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### DLN: 93493121001397

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue

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

► Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

**Return of Organization Exempt From Income Tax** 

Servi	ce								
	r the 2014 o	calendar year, or tax year beginning  C Name of organization GLAZIERS ARCHITECHTURAL METAL A GLASSWORKERS LOCAL UNION 513	•	015		ver iden 90736	tification number		
I Addres	s change	Doing business as			—	90730			
$\Gamma$		Number and street (or D.O. bey if ma	ıl ıs not delivered to street address) Room,	/c.uto	E Telepho	ne numb	er		
Name	change	5916 WILSON AVE	il is not delivered to street address/ Room/	Suite	(314)	644-39	922		
Initial i	return	City or town, state or province, count ST LOUIS, MO 63110	ry, and ZIP or foreign postal code		<b>G</b> Gross re	ceipts \$	486,602		
Final retum/	terminated								
Г									
Amend	ed retum								
<b></b>									
Applica	tion pending	F Name and address of princ	ipal officer	<b>H(a)</b> Is	this a group	return 1	for		
		MARK KUHLENBERG 5916 WILSON AVE		SI	subordinates?				
		ST LOUIS,MO 63110			re all subordir	nates	┌Yes ┌No		
I Ta	k-exempt stal	tus	(insert no ) 4947(a)(1) or 527		cluded? "No," attach	a lıst (	see instructions)		
J W	ebsite: ► [	N/A		H(c) G	iroup exempti	on num	ber ►		
		ion	on [	<b>L</b> Year o	of formation 198		State of legal domicile		
Other i		mmary				МО			
	<b>1</b> Briefly	describe the organization's mission	2						
e e	REPR	ESENT UNION MEMBERS WITH WA	AGE, BENEFIT AND WORKING CO	NDITION M	ATTERS				
anc									
ven	2 Check	this box 🕨 🦳 if the organization dis	continued its operations or dispose	ed of more th	an 25% of its	net as	sets		
vities & Governance	3 Numb	er of voting members of the governir	ng body (Part VI. line 1a)			з	e		
es \$		er of independent voting members of				4	$\epsilon$		
		number of individuals employed in ca				5	8		
Actı		number of volunteers (estimate if ne unrelated business revenue from Pa				6 7a	(		
	<b>b</b> Net u	nrelated business taxable income fro	om Form 990-T, line 34	<u></u>		7b	C		
	• 6		- 4  - \		Prior Year	0	Current Year		
Ē		itributions and grants (Part VIII, line gram service revenue (Part VIII, lin	•		512,6		468,067		
Rəvenuə		estment income (Part VIII, column i			3,4	07	4,800		
		er revenue (Part VIII, column (A), li al revenue—add lines 8 through 11 (		ıne	35,0	89	13,735		
	12)	<u> </u>	<u> </u>		551,0	_	486,602		
		nts and similar amounts paid (Part I efits paid to or for members (Part IX				0	0		
	<b>15</b> Sal	aries, other compensation, employee			43,6	56	20,873		
Expenses	5-1 <b>16a</b> Pro	.u) fessional fundraising fees (Part IX, c	olumn (A), line 11e)			0	0		
edx	<b>b</b> Tota	l fundraising expenses (Part IX, column (D),	line 25) ▶ <u>0</u>						
ш	<b>17</b> Oth	er expenses (Part IX, column (A), lii	nes 11a-11d, 11f-24e)		439,1	77	476,247		
		al expenses Add lines 13-17 (must			482,8		497,120		
<u>~~</u>	19 Rev	enue less expenses Subtract line 1	6 HOIII IIII 12		68,2 ning of Currer	_	-10,518 End of Year		
Net Assets or Fund Balances	20 Tot	al accete (Bart V. June 16)			<b>Year</b> 725,1	6.7			
t Ass		al assets (Part X, line 16) al liabilities (Part X, line 26)				18	714,925		
		assets or fund balances Subtract II	ne 21 from line 20		725,0	49	714,531		
		<b>gnature Block</b> of perjury, I declare that I have exar	mined this return, including accomp	anyung sehar	dulas and stat	omont	and to the best of		
my kr	nowledge ar	of perjury, I declare that I have examed belief, it is true, correct, and comp I knowledge	·						
	-	****			2017-05-01				
Sign Here	. [	gnature of officer ARK KUHLENBERG BUSINESS REPRESENTAT	TVF		Date				
		pe or print name and title							
Paid		Print/Type preparer's name DENNIS NILGES	Preparer's signature DENNIS NILGES		Check   If self-employed	PTIN P001617	<u></u>		
	a parer	Firm's name ► RSM US LLP			Firm's EIN ► 42	-071432	5		
	Only	Firm's address ► 8182 MARYLAND AVENUE	SUITE 900		Phone no (314)	241-41	00		

ST LOUIS, MO 63105

Form 990 (2014)

art IV	Checklist	of Rec	nuired 9	Schedules

rai	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		Νo
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	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	<b>11</b> b		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	<b>11</b> c		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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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	<b>12</b> b		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		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2014)		Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)		
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
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	No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	<b>25</b> b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current		

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

37

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

**b** A family member of a current or former officer, director, trustee, or key employee? *If "Yes,"* 

instructions for applicable filing thresholds, conditions, and exceptions)

Yes Form **990** (2014)

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28c

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Nο

Nο

Nο

Par	t 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	<u> </u>		
1-	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a	0	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
		<u> </u>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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	4a		No
	account)?			110
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? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
e-	Does the organization have applied gross receipts that are normally greatesther \$100,000 and \$100.00	5c		NI ~
оa	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 gif			
_	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
а	services provided to the payor?	/a		NO
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to . <b>7c</b>		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	. /c		140
_				
е	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?	-		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	required?	<b>7</b> g		
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?			
۵-		8		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter	90		
	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
,	year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  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	<b>⅃</b> ┃		
	Enter the amount of reserves on hand	_  !		
	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		

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.

	instructions.	mes ou, ob, or	100 Delow,	ucscribe	cric c	.n camisa	unc	c3, p	, 00	 .5, 0	,, с,	iuiig	,05,	,, ,	Ciic	aarc	. 0,
Che	ck if Schedule O	contains a respo	nse or note t	o any line ii	n this	Part V I											. 🗸

Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1</b> b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control	d by c	r under the direct or other person?	3		No
4	Did the organization make any significant changes to its governing documents since filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation'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 pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	lby) r	nembers, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following					
а	The governing body?			<b>8</b> a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	<b>ction B. Policies</b> (This Section B requests information about policies not				ie Cod	
	Calon Bi Foliates (This Section B requests mioritation about policies not	regui	rea by the internation		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?			11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this F	orm 0		IIa	103	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .			12a		No
	Were officers, directors, or trustees, and key employees required to disclose annual			124		NO
	rise to conflicts?			12b		
	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done		· · · · · · · ·	12c		
	Did the organization have a written whistleblower policy?			13		No
14	Did the organization have a written document retention and destruction policy? .			14		No
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th					
	The organization's CEO, Executive Director, or top management official			15a		No
b	Other officers or key employees of the organization	•		15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	estep	s to safeguard the	<b>16</b> b		
Se	ction 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 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available.					
	Own website Another's website  Upon request Other (explain in S					
19	Describe in Schedule O whether (and if so, how) the organization made its governing 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 order	ganıza	tion's books and record	S		

# 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ullet List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

									<u> </u>
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle	ore t ss pe	han erso cer tor/t	not one n is and trus		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JAMES HINCH	1 00	×					0	0	0
TRUSTEE (2) THOMAS PRATT TRUSTEE	1 00	X					0	0	0
(3) DALE WILLMANN TRUSTEE	1 00	X					0	0	0
(4) ROB WADE JR WARDEN	1 00	X					0	0	0
(5) MARQUEZ BROWN ALT DELEGATE	1 00	×					0	0	0
(6) JOHN RAFTERY DC DELEGATE	1 00	X					0	0	0
(7) MARK KUHLENBERG BUS REP/ DC DELEGATE	40 00			x			0	0	0
(8) JOHN DEEKEN PRESIDENT	8 00			×			6,503	0	0
(9) BRIAN STIENS FINANCIAL SECRETARY	8 00			х			3,750	0	0
(10) CURTIS KIMBRELL SR VICE PRESIDENT	1 00			x			2,673	0	0
(11) RANDY KING TREASURER	1 00			x			0	0	0
(12) CHAD WEBER RECORDING SECRETARY	1 00			x			1,858	0	0

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th persor and a	ion ( nan c n is b	ne l both	box, an	unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	2/1099-MISC)	from the organization and related organizations

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	14,784	0	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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		No
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

Name and business address	Description of services	Compensation

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 ▶0

Part V	/	Statement o	of Revenue					
		Check If Sched	ule O contains a respo	nse or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated cam	naugne 1a					512-514
nts nts								
rar	b	Membership du		·				
s, Grants Amounts	C	Fundraising ev	ents <b>1</b> c					
iffs lar	d	Related organiz	zations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grant	s (contributions) <b>1e</b>					
igi Si	f		ons, gifts, grants, and <b>1f</b>					
tributio Other		similar amounts no						
	g	Noncash contributi 1a-1f \$	ons included in lines					
Cont	h	Total. Add line	s 1a-1f					
				Business Code				
Program Service Revenue	2a	MEMBERSHIP DUE	S AND AS	900099	468,067	468,067		
<u>خ</u> چ	ь							
<u>د</u>	c							
Ę.	d							
S	e							
grai	f	A II other progra	am service revenue					
Ě	g	Total Add line	s 2a-2f	•	468,067			
	3		come (including dividen		·			
		and other simil	aramounts)	•	4,800			4,800
	4		stment of tax-exempt bond	proceeds >				
	5	Royalties .		•				
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
	′	from sales of assets other						
	١.	than inventory						
	Ь	Less cost or other basis and						
	l c	sales expenses Gain or (loss)						
	d		SS)					
	8a	Gross income f	from fundraising					
<u>e</u>		events (not inc	<del>-</del>					
Other Revenue		\$of contributions	s reported on line 1c)					
Şe,		See Part IV, Iir						
<u>-</u>	<sub> </sub>		a					
ŧ	C		penses <b>b</b> (loss) from fundraising					
0			from gaming activities					
			ne 19					
			а					
	b		penses b					
	•	Net income or	(loss) from gamıng actı	vittes				
	10a	Gross sales of	• •					
		returns and allo	owances . a					
	ь	Less cost of a	oods sold <b>b</b>					
	l		(loss) from sales of inv	entory <b>&gt;</b>				
		Mıscellaneou		Business Code				
	11a	ADMINISTRA	TION FEES	900099	9,890	9,890		
	ь	REIMBURSEM	ENTS	900099	3,845	3,845		
	С							
	d	A II other reven	ue					
	e	Total. Add line	s 11a-11d	•	13,735			
	12	Total revenue.	See Instructions .		486.602			
	1			• !	486,6021	481.802	l 0	4.800

# Part IX Statement of Functional Expenses

ection $501(c)(3)$ 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	 •	
l <b>√</b>		

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	13,112			
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	250			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	4,598			
10	Payroll				
	taxes	2,913			
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	6,465			
С.	Accounting	6,254			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)				
g	amount, list line 11g expenses on Schedule O)	11.415			
12	Advertising and promotion	11,415			
13	Office expenses	7,433			
14	Information technology				
15	Royalties	12.454			
16	Occupancy	12,154			
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,225			
20	Interest	12,223			
21	Payments to affiliates	373,472			
22	Depreciation, depletion, and amortization	2,104			
23	Insurance	100			
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)				
а	CONTRIBUTIONS	8,270			
b	APPAREL EXPENSE	6,262			
c	PER CAPITA TAXES	5,638			
d	TELEPHONE	5,499			
e	All other expenses	18,956			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	497,120			
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)				

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Total liabilities and net assets/fund balances

Form	990 (2	2014)				Page <b>11</b>
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this	s Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		715,797	1	708,478
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	_
	4	Accounts receivable, net			4	
ts	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees Complete Part Schedule L	II of		5	
	6	Loans and other receivables from other disqualified persons (as of $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and con and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntributing employers		6	
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use			8	
	9				9	
	10a	Prepaid expenses and deferred charges			9	
	IUa	Part VI of Schedule D	10a 28,607			
	ь	Less accumulated depreciation	<b>10b</b> 22,160	8,551	10c	6,447
	11	Investments—publicly traded securities			11	
	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		819	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		725, 167	16	714,925
	17	Accounts payable and accrued expenses		118	17	394
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of Schedu	ıle D		21	
abilities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified	d			
<u> </u>		persons Complete Part II of Schedule L			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 and other liabilities not included on lines 17-24) Complete Part D	X of Schedule		25	
	26	Total liabilities. Add lines 17 through 25		118	26	394
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ↓ lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		725,049	27	714,531
3a k	28	Temporarily restricted net assets			28	·
D E	29	Permanently restricted net assets			29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	e ▶ □ and			
s or	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
As	32	Retained earnings, endowment, accumulated income, or other fun			32	
Net	33	Total net assets or fund balances		725,049	33	714,531
Z	l	T		705 407		711005

714,925

34

725, 167

Pai	rt 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	486,602
2	Total expenses (must equal Part IX, column (A), line 25)	2	407 120
_			497,120
3	Revenue less expenses Subtract line 2 from line 1	3	-10,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u> </u>	10/310
7	Net assets of fulld balances at beginning of year (must equal rait x, fine 33, column (x))	4	725,049
5	Net unrealized gains (losses) on investments		
		5	
6	Donated services and use of facilities		
		6	
7	Investment expenses	7	
_		<b>-</b>	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)		
9	other changes in her assets of fund balances (explain in schedule 0)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10	714,531

7	Investment expenses	-			
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 33, column (B))	10		-	714,531
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
				Yes	No
1	MODIFIED Accounting method used to prepare the Form 990	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No

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 33, column (B))	10		7	714,531
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
				Yes	No
1	MODIFIED  Accounting method used to prepare the Form 990	_			
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 revie a separate basis, consolidated basis, or both	wed or	ı		
b	Separate basis Consolidated basis Both consolidated and separate basis  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 separation of the year were also and the year were also also and the year were also also and the year were also also also and the year were also also also also also also also also	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O $$	n			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	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		
			F	orm <b>99</b> 0	(2014)

	the trib organizations in an oral oral oral oral oral oral oral oral				
	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				
С	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				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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			_
		F	orm <b>99</b> 0	(2014	)

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**SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

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

OMB No 1545-0047

DLN: 93493121001397

Department of the

e a te	rnal Revenue	Information about Schedule D (For	m 990) and its instructions is at <u>www.irs</u>	s.gov/form9	90. Inspection	
Na GL4	me of the organi. AZIERS ARCHITECHTU ASSWORKERS LOCAL	URAL METAL AND		1	dentification number	
	rt I Organi	izations Maintaining Donor Ad	lvised Funds or Other Similar Fu	43-02907   <b>Jnds or Ac</b>		the
	organiz	ation answered "Yes" to Form 990	Ti company	(b) E	nds and other assounts	
	Total number at	t and of year	(a) Donor advised funds	( <b>b)</b> Fu	nds and other accounts	
		e of contributions to (during year)				
		e of grants from (during year)				
	Aggregate valu	, , ,				
		,	core in writing that the access hold in den	or advised		
1	funds are the o	rganization's property, subject to the o			Yes	- No
	used only for cl		donor advisors in writing that grant funds efit of the donor or donor advisor, or for an		ose <b>Yes</b>	- No
<b>a</b>	rt III Consei	<b>rvation Easements.</b> Complete r	f the organization answered "Yes" to	Form 990	, Part IV, line 7.	
	Purpose(s) of c	onservation easements held by the or	ganızatıon (check all that apply)			
	Preservati education)	on of land for public use (e g , recreation		n historically	ımportant land area	
	Protection	of natural habitat	Preservation of a	certified hist	orıc structure	
	Preservati	on of open space				
		2a through 2d if the organization held ne last day of the tax year	a qualified conservation contribution in the	he form of a c	conservation	
				He	ld at the End of the Year	r
a	Total number o	f conservation easements		2a		
b	Total acreage r	restricted by conservation easements		2b		
c	Number of cons	servation easements on a certified hist	toric structure included in (a)	2c		
d		servation easements included in (c) ac ire listed in the National Register	quired after 8/17/06, and not on a	2d		
	Number of cons	servation easements modified, transfer	rred, released, extinguished, or terminate	d b <b>y</b> the orga	inization during	
	the tax year ▶_					
	Number of stat	es where property subject to conserva	tion easement is located ▶			
		ization have a written policy regarding the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of violat		- No
	Staff and volun	teer hours devoted to monitoring, insp	ecting, and enforcing conservation easem	nents during t	the year	
	<b>&gt;</b>					
	A mount of expe	enses incurred in monitoring, inspectin	ig, and enforcing conservation easements	during the y	ear	
	<b>&gt;</b> \$					
	Does each con and section 17	·	(d) above satisfy the requirements of sec	tion 170(h)(4		- No
ı	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial lents			
ar	Organi		ns of Art, Historical Treasures, o	or Other S	imilar Assets.	
a	If the organizat works of art, his	tion elected, as permitted under SFAS storical treasures, or other similar ass	116 (ASC 958), not to report in its revenets held for public exhibition, education, of to its financial statements that describes	or research ir	n furtherance of public	
b	If the organizat works of art, his	ion elected, as permitted under SFAS	116 (ASC 958), to report in its revenue sets held for public exhibition, education, o	statement an	d balance sheet	
	(i) Revenue ind	cluded in Form 990, Part VIII, line 1		<b>▶</b> \$		
		uded in Form 990, Part X				
	- • M 33 C L3 III C I	aaca mironni 220, Fait A		<b>₽</b> ₽		

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 SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	edule D (Form 990) 2014										Page	
Par	t IIII Organizations Maintaining Co											<u>d)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck a	ny of t	he follo	wing that	are a	significant use	e of its		
а	Public exhibition		d		Loan	orexcl	nange pro	gram	s			
b	Scholarly research		е	Γ	Othe	er						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	v they	furthe	er the or	ganızatıo	n's ex	kempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	ΓYe	es N	ю
Pa	<b>t IV Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						answere	ed "Y	es" to Form s	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other as	sets	not	ΓYe	es N	ю
b	If "Yes," explain the arrangement in Part XII	[I and complete the	e follov	ving ta	ble		_					
							-		An	nount		
C	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lir	ne 21,	for es	crow c	rcusto	dıal accoı	unt lia	ability?	ΓYe	:s ∏ N	Ю
b	If "Yes," explain the arrangement in Part XII	II Check here if the	e expl	anatio	n has	been pr	ovided in	Part	×III			
Pa	rt V Endowment Funds. Complete		n ans	were	d "Ye							
		(a)Current year	(b)	)Pnor y	ear	<b>b (c)</b> Tw	o years bac	k (d)	Three years back	<b>(е)</b> Fou	ır years bacl	k
1a	Beginning of year balance							+-		<u> </u>		_
b	Contributions							_		<u> </u>		_
С	Net investment earnings, gains, and losses											
d	Grants or scholarships									<u> </u>		_
e	O ther expenditures for facilities and programs											
f	Administrative expenses									<u> </u>		_
g	End of year balance									<u> </u>		
2	Provide the estimated percentage of the cur	rent year end balan	ice (lin	e 1g,	colum	n (a)) h	eld as					
а	Board designated or quasi-endowment ▶											
b	Permanent endowment ▶											
c	Temporarily restricted endowment ▶											
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	e held	d and ac	lmınıstere	d for	the			
	organization by									_	es No	
	(i) unrelated organizations		•						3a			
ь	(ii) related organizations							•		(ii)   b		
4	Describe in Part XIII the intended uses of the							•	· · · <u> </u>			
	t VI Land, Buildings, and Equipme					n answ	ered 'Ye	s' to	Form 990. Pa	art IV	 . line	_
	11a. See Form 990, Part X, line			. 9								
	Description of property					or other estment)	(b)Cost o basis (o		r (c) Accumulat depreciation		<b>i)</b> Book valu	16
1a	Land											_
b	Buildings											_
c	Leasehold improvements											_
d	Equipment											
e	Other							28,607	7 22	,160	6,44	 47
	ıl. Add lınes 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	mn (B	), line	10(c))			>		6,44	<u></u>

See Form 990, Part X, line 12.	1 (1)2	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
	<b>•</b>	
Part VIII Investments—Program Related. Co	omplete if the organizati	on answered 'Yes' to 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
	<b>•</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organizatio		ON Part IV line 11d See Form 990 Part X line 15
(a) Descr		(b) Book value
Tabal (Column (b) must squal form (00) Part V and (D) line 1	5)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 1		to Form 990. Part IV. line 11e or 11f. See
Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.		
Part X Other Liabilities. Complete if the orga		
Part X Other Liabilities. Complete if the organization of the Part X, line 25.	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organization of the promotion of	anızatıon answered 'Yes'	
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	to Form 990, Part IV, line 11e or 11f. See

Part X		evenue per Audited Financial Statements With Revenue p vered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1 T		er support per audited financial statements	1	500,068
2 /	mounts included on line 1 bu	it not on Form 990, Part VIII, line 12		
a N	let unrealized gains (losses)	on investments 2a		
<b>b</b> [	onated services and use of f	acılıtıes 2b		
c F	ecoveries of prior year grant	s		
d (	ther (Describe in Part XIII )			
<b>e</b> A	dd lines <b>2a</b> through <b>2d</b> .		2e	17,311
3 9	ubtract line <b>2e</b> from line <b>1</b> .		3	482,757
4 4	mounts included on Form 99	0, Part VIII, line 12, but not on line 1		
a I	nvestment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
<b>b</b> 0	· Other (Describe in Part XIII )	4b 3,845		
c A	dd lines <b>4a</b> and <b>4b</b>		4c	3,845
<b>5</b> T	otal revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	486,602
Part X	Reconciliation of E	xpenses per Audited Financial Statements With Expenses	per	
	•	swered 'Yes' to Form 990, Part IV, line 12a.	· ·	· T
		r audited financial statements	1	504,115
		it not on Form 990, Part IX, line 25		
		acılıtıes		
	, ,	<u>2b</u>		
	dd lines <b>2a</b> through <b>2d</b>		2e	10,840
			3	493,275
		0, Part IX, line 25, but not on line 1:		
	·	uded on Form 990, Part VIII, line 7b 4a		
<b>b</b> 0	ther (Describe in Part XIII)			
			4c	3,845
		nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	497,120
	the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b		
Part V , informa	tion	, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	provid	de any additional
	Return Reference	Explanation		
PART X,	LINE 2	THE FUND FOLLOWS GAAP FOR ACCOUNTING FOR UNCERTAINTY I PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT AT STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION BE TAKEN IN A TAX RETURN FOR THOSE BENEFITS TO BE RECOPOSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UTAXING AUTHORITIES THE FUND HAS NO MATERIAL UNCERTAIN ACCOUNTED FOR IN THE FINANCIAL STATEMENTS UNDER THE NESPONSOR WOULD BE LIABLE FOR INTEREST AND PENALTIES, IF AN UNRECOGNIZED TAX BENEFITS THE FUNDS TAX RETURNS ARE SUBSTITUTED.	TRIBI ON TA OGNIZ PON TAX P W RUL IY, RE BJECT	UTE FOR FINANCIAL  KEN OR EXPECTED  ED, A TAX  EXAMINATION BY  OSITIONS TO BE  LES THE FUND  LATED TO  TO EXAMINATION
PART XI ADJUST	, LINE 2D - OTHER MENTS	POLITICAL FUND REVENUE		
PART XI ADJUST	, LINE 4B - OTHER MENTS	REIMBURSEMENTS RECEIVED		
ADJUST		POLITICAL FUND EXPENSES		
ADJUST		REIMBURSEMENTS RECEIVED		1050 7115 600
	OO PART XI, LINE 4B	THE FINANCIAL STATEMENTS REPORT REIMBURSEMENTS NET OF E REQUIRES THAT REIMBURSEMENTS BE REPORTED AS REVENUE		
FURM 99	00 PART XI, LINE 2D	THE POLITICAL ACTION COMMITTEE FUND (PAC FUND) IS A SEPAL UNDER SECTION 527 AND ITS ACTIVITY HAS BEEN EXCLUDED FROFUND REPORTS ITS ACTIVITY ON FORM 1120-POL		

chedule D (Form 990) 2013		Page <b>5</b>	
Part XIII Supplemental Information	on (continued)		
Return Reference	Explanation		

Schedule D (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	C	ipplemental Information to Form 990 or 990-Ecomplete 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.  Formation about Schedule 0 (Form 990 or 990-EZ) and its instructions www.irs.gov/form990.	2014 Open to Public Inspection
Name of the organization o	METAL AND ON 513	43-	oloyer identification number
Return Refe		Explanation	
FORM 990, PART VI, S LINE 6	SECTION A,	THE ORGANIZATION IS AN ASSOCIATION OF UNION MEMBERS THAT HAVE BEEN INITIATED INTO THE LOCAL UNION	
FORM 990, PART VI, S LINE 7A	ECTION A,	ALL UNION MEMBERS INITIATED INTO LOCAL UNION 513 WHO ARE IN GOODSTANDING AT THE TIME OF EL ECTIONS ARE ELIGIBLE TO RUN AND VOTE FOR EACH OFFICE OF THE EXECUTIVE BOARD (GOVERNING BOD Y) ELECTIONS ARE HELD EVERY THREE YEARS AND THE GOVERNING BODY POSITIONS HAVE THREE YEAR	

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TERMS

990 Schedule O, Supplemental Information

Return Reference

	'	
FORM 990, PART VI, SECTION	THE GOVERNING BODY MAKES RECOMMENDATIONS TO THE MEMBERSHIP, BUT FINAL APPROVAL OF ALL	
A. LINE 7B	DECISIONS IS SUBJECT TO VOTE BY THE MEMBERSHIP	

Explanation

FORM 990. PART VI. SECTION I THE FORM 990 IS REVIEWED BY THE GOVERNING BODY AND APPROVAL OF THE RETURN IS EVIDENCED BY B. LINE 11

THE SIGNED FORM 8879 AUTHORIZING THE RETURN PREPARER TO E-FILE THE FORM 990 WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990. PART VI. SECTION C. ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST

LINE 18	
FORM 990, PART VI, SECTION C,	THE GOVERNING DOCUMENTS AS WELL AS THE FINANCIAL STATEMENTS OF THE LOCAL ARE
LINE 19	AVAILABLE TO ALL MEMBERS OF THE LOCAL

Return Reference Explanation

FORM 990, PART IX, LINE 24E

990 Schedule O, Supplemental Information

1 01411000, 171111 51, 21112 12	
FORM 990, PART XII, LINE 1	THE POLICY OF THE ORGANIZATION IS TO PREPARE FINANCIAL STATEMENTS ON A MODIFIED CASH BASIS THAT INCLUDES RECORDINGS OF DEPRECIATION AND AMORTIZATION ON LONG-LIVED ASSETS. PAY ROLL
	W ITHHOLDINGS AND ACCRUALS OF PAYROLL TAXES AND FRINGES
	THE DEBINGS AND AGGICACES OF TATAGED TANGES AND THINGES

990 Schedule O, Supplemental Information	
Return Reference	Explanation

FORM 990, PART XII, LINE 2C