Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ 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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning SEPTEMBER 1 **, 2009, and ending** AUGUST 31 **, 20**10

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: LOCAL #1169 BENEFIT TRUST FUND

Number and street (or P O box, if mail is not delivered to street address) / Room/suite: C/O FELICE HOCHBERG, 226 LINDA AVE.

City or town, state or country, and ZIP + 4: HAWTHORNE, NY 10532-2018

D Employer identification number 13-3608156

E Telephone number 914-773-7476

F Group Exemption Number ▶

- ***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) ▶

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

I Website: ▶

J Tax-exempt status (check only one) — ☒ 501(c) (9) ◀ (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 ▶ $

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	132,000.00
	3	Membership dues and assessments		3	
	4	Investment income (INTEREST INCOME)		4	482.03
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	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 ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	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		
	c	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	132,482.03
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	88,655.88
	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 ▶ MEALS, SUPPLIES, EQUIPMENT, PHONE, REPAIR, COMPUTER, ETC.)		16	3823.33
	17	**Total expenses.** Add lines 10 through 16 ▶		17	92,479.21
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	40,002.82
	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	134,029.18
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	174,032.00

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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		22	174,032.00
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**		25	174,032.00
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	134,029.18	27	174,032.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? PROVIDE BENEFITS TO MEMBERS

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.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
28	(SEE ATTACHED SHEET)	
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a
29		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a
30		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a
31	Other program services (attach schedule)	
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	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
FELICE HOCHBERG, 89 BLENHEIM ST, YORKTOWN HEIGHTS, N.Y. 10598	TRUSTEE 10 HRS/WK	-0-	-0-	-0-
JOSEPH CHOMA, 387 UNION VALLEY RD., MAHOPAC, N.Y. 10541	TRUSTEE 6 HRS/WK	-0-	-0-	-0-
JOSEPH KANTOR, 199 SOUTH WHITE ROCK RD., HOLMES, NY 12531	5 HRS/WK	-0-	-0-	-0-

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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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	36		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?	37b		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?	38a		X
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	40b		X
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.	40e		X

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ FELICE HOCHBERG Telephone no. ▶ 914-773-7476

Located at ▶ 226 LINDA AVE, HAWTHORNE, NY ZIP + 4 ▶ 10532-2018

			Yes	No
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)?	42b		X
	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: ▶	42c		X
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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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		
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 ▶ _____

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

▶ Joel M Kantor — Signature of officer — Date 11/15/2010

▶ JOSEPH M. KANTOR, TRUSTEE — 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

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PART III 9/1/09- 8/31/10 FORM 990 E.I.N. 13-3608156.

The benefit trust fund has 110 members and is offering the following benefits:

1. A Dental Plan on a self-funded basis for 110 members, 54 participate as family members and 56 as single members. The family members no longer contribute $150 per year for eligibility. Each person is eligible to receive up to $1500 per year in Dental benefits. The program is used extensively by the majority of our members.
2. Eye glass(optical) plan which provides up to $500 per two year period for expenses associated with eyeglasses and eye care. The level of reimbursement has been increased in the past with the possibility of further increases.
3. Catastrophic Insurance that increases the upper limit of the medical program an additional $2,000,000 with a $25,000 co-payment and has a Long Term Care Component.
4. A Medical Reimbursement Program that reimburses each member and their immediate family up-to a total of $550 per year for out-of-pocket expenses associated with the medical plan provided by the School District.
5. A Legal Plan that offers free wills, unlimited calls to toll free phone numbers with a complete program of reduced costs legal benefits such as real estate, matrimony, criminal defense, business transactions, etc.,and an elder law rider which includes durable power of attorney, health care proxy, living will without any additional costs to the family. All this is part of a security package.
6. A driver program that offers towing, mapping, and other benefits.
7. A Dental reimbursement program that provides up to $300 for out of pocket expenses associated with dental care per calendar year. The benefits have been increased in the past with a possibility of future increases.

The Trustees are examining the level of benefits provided by the Trust Fund for the purpose of improving the benefits, adding new benefits or programs. The Trustees because of the Dental Program are obligated to keep reserves since each member and eligible family members potentially has up to $1500 per year for Dental Benefits which if used will amount to $179,000. Statistically, it is highly improbable that the program will be used at that level. Thus, a reasonable reserve must be kept in order to assure a continuous level of benefits.

For next fiscal year the trustees have increased the budget by $20,000 in anticipation of increases in usage of both the dental program and the medical program. It appears that as members become more familiar with the level of benefits the usage of the program increases. The driver program costs will increase from $614 to $5500.00 which represents $4886.00 increase.

EXPENSES: Cost of Legal $4725.00
Cost of Catastrophic Insurance $5961.66
Cost of Dental $39,635.08
$53,282.55-$12,159.77(rebate)-$375.00(family dental)-$1112.70(cobra premiums)=$39,635.08
Cost Of Eye Glasses plan $11,988.48
Cost of Dental Reimbursement $4916.31
Cost of Medical Reimbursement $20,815.35
Cost of Motor Club $614.00
TOTAL $88,655.88 (benefits to members)
Misc. expenses: (postage,phone,dinner mtgs.,supplies,computer,etc.) $3823.33

INCOME:
110 members at $1200=$ 132,000.00
NOW interest income $474.31
Checking Acct. Int. $7.72
Total income $132,482.03

SUMMARY FINANCIAL STATEMENT

LOCAL # 1169 BENEFIT TRUST FUND, FOR THE PERIOD SEPTEMBER 1,2009 TO AUGUST 31, 2010

INCOME:

110 MEMBERS @ $1200	$132,000.00
NOW INTEREST	$474.31
CHECKING INTEREST	$7.72
TOTAL:	$132,482.03

EXPENSES:

DENTAL PROGRAM: $53,282.55 LESS REBATE OF $12,159.77 LESS FAMILY MEMBERSHIP OF $375.00 LESS COBRA PREMIUMS OF $1112.70 = NET OF $39,635.08

CATASTROPHIC INSURANCE PROGRAM: $5961.66

MOTOR CLUB PROGRAM: $614.00

MEDICAL REIMBURSEMENT: $20,815.35

DENTAL REIMBURESMENT: $4916.31

OPTICAL REIMBURESMENT: $11,988.48

LEGAL: $4725.00

MISC. EXPENSES: $3823.33

TOTAL: $92,479.21

FUND BALANCE: $40,002.82(EXCESS FOR THE YEAR)

FUND BALANCE FROM AUGUST 31,2009: $134,029.18

TOTAL FUND BALANCE: $174,032.00