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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **APRIL 1st** , 2007, and ending **MARCH 31st** , 20 **08**

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

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

C Name of organization
SECURITY POLICE FIRE PROFESSIONALS OF AMERICA, LOCAL 127

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2425 N. COURTENAY PARKWAY | **6B**

City or town, state or country, and ZIP + 4
MERRITT ISLAND, FL 32953

D Employer identification number
59 2213294

E Telephone number
(**321**) **452-9814**

F Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) ▶

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

G Website: ▶ **www.spfpalocal127.com**

J Organization type (check only one) ▶ ☑ 501(c) (**5**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **241,272**

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number ▶ **N/A**

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a	0	
	b	Direct public support (not included on line 1a)	1b	0	
	c	Indirect public support (not included on line 1a)	1c	0	
	d	Government contributions (grants) (not included on line 1a)	1d	0	
	e	**Total** (add lines 1a through 1d) (cash $ 0 noncash $ 0)			1e 0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 0
	3	Membership dues and assessments			3 239,333
	4	Interest on savings and temporary cash investments			4 485
	5	Dividends and interest from securities			5 0
	6a	Gross rents	6a	0	
	b	Less. rental expenses	6b	0	
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c 0
	7	Other investment income (describe ▶ 0)			7 0
	8a	Gross amount from sales of assets other than inventory	(A) Securities 0	8a (B) Other 0	
	b	Less cost or other basis and sales expenses	0	8b 0	
	c	Gain or (loss) (attach schedule)	0	8c 0	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d 0
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1b)	9a	0	
	b	Less: direct expenses other than fundraising expenses	9b	0	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c 0
	10a	Gross sales of inventory, less returns and allowances	10a	0	
	b	Less: cost of goods sold	10b	0	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c 0
	11	Other revenue (from Part VII, line 103)			11 1,454
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 241,272
Expenses	13	Program services (from line 44, column (B))			13
	14	Management and general (from line 44, column (C))			14
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16 0
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 252,008
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 -10,736
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 77,562
	20	Other changes in net assets or fund balances (attach explanation)			20 0
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 66,826

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44				

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ _____; **(ii)** the amount allocated to Program services $ _____; **(iii)** the amount allocated to Management and general $ _____; and **(iv)** the amount allocated to Fundraising $ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ **To secure better working conditions**

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a **INTERNATIONAL UNION LOCAL 127 IS A LABOR ORGANIZATION WITH EIGHT SEPERATE UNITS CONSISTING OF MORE THAN 400 MEMBERS TOTAL. THE GOAL OF LOCAL 127 IS TO PROTECT AND PROMOTE THE INTEREST OF MEMBERS BY BARGAINING COLLECTIVELY WITH THEIR EMPLOYERS TO SECURE BETTER WORKING CONDITIONS.**

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ **N/A**

b **N/A**

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ **N/A**

c **N/A**

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ **N/A**

d **N/A**

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ **N/A**

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ **0**

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). . . . . ▶ **252,008**

Part IV Balance Sheets *(See the instructions.)*

	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*	(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing		45	
	46 Savings and temporary cash investments		46	
	47a Accounts receivable 47a			
	b Less: allowance for doubtful accounts 47b		47c	
	48a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	
	b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV		54b	
	55a Investments—land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation (attach schedule) 55b		55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis 57a			
	b Less: accumulated depreciation (attach schedule) 57b		57c	
	58 Other assets, including program-related investments (describe ▶)		58	
	59 **Total assets** (must equal line 74). Add lines 45 through 58	77,562	59	67,126
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
	66 **Total liabilities.** Add lines 60 through 65	0	66	0
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		73	
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73	77,562	74	67,126

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	N/A
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	N/A		
2	Donated services and use of facilities	b2	N/A		
3	Recoveries of prior year grants	b3	N/A		
4	Other (specify): N/A N/A	b4	N/A		
	Add lines b1 through b4			b	N/A
c	Subtract line b from line a			c	N/A
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	N/A		
2	Other (specify): N/A N/A	d2	N/A		
	Add lines d1 and d2			d	N/A
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	N/A

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	N/A
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	N/A		
2	Prior year adjustments reported on Part I, line 20	b2	N/A		
3	Losses reported on Part I, line 20	b3	N/A		
4	Other (specify): N/A N/A	b4	N/A		
	Add lines b1 through b4			b	N/A
c	Subtract line b from line a			c	N/A
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	N/A		
2	Other (specify): N/A N/A	d2	N/A		
	Add lines d1 and d2			d	N/A
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	N/A

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GERALD HEYMAN 1130 OUTRIGGER DRIVE, MERRITT ISLAND, FL 32953	PRESIDENT-8	13,154	0	0
JOSEPH NOCERA 1515 STAFFORD AVE, MERRITT ISLAND, FL 32952	VICE-PRESIDENT - 8	13,888	0	0
BRUCE FORTON 4669 PATRICK LANE, COCOA, FL 32927	TREASURER - 6	7,677	0	0
DAVE SCHERFF 505 FILLMORE AVENUE, APT 13, CAPE CANAVERAL, FL	CHIEF STEWARD - 2	7,324	0	0
TODD TROTTER 6798 HARTFORD ROAD, COCOA, FL 32927	REC. SECRETARY - 2	4,665	0	0
CLAYTON ROBERTS 1191 MEADOW LAKE ROAD, ROCKLEDGE, FL 32955	SGT. AT ARMS - 1	757	0	0
MAURICE WENZEL 270 RIVER ROAD CIRCLE, ROCKLEDGE, FL 32955	TRUSTEE - 1	1,589	0	0
ANDREW MARSHALL 378 BROOKCREST CIRCLE, ROCKLEDGE, FL 32955	STEWARD - 1	710	0	0
TIM LENNEAR 1080 N. FISKE BLVD., #B3, COCOA, FL 32922	STEWARD - 1	575	0	0
ELEANOR KEARNS-VICARS 4271 PIEDRAS STREET, COCOA, FL 32927	STEWARD - 1	1,614	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 11			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		✓
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶	75c		✓
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d		✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		✓
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		✓
b	If "Yes," enter the name of the organization ▶ N/A N/A and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a N/A			
b	Did the organization file **Form 1120-POL** for this year?	81b		✓

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	85a		✓
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	✓	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c 239,333			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter. **a** Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		✓
89a	*501(c)(3) organizations.* Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		✓
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		✓
90a	List the states with which a copy of this return is filed ▶			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 16			
91a	The books are in care of ▶ BRUCE FORTON/TREASURER Telephone no. ▶ (321) 452-9814 Located at ▶ 2425 N. COURTENAY PARKWAY, SUITE 6B, MERRITT ISLAND, FL ZIP + 4 ▶ 32953			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		✓
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	✓
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a			0		0	0
b			0		0	0
c			0		0	0
d			0		0	0
e			0		0	0
f	Medicare/Medicaid payments		0		0	0
g	Fees and contracts from government agencies		0		0	0
94	Membership dues and assessments		0		0	239,333
95	Interest on savings and temporary cash investments		0	14	485	0
96	Dividends and interest from securities		0		0	0
97	Net rental income or (loss) from real estate:					
a	debt-financed property		0		0	0
b	not debt-financed property		0		0	0
98	Net rental income or (loss) from personal property		0		0	0
99	Other investment income		0		0	0
100	Gain or (loss) from sales of assets other than inventory		0		0	0
101	Net income or (loss) from special events		0		0	0
102	Gross profit or (loss) from sales of inventory		0		0	0
103	Other revenue: a COBRASERV		0	01	1107	0
b	TAX OVERPAYMENT		0	01	50	0
c	ADVANTA CREDIT CORPORATION		0	01	59	0
d	AIR FARE REIMBURSEMENT		0	01	238	0
e			0		0	0
104	Subtotal (add columns (B), (D), and (E))		0		1939	239,333
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					241,272

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	TO PROTECT AND PROMOTE THE INTEREST OF MEMBERS BY BARGAINING COLLECTIVELY WITH THEIR EMPLOYERS TO SECURE BETTER WORKING CONDITIONS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	N/A %	N/A	N/A	N/A
N/A	N/A %	N/A	N/A	N/A
N/A	N/A %	N/A	N/A	N/A
N/A	N/A %	N/A	N/A	N/A

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

Note: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A	N/A	N/A	N/A
b	N/A	N/A	N/A	N/A
c	N/A	N/A	N/A	N/A
	Totals			N/A

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A	N/A	N/A	N/A
b	N/A	N/A	N/A	N/A
c	N/A	N/A	N/A	N/A
	Totals			N/A

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		✓

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer — Date 23 July 2008

BRUCE W. FORTON/FINANCIAL SECRETARY-TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
			N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ N/A

N/A

[redacted]

U S Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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

Form Approved
Office of Management and Budget
No. 1215-0188
Expires 11-30-2009

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1. FILE NUMBER	2 PERIOD COVERED MON DAY YEAR	3. (a) AMENDED – If this is an amended report correcting a previously filed report, check here ☐
E	008-789	From 04/01/2007 Through 03/31/2008	(b) TERMINAL – If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here ☐
			(c) SUBSIDIARY – If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here ☐

4. AFFILIATION OR ORGANIZATION NAME
SECURITY POLICE, FIRE PROF, IND

5 DESIGNATION (Local, Lodge, etc)	6 DESIGNATION NUMBER
LOCAL UNION	127

7. UNIT NAME (if any)

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

8 MAILING ADDRESS (Type or print in capital letters)

First Name	Last Name
BRUCE	FORTON

P.O. Box – Building and Room Number (if any)
SUITE 6

Number and Street
2425 N. COURTENAY PARKWAY

City
MERRITT ISLAND

State	ZIP Code + 4
FL	32953-4174

56 ADDITIONAL INFORMATION

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See Section VI on penalties in the instructions)

57.SIGNED. _____ PRESIDENT (If other title, see instructions.)

6-23-08 (321) 452-9814
Date Telephone Number

58. SIGNED Bruce Forton TREASURER (If other title, see instructions.)

21 June 2008 321-452-9814
Date Telephone Number

COMPLETE ITEMS 10 THROUGH 23

FILE NUMBER 008-789

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

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

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

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

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

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

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

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

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

19. How many members did your organization have at the end of the reporting period?
435

20. What is the maximum amount recoverable under your organization's fidelity bond, for a loss caused by any officer or employee of your organization?
$50,000

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

22. What is the date of your organization's next regular election of officers?
January 2009

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

Rates of Dues and Fees

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	2.5 HRS.	per	MEMBER	16.63	60.95
(b) Initiation Fees	$40 00	per	Member		
(c) Transfer Fees	0	per			
(d) Work Permits	0	per			

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

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER 008-789

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)			(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1.	Last Name: HEYMAN	First Name: GERALD	Middle Initial: D	$13,154		$13,154
	Title: PRESIDENT		Status: C			
2.	Last Name: NOCERA	First Name: JOSEPH	Middle Initial:	$13,888		$13,888
	Title: VICE-PRESIDENT		Status: C			
3.	Last Name: FORTON	First Name: BRUCE	Middle Initial: W	$7,677		$7,677
	Title: FINANCIAL-SECRETARY		Status: C			
4.	Last Name: SCHERFF	First Name: DAVE	Middle Initial: P	$7,324		$7,324
	Title: CHIEF STEWARD		Status: C			
5.	Last Name: TROTTER	First Name: TODD	Middle Initial:	$4,665		$4,665
	Title: RECORDING SECRETARY		Status: C			
6.	Last Name: WENZEL	First Name: MAURICE	Middle Initial:	$1,589		$1,589
	Title: TRUSTEE		Status: C			
7.	Last Name: ROBERTS	First Name: CLAYTON	Middle Initial:	$757		$757
	Title: SERGEANT-AT-ARMS		Status: C			
8.	Totals from additional pages (if any)			$3,693	$0	$3,693
9.	Totals of Lines 1 through 8			$52,747	$0	$52,747
					10. Less Deductions	$16,610
				The Total from Line 11 will be entered in Item 45	11. Net Disbursements	$36,137

* Code for (C) Status past officer – P, continuing officer – C, new officer during the reporting period – N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER: 008-789

STATEMENT A ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash	$74,562	$63,826	32. Accounts Payable	$0	$0
26. Loans Receivable	$0	$0	33. Loans Payable	$0	$0
27. U S Treasury Securities	$0	$0	34. Mortgages Payable	$0	$0
28 Investments	$0	$0	35. Other Liabilities	$0	$0
29. Fixed Assets	$3,000	$3,300	36. TOTAL LIABILITITES	$0	$0
30. Other Assets	$0	$0			
31 TOTAL ASSETS	$77,562	$67,126	37. NET ASSETS (Item 31 less Item 36)	$77,562	$67,126

STATEMENT B RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38 Dues	$239,333	45. To Officers (from Item 24)	$36,137
39. Per Capita Tax	$0	46 To Employees (less deductions)	$12,924
40 Fees, Fines, Assessments & Work Permits	$0	47 Per Capita Tax	$142,156
41 Interest & Dividends	$485	48. Office & Administrative Expense	$44,040
42 Sale of Investments & Fixed Assets	$0	49 Professional Fees	$0
43. Other Receipts	$1,454	50 Benefits	$0
44 TOTAL RECEIPTS	$241,272	51 Contributions, Gifts & Grants	$1,458
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form.		52 Purchase of Investments & Fixed Assets	$0
		53 Loans Made	$0
		54. Other Disbursements	$15,293
		55 TOTAL DISBURSEMENTS	$252,008

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER 008-789

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)			(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1.	Last Name: MARSHALL	First Name: ANDREW	Middle Initial: L	$710		$710
	Title: SGS COMM. STEWARD		Status: C			
2.	Last Name: KEARNES-VICARS	First Name: ELEANOR	Middle Initial:	$1,614		$1,614
	Title: YANG STEWARD		Status: C			
3.	Last Name: LENNEAR	First Name: TIM	Middle Initial:	$575		$575
	Title: DNPS STEWARD		Status: C			
4.	Last Name: VERDON	First Name: MICHAEL	Middle Initial:	$716		$716
	Title: PINKERTON STEWARD		Status: P			
5.	Last Name: TANI	First Name: MARK	Middle Initial:	$78		$78
	Title: PINKERTON STEWARD		Status: N			
6.	Last Name:	First Name:	Middle Initial:			$0
	Title:		Status:			
7.	Last Name:	First Name:	Middle Initial:			$0
	Title:		Status:			
8.						
9.	Totals of Lines 1 through 8			$3,693	$0	$3,693

* Code for (C) Status past officer – P; continuing officer – C, new officer during the reporting period – N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

56. ADDITIONAL INFORMATION

FILE NUMBER: 008-789

General Information: PINKERTON STEWARD MICHAEL VERDON RETIRED - MARK TANI ELECTED AS REPLACEMENT