Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LOCAL 509 SERVICE EMPLOYEES INTERNATIONAL UNION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 293 BOSTON POST ROAD WEST 4TH FLOO

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
MARLBOROUGH, MA 017524615

D Employer identification number
04-6190454

E Telephone number
(774) 843-7509

G Gross receipts $ 18,487,485

F Name and address of principal officer:
ISRAEL PIERRE
293 BOSTON POST ROAD WEST 4TH FLR
MARLBOROUGH, MA 017524615

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number 0647

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (5) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.SEIU509.ORG

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☑ Other UNION

L Year of formation: 1961

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
LABOR UNION REPRESENTING, SERVICING AND ORGANIZING MEMBERS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	103
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	103
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	157
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	121,460	100,000
9	Program service revenue (Part VIII, line 2g)	15,843,220	17,742,161
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	429,959	624,009
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,186	21,315
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,471,825	18,487,485
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,072,539	9,850,781
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,205,389	6,374,634
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,277,928	16,225,415
19	Revenue less expenses. Subtract line 18 from line 12	1,193,897	2,262,070

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	18,106,812	20,405,576
21	Total liabilities (Part X, line 26)	2,937,807	2,974,501
22	Net assets or fund balances. Subtract line 21 from line 20	15,169,005	17,431,075

Part II Signature Block

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

Signature of officer
ISRAEL PIERRE TREASURER
Type or print name and title

2025-11-10
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01058630

Firm's name MANZI & ASSOCIATES LLC — Firm's EIN 04-3508036

Firm's address 855 TURNPIKE STREET
NORTH ANDOVER, MA 01845 — Phone no. (978) 975-1099

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

LOCAL 509 WAS FORMED TO ORGANIZE AND UNITE ALL WORKERS, ELIGIBLE FOR MEMBERSHIP HEREIN, FOR THEIR MUTUAL ADVANCEMENT, BOTH SOCIALLY AND ECONOMICALLY, ERADICATE DISCRIMINATORY PRACTICES BY EMPLOYERS AND SOCIETY AT LARGE, FOSTER THE VALUE OF PUBLIC COMMITMENT FOR HUMAN SERVICES AND EDUCATION, AND TO PROMOTE AND ENCOURAGE THE INVOLVEMENT OF MEMBERS IN THE POLITICAL PROCESS, INCLUDING ELECTIONS AND OTHER FORMS OF POLITICAL ACTIVITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)

THE LOCAL PROVIDES SUPPORT FOR ITS MEMBERS THROUGH COLLECTIVE BARGAINING AND GRIEVANCE ASSISTANCE.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses**

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		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
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	Yes	
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*	4		
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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		No
c	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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*	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
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		No

Part IV 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		No
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	Yes	
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*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		
36	**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		
37	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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	60		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	157		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
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**	
4a	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)?			**4a**	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	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**	No
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
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 sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
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? If "Yes," see the instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	103		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	103		
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?		**2**		No
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?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
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**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe on 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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**		No
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed _____

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
ISRAEL PIERRE 293 POST ROAD WEST 4TH FLOOR MARLBOROUGH, MA 01752 4615 (774) 843-7509

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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 the instructions for definition of "key employee."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(1) ORLANDO PENA PSHS CHAPTER PRESIDENT	40.00	X						107,952	0	56,656
(2) BRIAN CASTELLANOS TRUSTEE	1.00	X						3,200	0	0
(3) EDWARD COTE TRUSTEE	1.00	X						3,200	0	0
(4) MICHAEL GRUNKO TRUSTEE	1.00	X						3,313	0	0
(5) ISRAEL PIERRE TREASURER	40.00			X				122,449	0	49,313
(6) DORCAS WAMBUI PSHS JEB MEMBER	1.00			X				0	0	0
(7) LAURIE WESMAN DCF JEB MEMBER	1.00			X				0	0	0
(8) MELISSA WOLTER GUSTAFON HE JEB MEMBER	1.00			X				0	0	0
(9) ANTHONY XATSE CHL JEB MEMBER	1.00			X				0	0	0
(10) GREGG ZELTT PSHS JEB MEMBER	1.00			X				0	0	0
(11) KIMBERLY N PEPIN ELDER SERV CHAP PRESIDENT	1.00			X				3,200	0	0
(12) NICOLE PETERSON JEB MEMBER	1.00			X				81,896	0	0
(13) JAMIE POUDRIER DTA CHAPTER PRESIDENT	1.00			X				4,595	0	0
(14) CELINA REYES FCC CHAPTER PRESIDENT	1.00			X				29,141	0	0
(15) MOLLY RIGBY BRIDGEWELL JEB MEMBER	1.00			X				0	0	0
(16) SCOTT ROGERS IST CHAPTER PRESIDENT	1.00			X				3,221	0	0
(17) JOHN ROS HIGHER ED JEB MEMBER	1.00			X				125	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	**Institutional Trustee;**	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER ROSENLUND PSHS JEB MEMBER	1.00			X				105	0	0
(19) MICHAEL ROUSSOS MRC JEB MEMBER	1.00			X				0	0	0
(20) LISA SANDLER DOE JEB MEMBER	1.00			X				0	0	0
(21) AMY SAUNDERS PSHS JEB MEMBER	1.00			X				0	0	0
(22) TINA SIMMERMAN DDS JEB CHAPTER PRESIDENT	1.00			X				3,550	0	0
(23) BENEDICT TAFOYA HE JEB MEMBER	1.00			X				350	0	0
(24) SHARONNE TAITT DMH JEB MEMBER	1.00			X				0	0	0
(25) JOYCE TALBOT JEB MEMBER	1.00			X				0	0	0
(26) PATRISHA TOXEY DCF JEB MEMBER	1.00			X				0	0	0
(27) GOODLUCK AKINYOMI PSHS CHAPTER PRESIDENT	1.00			X				0	0	0
(28) SAM ALTERMAN HIGHER ED JEB MEMBER	1.00			X				0	0	0
(29) ALEJANDRO ALVAREZ DCF METRO JEB MEMBER	1.00			X				0	0	0
(30) TAIYE ANJORIN DPH CHAPTER PRESIDENT	1.00			X				2,908	0	0
(31) THOMAS ANTHONY DPH JEB MEMBER	1.00			X				0	0	0
(32) JAMES BADGER MCB JEB MEMBER	1.00			X				0	0	0
(33) AMY BANELIS PSHS JEB MEMBER	1.00			X				50,033	0	0
(34) CHRISTOPHER BARATZ MASSHEALTH CHAPTER PRESIDENT	1.00			X				2,850	0	0
(35) MAYRA BOX-MARTIN PSHS JEB MEMBER	1.00			X				0	0	0
(36) JARBATHA BOYKAI PSHS JEB MEMBER	1.00			X				0	0	0
(37) AARON BRADFORD HE JEB MEMBER	1.00			X				150	0	0
(38) KAREN BROWN DEEC MEMBER	1.00			X				0	0	0
(39) STEPHEN BROWN PSHS JEB MEMBER	1.00			X				0	0	0
(40) SHEEANA CALLISTE ELDER SERVICES JEB MEMBER	1.00			X				0	0	0
(41) DOREEN CANN-TAMAKLOE PSHS JEB MEMBER	1.00			X				0	0	0
(42) PETER CIANCIOLO PSHS JEB MEMBER	1.00			X				152	0	0
(43) KATHE COLL DDS JEB MEMBER/VP	1.00			X				0	0	0
(44) BOB COMITO DCF JEB MEMBER	1.00			X				0	0	0
(45) MOIRA CONNOLLY DESE JEB MEMBER	1.00			X				0	0	0
(46) DENISE CRONIN ELDER SERVICES JEB MEMBER	1.00			X				0	0	0
(47) AMY CSERNY MRC JEB MEMBER	1.00			X				0	0	0
(48) MEGAN DAILEY CCJ CHAPTER PRESIDENT	1.00			X				2,500	0	0
(49) CYNTHIA DAVIS DMH JEB MEMBER	1.00			X				288	0	0
(50) CHARLENE DELGADO DCF JEB MEMBER	1.00			X				0	0	0
(51) JENEZIA DELGADO FCC JEB MEMBER	1.00			X				0	0	0
(52) JEROME DOBSON DDS JEB MEMBER/VP	1.00			X				0	0	0
(53) CLAYTON DYKSTRA PSHS JEB MEMBER	1.00			X				0	0	0
(54) GRACE EVANS HE JEB MEMBER	1.00			X				0	0	0
(55) ETHEL EVERETT DCF CHAPTER PRESIDENT	1.00			X				7,045	0	0
(56) KIM FANTINI DMH JEB MEMBER	1.00			X				0	0	0
(57) SAYIDA FARMER ELDER SERVICES JEB MEMBER	1.00			X				0	0	0
(58) LILIANA FERMIN DCF JEB MEMBER	1.00			X				0	0	0
(59) DAVID FOLEY PRESIDENT	1.00			X				135,441	0	64,012
(60) DEBORAH FOSTER-SMITH DDS JEB MEMBER/VP	1.00			X				0	0	0
(61) CANDACE FOURNIER IST JEB MEMBER	1.00			X				0	0	0
(62) HEIDI FREEMAN MRC CHAPTHER PRESIDENT	1.00			X				3,563	0	0
(63) COKIENA FULLER JEB MEMBER	1.00			X				0	0	0
(64) MARK GALLAGHER PSHS JEB MEMBER	1.00			X				0	0	0
(65) SHERRIE GAMMAGE-PATT HIGHER ED JEB MEMBER	1.00			X				175	0	0
(66) CHRISTOPHER GERMAINE DDS JEB MEMBER/VP	1.00			X				462	0	0
(67) KARA GOODIER JEB RECORDING SECRETARY	1.00			X				14,319	0	0
(68) PAUL HENNESSEY HIGHER ED JEB MEMBER	1.00			X				0	0	0
(69) DAVID HIGGINS PRIVATE SECTOR JEB MEMBER	1.00			X				0	0	0
(70) CAROLYN HJELTE MCB CHAPTER PRESIDENT	1.00			X				2,500	0	0
(71) JOHN HUTCHINS PSHS JEB MEMBER	1.00			X				0	0	0
(72) ALISON JULIAN DDS METRO VP	1.00			X				0	0	0
(73) MATT KALAN HIGHER ED JEB MEMBER	1.00			X				0	0	0
(74) NINA KAMMERER HIGHER ED JEB MEMBER/VP	1.00			X				0	0	0
(75) STEVE KATZ NUPATH JEB MEMBER	1.00			X				0	0	0
(76) LUCY KOINANGE PSHS JEB MEMBER	1.00			X				0	0	0
(77) JANET KOOME INCOMPASS JEB MEMBER	1.00			X				0	0	0
(78) JOANNA LAGHETTO DOE JEB CHAPTER PRESIDENT	1.00			X				2,992	0	0
(79) LAURIE LAPORTE HIGHER ED JEB MEMBER	1.00			X				130	0	0
(80) ROBERT LAWLER CES JEB MEMBER	1.00			X				0	0	0
(81) FERNANDO LAZU DEEC CHAPTER PRESIDENT	1.00			X				2,500	0	0
(82) ELIZABETH LEMONS HIGHER ED CHAPTER PRESIDENT	1.00			X				4,600	0	0
(83) THOMASINA LEVESQUE PSHS JEB MEMBER	1.00			X				0	0	0
(84) MELODIE LEVY PSHS JEB MEMBER	1.00			X				89,908	0	0
(85) JASON LINKER DCF JEB MEMBER	1.00			X				650	0	0
(86) NOEL LOZADA PRIV. SECT CHAP PRESIDENT	1.00			X				28,013	0	0
(87) SARAH LUPIS HIGHER ED JEB MEMBER	1.00			X				42,060	0	0
(88) MARITZA MANRIQUE RIVERA FCC CHAPTER PRESIDENT	1.00			X				0	0	0
(89) DENISSE MARTINEZ-PENA MRC JEB MEMBER	1.00			X				16,698	0	0
(90) KAREN MASTERSON JEB MEMBER	1.00			X				0	0	0
(91) FATIMA MATEO-BELL FCC JEB MEBER	1.00			X				0	0	0
(92) WILLIAM MCKEON CCJ JEB MEMBER/VP	1.00			X				0	0	0
(93) JEAN MCCLURE DMH CHAPTER PRESIDENT	1.00			X				3,608	0	0
(94) AMY MEINERT DOR CHAPTER PRESIDENT	1.00			X				2,850	0	0
(95) RICARDO MERCADO PSHS JEB MEMBER	1.00			X				0	0	0
(96) CARLOS MOREL FCC JEB MEMBER	1.00			X				0	0	0
(97) HUMPHREY MUCHOKI PSHS JEB MEMBER	1.00			X				0	0	0
(98) SIDNEY MURRAY DOR JEB MEMBER	1.00			X				0	0	0
(99) KIMBERLY NADEAU DCF JEB MEMBER	1.00			X				75	0	0
(100) REYNARDO NAZARIO DCF JEB MEMBER	1.00			X				0	0	0
(101) PETER NORTH DMH JEB MEMBER	1.00			X				0	0	0
(102) JOYCE ONAFOWOKAN PRIVATE SECTOR JEB MEMBER	1.00			X				0	0	0
(103) ANNE OSULA JEB MEMBER	1.00			X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								782,767	0	169,981

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 3

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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 address	(B) Description of services	(C) Compensation
PYLE ROME EHRENBERG PC 2 LIBERTY SQUARE 10TH FLOOR BOSTON, MA 02109	LEGAL	501,718

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c				
d Related organizations 1d				
e Government grants (contributions) 1e				
f All other contributions, gifts, grants, and similar amounts not included above 1f	100,000			
g Noncash contributions included in lines 1a - 1f:$ 1g				
h **Total.** Add lines 1a-1f	100,000			
Program Service Revenue — Business Code				
2a PPROGRAM SERVICE REVENUE 900099	17,742,161	17,742,161		
b				
c				
d				
e				
f All other program service revenue.				
g **Total.** Add lines 2a–2f. 17,742,161				
3 Investment income (including dividends, interest, and other similar amounts)	623,625			623,625
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
	(i) Real	(ii) Personal		
6a Gross rents 6a	9,950			
b Less: rental expenses 6b	0			
c Rental income or (loss) 6c	9,950			
d Net rental income or (loss)	9,950	9,950		
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	384			
b Less: cost or other basis and sales expenses 7b	0			
c Gain or (loss) 7c	384			
d Net gain or (loss)	384			384
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events . .				
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . .				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold 10b				
c Net income or (loss) from sales of inventory . .				
Other Revenue — Business Code				
11a MISCELLANEOUS INCOME 900099	11,365	11,365		
b				
c				
d All other revenue				
e **Total.** Add lines 11a–11d	11,365			
OtherRevenueMiscAmt				
12 **Total revenue.** See instructions	18,487,485	17,763,476	0	624,009

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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	782,767			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,696,640			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,173,653			
9 Other employee benefits	1,614,944			
10 Payroll taxes	582,777			
11 Fees for services (non-employees):				
a Management				
b Legal	561,250			
c Accounting	38,625			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	337,138			
12 Advertising and promotion				
13 Office expenses	308,896			
14 Information technology				
15 Royalties				
16 Occupancy	429,728			
17 Travel	176,670			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	212,612			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	83,657			
23 Insurance	84,545			
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.)				
a PER CAPITA	2,706,473			
b MEMBER BENEFITS	676,901			
c COPE EXPENSE	166,193			
d TELEPHONE	143,019			
e All other expenses	448,927			
25 **Total functional expenses.** Add lines 1 through 24e	16,225,415			
26 **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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		15,779	1	2,956
	2	Savings and temporary cash investments		14,723,971	2	17,515,580
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		965,780	4	1,021,357
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		295,008	9	301,586
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,487,640			
	b	Less: accumulated depreciation	10b 1,251,168	288,781	10c	236,472
	11	Investments—publicly traded securities		198,616	11	0
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,618,877	15	1,327,625
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		18,106,812	16	20,405,576
Liabilities	17	Accounts payable and accrued expenses		1,395,769	17	1,891,802
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,542,038	25	1,082,699
	26	**Total liabilities.** Add lines 17 through 25		2,937,807	26	2,974,501
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		11,472,912	27	14,077,412
	28	Net assets with donor restrictions		3,696,093	28	3,353,663
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		15,169,005	32	17,431,075
	33	Total liabilities and net assets/fund balances		18,106,812	33	20,405,576

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,487,485
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,225,415
3	Revenue less expenses. Subtract line 2 from line 1	3	2,262,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,169,005
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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 32, column	10	17,431,075

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization
LOCAL 509 SERVICE EMPLOYEES INTERNATIONAL UNION

Employer identification number
04-6190454

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
LOCAL 509 SERVICE EMPLOYEES INTERNATIONAL UNION

Employer identification number
04-6190454

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
LOCAL 509 SERVICE EMPLOYEES INTERNATIONAL UNION

Employer identification number
04-6190454

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
LOCAL 509 SERVICE EMPLOYEES INTERNATIONAL UNION

Employer identification number
04-6190454

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
LOCAL 509 SERVICE EMPLOYEES INTERNATIONAL UNION	04-6190454

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) COMMITTEE TO ELECT KAREN SPILKA	PO BOX 15 BOSTON,MA 02137		500	
(2) COMMITTEE TO ELECT JAMES O'DAY	31 ONONDAGA STREET WORCESTER,MA 01606		500	
(3) COMMITTEE TO ELECT RON MARIANO	PO BOX 690344 QUINCY,MA 02269		500	
(4) COMMITTEE TO ELECT MICHAEL RODRIGUES	14 MASSON STREET WESTPORT,MA 02790		500	
(5) COMMITTEE TO ELECT TRAM NGUYEN	PO BOX 216 ANDOVER,MA 01810		500	
(6) COMMITTEE TO ELECT ADAM GOMEZ	32 HAMPDEN STREET SPRINGFIELD,MA 01103		500	
(7) COMMITTEE TO ELECT KHRYSTIAN KING	4 AUTUMN STREET WORCESTER,MA 01603		500	
(8) COMMITTEE TO ELECT JOHN CRONIN	30 HILLSIDE DRIVE LUNENBURG,MA 01462		800	
(9) COMMITTEE TO ELECT PAUL MARK	PO BOX 2996 PITTSFIELD,MA 01202		500	
(10) COMMITTEE TO ELECT CHRISTINE BARBER	73 NEWBURY STREET SOMERVILLE,MA 02144		250	
(11) COMMITTEE TO ELECT DAVID LEBOEUF	PO BOX 30741 WORCESTER,MA 01603		500	
(12) COMMITTEE TO ELECT JACK LEWIS	PO BOX 373 ASHLAND,MA 01721		450	
(13) COMMITTEE TO ELECT SAL DIDOMENICO	PO BOX 130041 BOSTON,MA 02113		500	
(14) COMMITTEE TO ELECT TRICIA FARLEY-BOUVIER	195 ELEANOR ROAD PITTSFIELD,MA 01201		500	
(15) COMMITTEE TO ELECT KATE DONAGHUE	17 GARY CIRCLE WESTBOROUGH,MA 01581		500	
(16) COMMITTEE TO ELECT ADAM SCANLON	511 HICKORY ROAD NORTH ATTLEBORO,MA 02760		200	
(17) HEALEY DRISCOLL INAUGURAL COMMITTEE	PO BOX 15 BOSTON,MA 02137		5,000	
(18) COMMITTEE TO ELECT JAMIE ELDRIDGE	PO BOX 641 ACTON,MA 01720		200	
(19) COMMITTEE TO ELECT ADRIAN MADARO	137 LEWIS WHARF BOSTON,MA 02110		500	
(20) COMMITTEE TO ELECT ALICE PEISCH	PO BOX 15 BOSTON,MA 02137		350	
(21) COMMITTEE TO ELECT JESSICA GIANNINO	14 SIGOURNEY ST REVERE,MA 02151		200	
(22) COMMITTEE TO ELECT CHRISTOPHER WORRELL	271 NORMANDY ST APT 2 BOSTON,MA 02121		700	
(23) COMMITTEE TO ELECT STEVEN ULTRINO	135 RUSSELL ST MALDEN,MA 02148		200	
(24) COMMITTEE TO ELECT MIKE MORAN	67 BURTON ST BRIGHTON,MA 02135		500	
(25) COMMITTEE TO ELECT JIM HAWKINS	485 LOCUST ST ATTLEBORO,MA 02703		500	
(26) COMMITTEE TO ELECT SHARON DURKAN	PO BOX 307 BOSTON,MA 02114		500	
(27) COMMITTEE TO ELECT MIKECONNOLLY	4 ASHBURTON PLACE UNIT 1 CAMBRIDGE,MA 02139		250	
(28) COMMITTEE TO ELECT LIZ MIRANDA	232 BEACON STREET 2 BOSTON,MA 02116		250	
(29) COMMITTEE TO ELECT RUTHZEE LOUIJEUNE	15 CHURCH ST HYDE PARK,MA 02136		500	
(30) COMMITTEE TO ELECT BARRY SANDERS	51 WISTERIA PL TAUNTON,MA 02780		500	
(31) COMMITTEE TO ELECT HONG NET	20 HOLYOKE ST LYNN,MA 01905		500	
(32) COMMITTEE TO ELECT MAJORIE DECKER	PO BOX 390431 CAMBRIDGE,MA 02141		500	
(33) COMMITTEE TO ELECT ERIKA UYTERHOEVEN	11 WESLEY PARK SOMERVILLE,MA 02143		500	
(34) COMMITTEE TO ELECT JAY LIVINGSTON	PO BOX 140383 BOSTON,MA 02114		250	
(35) COMMITTEE TO ELECT DYLAN FERNANDES	PO BOX 1065 NORTH FALMOUTH,MA 02556		500	
(36) COMMITTEE TO ELECT LEIGH DAVIS	PO BOX 1001 GREAT BARRINGTON,MA 01230		500	
(37) FRIENDS OF ARIELLE FAIRA	PO BOX 15 BOSTON,MA 02137		500	
(38) COMMITTEE TO ELECT BILL HUMPHREY	712 CHESTNUT ST WABAN,MA 02468		500	
(39) COMMITTEE TO ELECT BUD WILLIAMS	155 OVERLOOK DR SPRINGFIELD,MA 01118		500	
(40) COMMITTEE TO ELECT RUSSELL HOLMES	182 CALLENDER DORCHESTER,MA 02124		500	
(41) COMMITTEE TO ELECT KOSTAS LOUKOS	15 HANIFAN LANE WEYMOUTH,MA 02189		500	
(42) FRIENDS OF HADLEY LUDDY	PO BOX 15 BOSTON,MA 02137		500	
(43) COMMITTEE TO ELECT BECKY COLETTA	25 VERNA HALL PEMBROKE,MA 02359		500	
(44) COMMITTEE TO ELECT NATALIE HIGGINS	41 LEXINGTON CIRCLE LEOMINSTER,MA 01453		500	
(45) COMMITTEE TO ELECT LYDIA EDWARDS	PO BOX 15 BOSTON,MA 02137		500	
(46) COMMITTEE TO ELECT DAVID LINSKY	PO BOX 2133 NATICK,MA 01760		500	
(47) COMMITTEE TO ELECT ILIANA PANAMENO	96 BRISTOL ROAD UNIT 1 MEDFORD,MA 02155		30	
(48) COMMITTEE TO ELECT PAT HADDAD	PO BOX 495 SOMERSET,MA 02726		500	
(49) COMMITTEE TO ELECT KRISTIN KASSNER	PO BOX 652 IPSWICH,MA 01938		500	
(50) COMMITTEE TO ELECT MARGARET SCARSDALE	PO BOX 1108 PEPPERELL,MA 01463		500	
(51) COMMITTEE TO ELECT PAUL DONATO	48 MAURICE STREET MEDFORD,MA 02155		500	
(52) COMMITTEE TO ELECT BILL DRISCOLL	PO BOX 530 MILTON,MA 02186		500	
(53) COMMITTEE TO ELECT SEAN REID	12 FISKE ROAD SAUGUS,MA 01906		500	
(54) COMMITTEE TO ELECT BRANDY FLUKER OAKLEY	42 GLADESIDE AVE MATTAPAN,MA 02126		500	
(55) COMMITTEE TO ELECT JOHN MORAN	18 CONCORD SQUARE 3 BOSTON,MA 02118		500	
(56) COMMITTEE TO ELECT MICHELLE BADGER	10 OLD WINGS ROAD PLYMOUTH,MA 02360		500	
(57) COMMITTEE TO ELECT DENNIS GALLAGHER	35 BELL AVE BRIDGEWATER,MA 02324		500	
(58) COMMITTEE TO ELECT JOSEPH PACHECO	775 ORCHARD ST RAYNHAM,MA 02767		500	
(59) COMMITTEE TO ELECT THOMAS MOAKLEY	PO BOX 670 WEST FALMOUTH,MA 02574		500	
(60) COMMITTEE TO ELECT GREGORY SCHWARTZ	25 HAYNES ROAD NEWTON CENTER,MA 02459		500	
(61) COMMITTEE TO ELECT TARA HONG	704 MIDDLESEX ST LOWELL,MA 01851		500	
(62) INVEST IN MEDFORD	C/O DAVID ZABNER 107 BOWDOIN ST 1 MEDFORD,MA 02155		500	
(63) MASS WOMEN'S POLITICAL CAUCUS	89 SOUTH STREET 603 BOSTON,MA 02111		1,500	
(64) MASS COSH	42 CHARLES ST STE D BOSTON,MA 02122		300	
(65) COMMITTEE TO ELECT REBECCA RAUSCH	PO BOX 920527 NEEDHAM,MA 01801		500	
(66) FRIENDS OF JULIAN CYR	PO BOX 1269 TRURO,MA 02666		500	
(67) COMMITTEE TO ELECT PAUL FEENEY	PO BOX 15 BOSTON,MA 02137		500	
(68) COMMITTEE TO ELECT KIP DIGGS	PO BOX 283 HYANNISPORT,MA 02672		500	
(69) COMMITTEE TO ELECT SARAH HEWINS	PO BOX 997 CARVER,MA 02330		500	
(70) COMMITTEE TO ELECT DANIEL DONAHUE	39 FORSBERG ST WORCESTER,MA 01607		500	
(71) COMMITTEE TO ELECT MARY KEEFE	15 HOME ST WORCESTER,MA 01609		500	
(72) COMMITTEE TO ELECT SAMANTHA MONTANO	40 EVEREEN ST 2 JAMAICA PLAIN,MA 02130		500	
(73) COMMITTEE TO ELECT ORLANDO RAMOS	PO BOX 51467 INDIAN ORCHARD,MA 01151		500	
(74) COMMITTEE TO ELECT DAVE ROGERS	21 MERCHANTS ROW STE 5 BOSTON,MA 02109		500	
(75) COMMITTEE TO ELECT KEVIN HONAN	192 FANEUIL ST BRIGHTON,MA 02135		250	
(76) COMMITTEE TO ELECT OWEN FLETCHER	PO BOX 15 BOSTON,MA 02137		500	
(77) COMMITTEE TO ELECT SHEILIA DIBB	12 HAVEN HILL ROAD RUTLAND,MA 01543		500	
(78) COMMITTEE TO ELECT MICHELLE DUBOIS	75 COMMERCIAL ST APT 208 BROCKTON,MA 02302		500	
(79) COMMITTEE TO ELECT BILL MACGREGOR	PO BOX 9536 LOWELL,MA 01853		250	
(80) COMMITTEE TO ELECT TOMMY VITOLLO	87 IVY ST BROOKLINE,MA 02446		250	
(81) COMMITTEE TO ELECT PAUL DEPALO	21 VILLAGE LANE BERLIN,MA 01503		250	
(82) COMMITTEE TO ELECT EUNICE ZEIGLER	PO BOX 15 BOSTON,MA 02137		250	
(83) COMMITTEE TO ELECT JERMAINE JOHNSON	36 ZENITH DR WORCESTER,MA 01602		500	
(84) COMMITTEE TO ELECT REBECCA SHERLOCK-SHANGRAW	102 COMMERICAL ST WEYMOUTH,MA 02188		500	
(85) COMMITTEE TO ELECT CELINA REYES	140 ABBOTT ST LAWRENCE,MA 01843		500	
(86) COMMITTEE TO ELECT PETE WHITE	239 JASON ST PITTSFIELD,MA 01201		500	
(87) COMMITTEE TO ELECT JULIA MEJIA	48 CAPEN ST DORCHESTER,MA 02124		500	
(88) COMMITTEE TO ELECT JUAN JARAMILLO	PO BOX 15 BOSTON,MA 02137		500	
(89) COMMITTEE TO ELECT HENRY SANTANA	PO BOX 15 BOSTON,MA 02137		500	
(90) COMMITTEE TO ELECT LIZ BREADON	40 ADAIR ROAD BRIGHTON,MA 02135		500	
(91) COMMITTEE TO ELECT BEN WEBER	PO BOX 15 BOSTON,MA 02137			
(92) COMMITTEE TO ELECT THU NGUYEN	8 POTOMSKA ST WORCESTER,MA 01602		500	
(93) COMMITTEE TO ELECT JENNY PACILLO	86 CALUMENT AVE WORCESTER,MA 01606		500	
(94) COMMITTEE TO ELECT MICHELLE WU	PO BOX 960782 BOSTON,MA 01606		500	
(95) COMMITTEE TO ELECT BRUCE AYERS	PO BOX 15 READVILLE,MA 02137		250	
(96) COMMITTEE TO ELECT KATE LIPPER-GARABEDIAN	21 MYSTIC AVE MELROSE,MA 02176		250	
(97) COMMITTEE TO ELECT JENNY ARMINI	14 CLIFTON HEIGHTS LANE MARBLEHEAD,MA 01945		250	
(98) COMMITTEE TO ELECT CHYNAH TYLER	13 S JUNIOR TER C QUINCY,MA 02169		250	
(99) COMMITTEE TO ELECT ROBYN KENNEDY	46 MOORE AVE WORCESTER,MA 01602		500	
(100) WOMEN ENCOURAGING EMPOWERMENT	50 WALNUT AVE REVERE,MA 02151		1,000	
(101) BOSTON DSA	205 WALDEN ST 2U CAMBRIDGE,MA 02140		500	
(102) COMMITTEE TO ELECT BRIAN CASTELLANOS	693 WESTERN AVE UNIT 402 LYNN,MA 01905		500	

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART I-A, LINE 1	THE LOCAL MADE CONTRIBUTIONS TO CANDIDATES FOR PUBLIC OFFICE FROM THE COPE FUNDS AT THE LOCAL AND STATE LEVEL IN AMOUNTS RANGING FROM $100-$500 BASED UPON THE RECOMMENDATIONS OF THE COMMITTEE ON POLITICAL EDUCATION. THE LOCAL ALSO MADE A DIRECT CONTRIBUTION TO ONE POLITICAL ACTION COMMITTEE AT THE LOCAL AND STATE LEVEL FOR $5,000.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

Name of the organization
LOCAL 509 SERVICE EMPLOYEES INTERNATIONAL UNION

Employer identification number
04-6190454

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	**(b)** Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ **Yes** ☐ **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ **Yes** ☐ **No**

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ **Yes** ☐ **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ **Yes** ☐ **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

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 solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		
(ii) Related organizations . . . . . **3a(ii)**		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		764,163	594,588	169,575
d Equipment		467,479	406,759	60,720
e Other		255,998	249,821	6,177
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				236,472

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)EMPLOYEE HEALTH REIMBURSEMENT FUNDING	354,107
(2)DEPOSITS	2,235
(3)RIGHT OF USE ASSET OPERATING LEASE	971,283
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	1,327,625

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	139,380
RIGHT OF USE OPERATING LEASE LIABILITY	943,319
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,082,699

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	18,487,485
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	18,487,485
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	18,487,485

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	16,225,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	16,225,415
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	16,225,415

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	THE INTERNAL REVENUE SERVICE HAS DETERMINED THE LOCAL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION OR LIABILITY FOR FEDERAL INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE LOCAL BELIEVES THAT IT CONTINUES TO QUALIFY AND TO OPERATE IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE LOCAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE LOCAL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE DEPARTMENT OF LABOR AND INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE LOCAL, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2024, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE LOCAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Additional Data

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Schedule J (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LOCAL 509 SERVICE EMPLOYEES INTERNATIONAL UNION

Employer identification number
04-6190454

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 DAVID FOLEY PRESIDENT	**(i)**	135,441	0	0	25,043	38,969	199,453	0
	(ii)	0	0	0	0	0	0	0
2 ISRAEL PIERRE TREASURER	**(i)**	122,449	0	0	24,558	24,755	171,762	0
	(ii)	0	0	0	0	0	0	0
3 ORLANDO PENA PSHS CHAPTER PRESIDENT	**(i)**	107,952	0	0	20,935	35,721	164,608	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

Additional Data

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Software ID:

Software Version:

SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LOCAL 509 SERVICE EMPLOYEES INTERNATIONAL UNION

Employer identification number
04-6190454

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE LOCAL'S MEMBERS ARE INDIVIDUALS WHO ARE REPRESENTED BY THE LOCAL.
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE LOCAL ELECT THE GOVERNING BOARD IN ACCORDANCE WITH THE LOCAL'S BY-LAWS.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PRESENTED TO THE EXECUTIVE BOARD BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF THE JOINT EXECUTIVE BOARD AS WELL AS KEY STAFF ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT.
FORM 990, PART VI, SECTION B, LINE 15B	THE JOINT EXECUTIVE BOARD VOTES ON THE COMPENSATION FOR THE OFFICERS.
FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST AND AVAILABLE ON OTHER WEBSITES THAT PROVIDE 990'S FOR NONPROFITS.
FORM 990, PART XII, LINE 2C	NO CHANGE IN OVERSIGHT PROCESS OF SELECTION OF INDEPENDENT ACCOUNTANT.

Additional Data

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Software Version: