# SCANNED FEB 0 8 2021

For Paperwork Reduction Act Notice, see the separate instructions.

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

► Do not enter social security numbers on this form as it may be made publicing of the social security numbers on this form as it may be made publicing of the social security numbers on this form as it may be made publicing to some social security numbers on this form as it may be made publicing to some social security numbers on this form as it may be made publicing to some social security numbers on this form as it may be made publicing to some social security numbers on this form as it may be made publicing to some social security numbers on this form as it may be made publicing to some social security numbers on this form as it may be made publicing to some social security numbers on this form as it may be made publicing to some social security numbers on the social security numbers of the

Open to Public

A	For the	e 2018 cale	endar year, or tax year beginning APRIL 1 , 2018, and ending	MARC	H 31	, 20 19
В	Check	f applicable	C Name of organization BMWED - BURLINGTON SYSTEM DIVISION		D Employ	er identification number
☑		s change	Doing business as			36-6006754
	Name o	_	e	E Telepho	ne number	
$\bar{\Box}$	Initial re	•	1113 E. SOUTH STREET			402-463-0234
ī		um/terminated	0.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1			
$\overline{\Box}$		ed return	HASTINGS, NE 68901		<b>G</b> Gross re	eceipts \$ 4,809,178
$\overline{\Box}$			F Name and address of principal officer STACI MOODY-GILBERT	H(a) is this a o	roug return for	subordinates <sup>7</sup> Yes No
			SAME AS "C" ABOVE			s included? Yes No
1	Tax-exe	empt status	□ 501(c)(3)			list (see instructions)
j	Websit		wedburlington.org	H(c) Group		
ĸ			☐ Corporation ☐ Trust ☐ Association ☑ Other ► SCHED "O" L Year of formation			of legal domicile NE
_	art I	Summ		10.10		
	1		escribe the organization's mission or most significant activities: TO NEG	OTIATE CO	LLECTIV	E BARGAINING
ė			ENTS AND PROCESS CLAIMS AND GRIEVANCES ARISING FROM THE AGR			
Governance		/.O				
E	2	Check th	nis box ▶☐ if the organization discontinued its operations or disposed of	more than	25% of	its net assets.
Š	3				3	9
ن مع	4		of independent voting members of the governing body (Part VI, line 1b)		4	0
es	5		mber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
Ξ	6		mber of volunteers (estimate if necessary)		6	0
Activities &	7a		related business revenue from Part VIII, column <del>(C), line 12</del>		7a	0
_	b		lated business taxable income from Form 990-1, line 38ECEIVED		7b	0
			, me 44202/VED	- Phor Yo		Current Year
Revenue	8	Contribu	tions and grants (Part VIII, line 1h)	ĕ	0	0
	9		tions and grants (Part VIII, line 1h)		2,368,307	2,213,916
Š	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	W	161,257	199,554
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, app DEN . UT	<del></del>	101,237	193,554
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,529,564	2,413,470
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		0.000	2,110,110
	14		paid to or for members (Part IX, column (A), line 4)		0	0
w	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,311,766	1,422,329
Se	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0.,,,,,,
Expenses	Ь		idraising expenses (Part IX, column (D), line 25) ▶			
Ĭ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,007,449	1,017,187
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,319,215	2,439,516
	19		less expenses. Subtract line 18 from line 12		210,349	
F S	+			eginning of Cu		End of Year
sets or	20	Total ass	sets (Part X, line 16)		4,064,461	4,038,415
Ass	21		ollities (Part X, line 26)		0	0
Net Ass Fund Ba	22		ets or fund balances. Subtract line 21 from line 20		4,064,461	4,038,415
_	art II		ture Block			
Ur	der pen	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and statem	ents, and to t	he best of r	my knowledge and belief, it is
tru	e, corre	ct, and comp	lete. Declaration of preparer (other than officer) is based on all information of which preparer h	has any know	ledge	
	_		tau Ra mondoul but		12/	30/2019
Sig	gn	Sign	nature of officer	<b>°</b> Da	ite /	
He	re	1 5	TACI MOODY-GILBERT-GENERAL	CH	HRV	NOMAN
		Тур	e or print name and title		•	
Pa	nid	Print/Ty	rpe preparer's name Preparer's signature Date	e	Check	of PTIN
	nu epare	er			self-em	
	se On		name ►	Firm	n's EIN ▶	
	,c UII	''y	address ►		ne no	
Ma	y the I	RS discus	s this return with the preparer shown above? (see instructions)			🗌 Yes 🗌 No
For	Paper	work Redu	action Act Notice, see the separate instructions. Cat No	11282Y		Form <b>990</b> (2018)

Cat No 11282Y

Form Q	90 (2018)				Dan- G
Part	III State	ment of Program Service			Page 2
			response or note to any line in this Pa	<u>urt III </u>	<u> </u>
1	-	ribe the organization's missi			
			G AGREEMENTS AND PROCESS CLAIMS		
2	Did the orga	anızatıon undertake any sıgr 990 or 990-EZ?	nificant program services during the year		Yes ☑ No
3	Did the org	scribe these new services or ganization cease conducting	n Schedule O. g, or make significant changes in ho · · · · · · · · · · · · · · · · · · ·	· · · · · ·	Vaa 🖂 Na
		scribe these changes on Sch			Yes 🗸 No
4	expenses. S	Section 501(c)(3) and 501(c)	ervice accomplishments for each of its (4) organizations are required to report for each program service reported.	three largest program services, as the amount of grants and allocati	measured by ons to others
4a	(Code: PROCESSEI	) (Expenses \$ D CLAIMS AND GRIEVANCES	including grants of \$ ARISING FROM NEGOTIATED COLLECTI	) (Revenue \$ VE BARGAINING AGREEMENTS	)
			······································		
	·				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
			·, / \ <del></del>		
					•••••
				•••••	
			·	***************************************	
	•				
			·		<b></b>
4c	(Code <sup>-</sup>	) (Expenses \$	ıncluding grants of \$	) (Revenue \$	) 
		**			
			-		·····
	***				· · · · · · · · · · · · · · · · · · ·
				***************************************	
			·····		·

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

) (Revenue \$



Part IV 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		<b>✓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	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	3		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
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, Part III			1
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	5 6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		✓
9				✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 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		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.			1
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		✓
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		✓
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	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
		Fore	. <u>99</u> 0	(2019)

Part	V Checklist of Required Schedules (continued)				
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c			
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a			
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	_		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓	
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):				
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>\</b>	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1	
	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		✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓	
30	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		<b>✓</b>	
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		✓	
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		✓	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
	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			
	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, Part VI	37		1	
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>√</b>		
Part '					
	Check if Schedule O contains a response or note to any line in this Part V	· ·	 Yes	No No	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
		_ i U	لـــــــا		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
,	Enter the number of employees reported on Form With Transmittal of Wage and Tax	\$\$40 m	Yes	No Mo
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		itiliuses.
<b>L</b>	If at least one is reported on line 2a, did the organization file; all required federal employment tax returns? .	2b		M.M.A
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20 20	620V	Perfect
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	anus.	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del>-</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	05		_
44	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country:	Marie La	alles (Person	22 m/us
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	9 91.1+1		7.000 7.000
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	kidamikida ki	<b>/</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1517 N		""
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	26	Barts	7. 10.
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ATTENTO	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	5.000 100	il ft. Un finite	The child
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	, 1434	ilitilit.	3213
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	وارائد) و د	riin iyar	r meg j
а	Initiation fees and capital contributions included on Part VIII, line 12		r (13°)	, ,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1:10	7910	74 e
11_	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	7 17 12 1		
a	•	ا بعد القياد ما المستقدات	Sydavite Shiper	1000
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.	12a	ere na	Aug 17
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	4234G	Mar	Had
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	11200077	
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	10 pt 500	(4) (4)	ERET INT
b	Enter the amount of reserves the organization is required to maintain by the states in which	12 TO 41	\$15.5	
	the organization is licensed to issue qualified health plans	7 4 7 7	75.7	
C	Enter the amount of reserves on hand	17.04	4 6,4	ing in the
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	ļ	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	1 23	<b>√</b>
	If "Yes," see instructions and file Form 4720, Schedule N.	3257	سنند	لا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ļ	<b>√</b>
	If "Yes." complete Form 4720, Schedule O.	True C	1 .: .:	114 5

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	-						
	Check if Schedule O contains a response or note to any line in this Part VI							
Secti	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 <u> </u>			開網			
	If there are material differences in voting rights among members of the governing body, or			i	1,3			
	if the governing body delegated broad authority to an executive committee or similar			86 °				
	committee, explain in Schedule O.		7,5	art e	7.4			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b (	4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	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?							
4	Did the organization make any significant changes to its governing documents since the prior Form 9		3		7			
5	Did the organization become aware during the year of a significant diversion of the organization		5	-	1			
6	Did the organization have members or stockholders?		6	1	Ė			
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint						
	one or more members of the governing body?		7a	✓				
b	Are any governance decisions of the organization reserved to (or subject to approva	by) members,						
_	stockholders, or persons other than the governing body?		7b	<b>✓</b>	7111			
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	dertaken during			(City			
а	The governing body?		8a		2000000			
b	Each committee with authority to act on behalf of the governing body?		8b	1	$\vdash$			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be supported in the part VII, Section A, who cannot be supported in the part VII.	ot he reached at		•	$\vdash$			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	)	9		✓			
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	nue C		$\overline{}$			
40-	Didth and the bound of the boun		10a	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	fauch charters	IUa		-			
Ь	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		<u> </u>			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	5 W 11 1	<b>√</b>			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .		12a		<del>                                     </del>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		├			
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c					
13	Did the organization have a written whistleblower policy?		13	✓	<u> </u>			
14	Did the organization have a written document retention and destruction policy?		14	utu i mir ind	√ Canamama			
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation							
а	The organization's CEO, Executive Director, or top management official		15a	1	<u></u>			
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).				tika			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	lar arrangement	16a	Per T	<b>✓</b>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its		& <sub>7</sub> ' ' ' '	[温			
_	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b	ĝio, .				
Secti	on C. Disclosure		1.05					
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 (1024 or 1024-A if applicable	e), 990, and 990-	T (Sec	tion !	501(c)			
- <del>-</del>	(3)s only) available for public inspection. Indicate how you made these available. Check all the Own website Another's website Upon request Other (explain in Science)	at apply. hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of in	terest	policy	y, and			
20	State the name, address, and telephone number of the person who possesses the organization DAVID D. JOYNT, 41475 GARDENBROOK ROAD, NOVI, MI 48375-1328 (248)662-2660	on's books and re	cords	<b>&gt;</b>				
	DAVID D. 30 1141, 41473 GARDEBURGOR ROAD, 140 VI, 1411 40373-1320 (240)002-2000							

Form 990 (2018)

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 employees."
- 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 nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(6	C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated		
	hours per		officer and a director/trustee)		compensation	compensation from	amount of			
	week (list any hours for	악方			Ъ	from the	related organizations	other compensation		
	related	d fe	<del>ਵ</del> ੇ	Officer	y er	Ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	당표	ğ		Key employee	/ee co		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	<del> </del>		yee	l mg				organizations
		e e	Institutional trustee			Highest compensated employee				
			l e		L	éd				
(1) STACI MOODY-GILBERT										
GENERAL CHAIRWOMAN	74			1				99,496	0	30,458
(2) JAMES VARNER					t					
VICE GENERAL CHAIRMAN	54			✓				95,366	o	29,928
(3) TERRY BARRETTE										
VICE GENERAL CHAIRMAN	54	<u> </u>		✓				94,406	0	31,367
(4) RANDY ANDERSON										
VICE GENERAL CHAIRMAN / SEC-TREAS	47			1	<u> </u>			95,366	0	29,463
(5) GEORGE LOVELAND										
VICE GENERAL CHAIRMAN	55			✓	ᆫ	<u> </u>		95,366	0	30,417
(6) JOEY BENAVIDEZ	ļ					ļ				
EXECUTIVE COMMITTEE	0			✓	$oxed{igspace}$	↓		1,764	0	0
(7) MARK SEMANDE		[								
EXECUTIVE COMMITTEE	11	<u> </u>		✓	<u> </u>			3,775	0	0
(8) SCOTT SHEPICH	ļ									
EXECUTIVE COMMITTEE	1		_	✓		ļ	_	3,475	. 0	0
(9) WAYNE NIELSEN	ļ				ļ					
EXECUTIVE COMMITTEE	1			✓	<u> </u>	ऻ—-		2,344	0	0
(10) RICHARD TENIENTE										
EXECUTIVE COMMITTEE	11		ļ	✓	<u> </u>		<u> </u>	1,859	0	0
(11)	<b>-</b>									
(12)							-			
(13)							T			
(14)				r	-			1		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title		box, ι	unles	Pos ieck is pe	rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated m 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	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	nizations compens		1
(15)								_					
(16)													•
(17)										<u>-</u>			
(18)													
(19)													
(20)				_									
(21)													
(22)					ļ -								
(23)					-	-						_	
(24)													
(25)												•	
1b c d	Sub-total	VII, Sectio		•	•		. !	<b>&gt; &gt; &gt;</b>	493,217 0 493,217		0		1,633 0 1,633
2	Total number of individuals (including but reportable compensation from the organic	t not limited						e) w					1,033
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp		est compensa	ted	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1	150,	000	? /	f "Ye	s, "		edule J for s	uch		<b>√</b>
5	Did any person listed on line 1a receive of for services rendered to the organization										lual . 5		<u>√</u>
Section	on B. Independent Contractors												
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
	(A) Name and business add	Iress							(B) Description of s	ervices	Comper		
								$\vdash$					
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abo	ove) who	· · · · <del>- · · ·</del>		

Form 990 (2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (B)
Related or exempt function revenue (D) (C) (A) Total revenue (D) Revenue excluded from tax business under sections 512-514 Grants Similar Amounts Federated campaigns 1b Membership dues Fundraising events . 1c 1d Related organizations . . . Contributions, Government grants (contributions) 1e All other contributions, gifts, grants, and Other and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Program Service Revenue **Business Code MEMBERSHIP DUES / FEES** 2a 900099 1.612.747 1.612.747 AFLAC PREMIUMS FROM MEMBERS 0 900099 563,918 563,918 ON BEHALF OF AFFILIATES 900099 29,261 29,261 0 LIBERTY MUTUAL REFUND 900099 5,073 0 5,073 OFFICER & EMPLOYEE REIMB. 0 1,652 900099 1,652 All other program service revenue. 1,265 900099 1,265 Total. Add lines 2a-2f. 2,213,916 3 Investment income (including dividends, interest, and other similar amounts) . . . . 189,698 4 Income from investment of tax-exempt bond proceeds ▶ 0 5 Royalties (ı) Real (ii) Personal 6a Gross rents Less rental expenses Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities Gross amount from sales of 7a assets other than inventory 2.461.590 Less cost or other basis and sales expenses . 2.425.971 (30,263 Gain or (loss) . 35,619 (25,763) Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses . Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses . c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances Less: cost of goods sold . . . Net income or (loss) from sales of inventory . **Business Code** Miscellaneous Revenue 11a 0 0 All other revenue 0 Total. Add lines 11a-11d . Total revenue. See instructions 2,413,470 199,554

### Part IX Statement of Functional Expenses

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 response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, 5 trustees, and key employees . . . . . 516,998 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Other salaries and wages . . . . 7 388,856 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 6,254 0 Other employee benefits . . . . . . 9 326,838 0 10 ď Pavroll taxes . . . . . . . . . 183,383 0 11 Fees for services (non-employees). Management . . . . . . 0 b Legal . . . . . . . . 0 0 C Accounting . . . . . 0 0 Lobbying . . . . . . . . . 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . . . . 26,185 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 0 12 Advertising and promotion . . 0 0 13 Office expenses 51,462 0 Ω 0 14 Information technology 309 0 15 Royalties . . . . . . 0 0 0 16 Occupancy . . . . . . . . 43,508 0 Travel . . . . . . . . . . . . . . . 17 198,104 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 78.787 0 0 20 0 0 21 Payments to affiliates . . . . . . . . . 29,261 0 22 Depreciation, depletion, and amortization . 0 0 23 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.) **MEMBERS AFLAC PREMIUMS PAID** 563,918 **SOUVENIRS PURCHASED** 3,922 0 0 WORKERS' COMPENSATION PREMIUM C 2,801 0 0 d **SURETY BOND PREMIUM** 1,273 0 0 All other expenses е 0 0 1,772 Total functional expenses. Add lines 1 through 24e 25 2,439,516 0 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 🕨 🗌 following SOP 98-2 (ASC 958-720)

Form 990 (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash-non-interest-bearing . . . . . . . . . . . . 437,564 293,460 1 2 2 164,913 Savings and temporary cash investments . . . 55,209 3 Pledges and grants receivable, net . . . 3 4 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . 7 Notes and loans receivable, net . . . . . 0 0 0 8 8 Inventories for sale or use . . 0 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10a 216,649 10c 10b Less: accumulated depreciation . . . . 340,133 11 3,349,613 Investments—publicly traded securities 3,245,335 11 12 12 Investments—other securities. See Part IV, line 11 0 0 13 13 Investments—program-related. See Part IV, line 11. 0 0 14 Intangible assets . . . . . . . . . . . . . 0 14 O 15 15 0 4,064,461 16 4,038,415 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses . . . . . . 0 0 18 18 0 19 Deferred revenue . . ol 19 0 20 Tax-exempt bond liabilities . . . . . . . . . . 20 0 0 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 ol Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . 22 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 ol 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 26 26 Total liabilities. Add lines 17 through 25 0 ol Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . 27 n 0 28 Temporarily restricted net assets . . . 28 0 29 o 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 4,064,461 32 4,038,415 33 33 4,038,415 4,064,461 Total liabilities and net assets/fund balances . 4.038.415

_	4	•
Page	1	4

00					<del>, , , _</del>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,41	3,470
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,43	9,516
3	Revenue less expenses. Subtract line 2 from line 1	3		(26	5,046 <u>)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,06	4,461
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	<del></del>	4,03	8,415
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		<u> </u>
1	Accounting method used to prepare the Form 990	plaın ın		Yes	No No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>√</b>
b	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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 separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	vientsbenary	name (section)
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	oxdot	
			For	ո 990	(2018)

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

BMWE	- BURLINGTON SYSTEM DIVISION		36-6006754
Part			
	Complete if the organization answered	<del></del>	
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year) .		
	Aggregate value at end of year		
	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene conferring impermissible private benefit?		
Part			· · · · · · · · · · · · · · · · · · ·
rait	Complete if the organization answered	"Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		·
	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space	Freservation o	a certified historic structure
	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	old a qualified defined valiety contribution	Held at the End of the Tax Year
	-	:	
	Total acreage restricted by conservation easemen		
	Number of conservation easements on a certified		
	Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	
			1 1
	Number of conservation easements modified, tran		
	ax year ►	<b>3</b> ,	3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
	Number of states where property subject to conse	ervation easement is located >	
	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	ig conservation easements during the year
	<b>&gt;</b>		,
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$		-
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🔲 No
9	n Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	palance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easem		
Part			
	Complete if the organization answered		
	f the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila	•	
	oublic service, provide, in Part XIII, the text of the	footnote to its financial statements tha	at describes these items.
	f the organization elected, as permitted under S		
	works of art, historical treasures, or other simila	•	ducation, or research in furtherance of
	oublic service, provide the following amounts related	<del>-</del>	
	i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		▶ \$
	f the organization received or held works of art		
	following amounts required to be reported under S	· · · · · · · · · · · · · · · · · · ·	
	Revenue included on Form 990, Part VIII, line 1		\$
h	Accets included in Form 990 Part V		<b>-</b> •

Par	Organizations Maintaining	Collections of	Art, His	torical 1	<b>Treasures</b>	, or Ot	ther Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	ds, chec	k any of th	e follo	wing that are a s	ignificant u	se of its
а	☐ Public exhibition		d	Loan	or exchang	je prog	rams		
b	☐ Scholarly research		е	Othe	r				
C	☐ Scholarly research e ☐ Other ☐ Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Par	IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.	answered "Yes		-			·		orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot	□ No
b	If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount								
С	Beginning balance					10	· · · · · · · · · · · · · · · · · · ·		
d	Additions during the year					10	<del></del>	·	
е	Distributions during the year					16	<del></del>		
f	Ending balance					11			
2a	Did the organization include an amount							? ☐ Yes	☐ No
b							•		
Par	t V Endowment Funds.	·							
	Complete if the organization	answered "Yes	on For	m 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							1	
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	•							
2	Provide the estimated percentage of t			e (line 1g	, column (a	)) held	as:		
а	Board designated or quasi-endowment	nt 🕨	_%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	<u></u> %							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	e organiz	zation tha	at are held	and ad	ministered for th	e	
	organization by.							Y	es No
	(i) unrelated organizations							3a(i)	_
	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.				
Part			n –				o =	5	4.5
	Complete if the organization								
	Description of property	(a) Cost or ot (investm			or other basis ther)		Accumulated epreciation	(d) Book v	alue
1a	Land		0		0				0
b	Buildings		0		121,050		0		121,050
С	Leasehold improvements		0		0		0		0
d	Equipment		0		219,083		0		219,083
e	Other	·	0		0		0		0
Total.	Add lines 1a through 1e, (Column (d) n	oust equal Form 9	90 Part	column	(R) line 10	)c )	<b>•</b>		340 133

Part VII Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV,					e 11b. See Form	990. Part X. line 12.	
	(a) Description of security or category (including name of security)			Book value	(c) Met	hod of valuation -of-year market value	
(1) Financial	derivatives					·	
	neld equity interests						
(3) Other							
(A)			ļ			<u> </u>	
(B)			<del></del>				
(C) (D)			<u> </u>				
(E)			<u> </u>			·	
(F)			<del>                                     </del>				
(G)			<u> </u>			<del></del>	
(H)							
Total. (Column (	b) must equal Form 990, Part X, col (B) line 12.) ▶					A TOP TOP TO THE WAY OF THE PARTY OF THE PAR	
Part VIII	Investments—Program Related						
	Complete if the organization answ	ete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 900,					
	(a) Description of investment		(b) (	Book value		thod of valuation I-of-year market value	
(1)							
(2)			-			<u></u>	
(3)			<del> </del>			,	
(4)			<del> </del>				
(5)		<del> </del>					
<u>(6)</u> (7)	·						
(8)						<del>-</del>	
(9)				-			
	b) must equal Form 990, Part X, col (B) line 13)				Yould things Minds - Street and Co.	te consider a complete and the constitution of	
Part IX	Other Assets.						
	Complete if the organization ans		rm 990,	, Part IV, Im	e 11d. See Form		
	(2	i) Description				(b) Book value	
(1)					<del></del>		
(2)		<del></del>					
(3)							
(4) (5)							
(6)							
(7)					<del></del>		
(8)			•				
. (9)				-	·		
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15 ) .			<u> </u>		
Part X	Other Liabilities.						
	Complete if the organization ans	wered "Yes" on Fo	rm 990,	, Part IV, lın	e 11e or 11f. Se	e Form 990, Part X,	
	line 25.		- In the		Company College Service College	v	
1.	(a) Description of liability	(b) Book value	13833				
(1) Federal II	ncome taxes				The state of the s	The many the contract of the c	
(2)				a ( ) Maria ( ) Maria Maria ( ) Maria ( )		An Maria (1980) and the state of the state o	
(3)			1356	ettingen er for it. Gertagen bei feliciel	CONTRACTOR OF THE PROPERTY OF	Financies (F. C. Lingtone and a more state of the second o	
(4)							
				of the state of th	The state of the s	Telephysical population of the commence of the state of the second of th	
(7)			330	Sale Control of the C			
(8)						The state of the s	
(9)			1#70	material and the second	NUMBER OF STREET, STRE	cured programme a regularitation of the state of the contract	
	b) must equal Form 990, Part X, col (B) line 25)			den de la Transporte de la Companya	The state of the s	The state of the s	
	r uncertain tax positions. In Part XIII, prov	de the text of the footn	note to th	ne organizatio	n's financial statem	ents that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		<b>i</b>
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.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<b>-                                     </b>
С	Add lines <b>4a</b> and <b>4b</b>		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 Stater	nents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		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	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	_
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18.)	5
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
		••	

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

**BMWED - BURLINGTON SYSTEM DIVISION** 36-6006754 PAGE 1 - LINE K. UNINCORPORATED ASSOCIATION. PART V - LINE 2(a): THE BMWED NATIONAL DIVISION HEADQUARTERS ACTS AS OUR PAYROLL AGENT AND ALL FORMS W - 2 AND FORM W - 3 ARE FILED UNDER THEIR EMPLOYER IDENTIFICATION NUMBER 38-6004309. PART VI - LINE 6 ANYONE WHO HAS APPLIED FOR AND BEEN ACCEPTED FOR MEMBERSHIP IS A REGULAR MEMBER. PART VI - LINE 13: THIS ORGANIZATION IS GOVERNED BY THE INDEPENDENT REVIEW BOARD CONDUCTED PURSUANT TO THE CONSENT ORDER WHICH PROVIDES A TOLL FREE HOTLINE (800) 225-5472, TO REPORT IMPROPRIETIES, INCLUDING BUT NOT LIMITED TO, ASSOCIATION WITH ORGANIZED CRIME, CORRUPTION, RACKETEERING, EMBEZZLEMENT, EXTORTION, ASSUALT OR FAILURE TO INVESTIGATE ANY OF THESE. PART VI, LINE 11: THE GENERAL CHAIRPERSON WILL REVIEW THE FORM 990 FOR APPROVAL. THE FORM 990 WILL BE AVAILABLE IN THE SYSTEM DIVISION OFFICE FOR ALL MEMBERS TO EXAMINE. PART VI, LINE 19. UPON REQUEST. PART VI, LINE 7(a&b) LOCAL CHAIRPERSONS AND JOINT PROTECTIVE BOARD MEMBERS. THEIR RIGHTS ARE DERIVED FROM THE FACT THAT THEY ARE ELECTED BY THEIR LOCAL LODGES TO REPRESENT THEIR MEMBERS AS LOCAL CHAIRPERSONS AND JOINT PROTECTIVE BOARD MEMBERS. PART VI, LINE 15(a&b): THE FINANCE COMMITTEE REVIEWED MATERIAL FOR THE PURPOSE OF RECOMMENDING OR NOT RECOMMENDING ANY SALARY INCREASES.