If the answer to any of the above questions is "Yes", provide details in item 56 (Additional Information) as explained in the instructions for each item.

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 062-284

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)		(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. CAMPBELL Title TRUSTEE	First Name JAMES	Middle Initial V	Status C	\$2,845	\$130	\$2,975
2. CROSSMAN Title FINANCIAL SECRETARY	First Name JOHN	Middle Initial R	Status C	\$1,572	\$0	\$1,572
3. ESTES Title PRESIDENT	First Name JOSHUA	Middle Initial A	Status C	\$8,756	\$2,826	\$11,582
4. HANSON Title RECORDING SECRETARY	First Name DEBORAH	Middle Initial J	Status C	\$1,572	\$225	\$1,797
5. IPSEN Title STANDING COMMITTEE	First Name BRIAN	Middle Initial A	Status C	\$2,257	\$827	\$3,084
6. LUND Title VICE PRESIDENT	First Name KAREN	Middle Initial J	Status C	\$622	\$522	\$1,144
7. MILLAR Title STANDING COMMITTEE	First Name KEVIN	Middle Initial R	Status C	\$2,830	\$928	\$3,758
8. Totals from additional pages (if any)				\$12,151	\$2,293	\$14,444
9. Totals of Lines 1 through 8				\$32,605	\$7,751	\$40,356
					10. Less Deductions	\$8,163
					11. Net Disbursements	\$32,193

The Total from Line 11 will be entered in Item 45

* Code for (C) Status past officer - P, continuing officer - C, new officer during the reporting period - N. (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 062-284

STATEMENT A ASSETS AND LIABILITIES		Start of Reporting Period (A)	End of Reporting Period (B)	Item	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash		\$167,548	\$192,333	32. Accounts Payable		\$0	\$0
26. Loans Receivable		\$0	\$0	33. Loans Payable		\$0	\$0
27. U.S. Treasury Securities		\$0	\$0	34. Mortgages Payable		\$0	\$0
28. Investments		\$0	\$0	35. Other Liabilities		\$0	\$0
29. Fixed Assets		\$2,606	\$1,943	36. TOTAL LIABILITIES		\$0	\$0
30. Other Assets		\$0	\$0				
31. TOTAL ASSETS		\$170,154	\$194,276	37. NET ASSETS (Item 31 less Item 36)		\$170,154	\$194,276

STATEMENT B RECEIPTS AND DISBURSEMENTS		Start of Reporting Period (A)	End of Reporting Period (B)	Item	CASH RECEIPTS	Start of Reporting Period (C)	End of Reporting Period (D)
38. Dues			\$201,058	45. To Officers (from Item 24)			\$32,193
39. Per Capita Tax			\$0	46. To Employees (less deductions)			\$8,159
40. Fees, Fines, Assessments & Work Permits			\$6,872	47. Per Capita Tax			\$109,614
41. Interest & Dividends			\$3,525	48. Office & Administrative Expense			\$12,974
42. Sale of Investments & Fixed Assets			\$0	49. Professional Fees			\$2,386
43. Other Receipts			\$0	50. Benefits			\$1,400
44. TOTAL RECEIPTS			\$211,455	51. Contributions, Gifts & Grants			\$2,800
If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.				52. Purchase of Investments & Fixed Assets			\$0
				53. Loans Made			\$0
				54. Other Disbursements			
TOTAL DISBURSEMENTS				55. TOTAL DISBURSEMENTS			\$186,669

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER

062-284

(A) Name		(B) Title		(C) Status *		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)	
(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		(Enter title of officer, such as PRESIDENT or TREASURER.)		Middle Initial	Status				
1.	Last Name MO-FATT	First Name DARRELL		J	C	\$4,216	\$487	\$4,703	
	Title TREASURER								
2.	Last Name NOTES	First Name KEITH		E	C	\$3,673	\$1,351	\$5,024	
	Title STANDING COMMITTEE								
3.	Last Name PUFANEL	First Name STEVE		A	C	\$1,129	\$180	\$1,309	
	Title TRUSTEE								
4.	Last Name WHEELER	First Name BIRIAN		K	C	\$3,133	\$275	\$3,408	
	Title TRUSTEE								
5.	Last Name	First Name						\$0	
	Title								
6.	Last Name	First Name						\$0	
	Title								
7.	Last Name	First Name						\$0	
	Title								
8.									
9.	Totals of Lines 1 through 8						\$12,151	\$2,293	\$14,444

* Code for (C) Status past officer - P continuing officer - C, new officer during the reporting period - N. (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)