Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

ΑF	or the	e 2017 calendar year, or tax year beginning and ending	<u></u>	
B	Check if applicable	C Name of organization	D Employer identifi	cation number
	_Addre	S SMART LOCAL 265		
X	Name chang		36-2	368182
]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	urte E Telephone numbe	r
. \square	Final return	205 ALEXANDRA WAY	(630	
	termin	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,177,425.
) <u> </u>	Ameno return Applic	CAROL BIREAM, IL 00188	H(a) Is this a group re	
´ L_	tion pendii	F Name and address of principal officer. Soft Different	for subordinates	
_		SAME AS C ABOVE	H(b) Are all subordinates in	
	ax-ex	empt status 501(c)(3) _X 501(c) (5) ◀ (insert no.) 4947(a)(1) or e: ► SMART265 . ORG		list (see instructions)
			H(c) Group exemption H(c) Group exemption H(c) Francisco (1913)	
_	art I	Summary	rear or formation, TJT5 N	A State of legal domicile. 111
		Briefly describe the organization's mission or most significant activities. THE LOCA	L'S MISSION I	S TO
ອຸປປະເພີດ ໄປປີ Activities & Governance	'	ORGANIZE AND REPRESENT SHEET METAL WORKERS W		
⊈⊍ lő ernanc	2	Check this box F if the organization discontinued its operations or disposed of its		
" jove	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
ୁଁ ଓ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
. Se	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	35
Joe :	6	Total number of volunteers (estimate if necessary)	6	0
CT.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
Ac			Prior Year	Current Year
, e		Contributions and grants (Part VIII, line 1h)	96,675.	99,955.
Revenue	1	Program service revenue (Part VIII, line 2g)	3,897,267.	4,031,461.
, å	I .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,803.	10,009.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,999,745.	36,000. 4,177,425.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,875.	44,755.
	13	Grants and similar amounts paid (Part IX, column (A) lines (3) Benefits paid to or for members (Part IX, column (A) line 4)	27,873.	44,733.
		Salaries, other compensation, employee penefits (Part IX, column (A), lines 5-10)	2,049,796.	2,442,044.
Expenses	162	Professional fundraising fees (Part IX, column A), line 11-8 (1 2018	0.	0.
per		Total fundraising expenses (Part IX, column (Q), line 25)		
Ă		Other expenses (Part IX, column (A), lines 11a-11g, 11-24e)	1,165,400.	1,331,707.
		Total expenses. Add lines 13-17 (must equal Par A column (A), line 25)	3,243,071.	3,818,506.
æ	مد ا	Revenue less expenses. Subtract line 18 from line 12	756,674.	358,919.
Assembly Balances P.			Beginning of Current Year	End of Year
ages agains	20	Total assets (Part X, line 16)	4,947,660.	5,306,843.
A A B	21	Total liabilities (Part X, line 26)	209,200.	209,532.
		Net assets or fund balances. Subtract line 21 from line 20	4,738,460.	5,097,311.
	art II	Signature Block		
		Ities of perjury, I declare that I have examined his return, including accompanying schedules and sta		knowledge and belief, it is
errue 🗢	, correc	t, and complete Decaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	<u></u>
Sig	_	Signature of officer	Date Date	8
20 LL	n 	JOHN DANIEL PRES/BUS MANAGER	54.0	
Her	6	Type or priht name and title		
∿ ~		Print/Type preparer's name Preparer's signature	Date Check	PTIN
√ ∮Pai	d	ANDY HEIN	720/18 It self-employe	P00499757
Pre		Firm's name CALIBRE CPA GROUP PLLC	Firm's EIN	47-0900880
Use	Only	Firm's address 230 WEST MONROE ST., STE 310		(
		CHICAGO, IL 60606	Phone no. 31	2-655-0037
Ma	y the I	3S discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

	1 990 (2017) SMART LOCAL 265	36-2368182	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission. THE LOCAL'S MISSION IS TO ORGANIZE AND REPRESENT SHEET I	METAL WORKER	s
	WITHIN THE LOCAL'S JURISDICTION FOR THEIR ECONOMIC, MORE	AL AND SOCIA	L
	ADVANCEMENT.	 -	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.	165	۱۹۰ نجما
_			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	L <u>A</u> J No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code:) (Expenses \$ including grants of \$) (Revenue)
	TO ORGANIZE WORKERS FOR THEIR ECONOMIC, MORAL AND SOCIAL	_ ADVANCEMEN	T
	FOR THE YEAR END MEMBERSHIP OF 1,754.		
			
4b	(Code) (Expenses \$) (Revenue)	ie \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
			
			
4d	Other program services (Describe in Schedule O)		
Tu	· ·	١	
4-			
<u>4e</u>	Total program service expenses		90 (0017)

Form	990 (2017) SMART LOCAL 265	6-2368182	<u> </u>	age 3
Par	rt IV Checklist of Required Schedules		<u> </u>	age C
			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 1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candid	ates for		
	public office? If "Yes," complete Schedule C, Part I	3_	X_	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electrical section 501(c)(3) organizations.	on in effect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessment	nents, or		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	X	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the	· 1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedu	ıle D, Part I 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," comp	olete		
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial			ł
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation serv	/ices?		i
	If "Yes," complete Schedule D, Part IV	9_	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, p			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII,	, IX, or X		ĺ
	as applicable.		-	ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sche Part VI	edule D,	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its to	otal		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its t	iotal		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report	ted in		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	ř		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part 2		X	L
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ľ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, bit		l	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$	· ·	}	X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	┼	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for an	•	1	x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	\vdash	^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance			x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	├ <u>^</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part II.	· ·		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	├	 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VI			x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18_	-	 ^
19	complete Schedule G. Part III	19		x

Form **990** (2017)

Form 990 (2017) SMART LOCAL 265 Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<u> </u>		_
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Sche dule J	23	x	ļ
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			ļ
	Sche dule K. If "No", go to line 25a	24a	1	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		l
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		ļ	İ
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	[<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l i		.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions).	000		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
_	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X_
35a		35a		<u>X</u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
2~	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 °′ 		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2017)
			,	. ,

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2						
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ole gaming			ļ			
	(garrabling) winnings to prize winners?			1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 35								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?		2b		X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	l	X			
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O								
4a	At arry time during the calendar year, did the organization have an interest in, or a signature or other	authon	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X			
ь	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did amy taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne orga	ınızatıon solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	r gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	rovided to the payor?	. 7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		L			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			ł			
	to file Form 8282?			7c		L			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				ĺ			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e_					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	act?		7f_		<u> </u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h_		ļ			
8	Spon soring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•			l			
	sponsoring organization have excess business holdings at any time during the year?			8		-			
9	Spon soring organizations maintaining donor advised funds.					1			
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a_					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b_					
10	Section 501(c)(7) organizations. Enter:	1				İ			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		ļ					
11	Section 501(c)(12) organizations. Enter:	المدا		-		1			
a	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446							
	amounts due or received from them.)	11b		40-		1			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		İ					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12-		 			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		 			
	Note. See the instructions for additional information the organization must report on Schedule O.			1		1			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ایودا	İ	- 1					
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c		44-		X			
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u> </u>			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	÷ U		14b	990	(2017)			

Form 990 (2017) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X	
Sec	tion 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 15				
	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				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			· ·	
_	officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	 	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6	X	 	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		 -		
	more members of the governing body?	7a	х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b	х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
			Yes	No	
	Did the organization have local chapters, branches, or affiliates?	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	_		
12a	The state of the s				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
_	in Schedule O how this was done	12c	Х		
13	Did the organization have a written whistleblower policy?	13		X	
14	Did the organization have a written document retention and destruction policy?	14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ	
а	The organization's CEO, Executive Director, or top management official	15a	X		
b	Other officers or key employees of the organization	15b	X		
	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 or similar arrangement with a				
	taxable entity during the year?	16a		_ <u>X</u> _	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		.		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b			
	List the states with which a copy of this Form 990 is required to be filed NONE				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah			
10	for public inspection. Indicate how you made these available. Check all that apply.	variab			
	Own website Another's website X Upon request Other (explain in Schedule 0)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial		
	statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	JOHN DANIEL - 630 668-0110				
	205 ALEXANDRA WAY, CAROL STREAM, IL 60188				
		Form	000	(2017)	

Form 990 (2017) 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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	ntion more	than	опе	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson Irecto	is bot	th an	compensation	compensation	amount of
	l week (list any	ā		<u> </u>	Π	П	Ė	from the	from related organizations	other compensation
	hours for	director				l _e		organization	(W-2/1099-MISC)	from the
	related	te o	ustee			ensati		(W-2/1099-MISC)		organization
	organizations	E E	nal tr	1	loyee	d d				and related
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Рогте г			organizations
(1) LARRY PARISOT	1ine) 3.00	Ĕ	랼	ਙ	<u>5</u>	<u>∓</u> =	훈	<u> </u>		
EXEC BOARD	3.00	x		x		١		1,300.	0.	0.
(2) BRIAN MCSHERRY	40.00	╀═	-		┢	<u></u>	\vdash	2,3000		
REC SEC / ORGANIZER		x		X		İ	١.	137,607.	0.	78,550.
(3) CHARLES RUEGGE	40.00									
PRES / BUS MGR		X		X		1		169,579.	0.	86,616.
(4) JAMES JONES	3.00					Г				
TRUSTEE		X		X				1,440.	0.	0.
(5) LOUISE MEDINA	40.00									
EXEC BOARD/ ORGANIZER	<u> </u>	X	L	X	L	L		57,731.	0.	33,392.
(6) ROGER WEBER	3.00									
VICE PRES		X		X		_		1,400.	0.	0.
(7) JOHN DANIEL	40.00			l	l	ļ		400 556		
FIN SEC/TREASURER/BUS REP	3 00	X	<u> </u>	X	<u> </u>	_		138,576.	0.	78,325.
(8) RICHARD OOMS	3.00				ł		1	1 500		_
EXEC BOARD	40.00	X	<u> </u>	X	<u> </u>	_	Ш	1,500.	0.	0.
(9) KEVIN GALASS	40.00							133 555		70 266
EXEC BOARD / ORGANIZER	3.00	X	-	X	-	-	Ы	132,555.	0.	78,266.
(10) DAVID WILLE TRUSTEE	3.00	x		X				1,200.	0.	0.
(11) GEORGE SKORUP	3.00	A	┝╌	^	\vdash	_	\vdash	1,200.	·	<u> </u>
TRUSTEE	3.00	\mathbf{x}		x			1	1,840.	0.	0.
(12) GLEN RACHNER	3.00	-	-	-	-	├	Н	1,040.		
TRUSTEE	1.	x		$ \mathbf{x} $				1,200.	0.1	0.
(13) MIKE POWERS	3.00			-		 	Н			
SGT AT ARMS		x		x	•	1		1,200.	0.	0.
(14) MIKE PERSHEY	3.00	П					\Box			
CONDUCTOR		x		X				1,200.	0.	0.
(15) LEO RESENDEZ	3.00	П								
WARDEN		X		X				1,200.	0.	0.
(16) JOHN HOPP	40.00									
BUS REP						X		132,889.	0.	77,463.
(17) DON MORAN	40.00]								
BUS REP	<u> </u>		$ldsymbol{ld}}}}}}$	L		X	Ш	135,062.	0.	83,892.
732007 11-28-17										Form 990 (2017)

Form 990 (2017) SMART LO									<u>36</u> -23	368	182	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	offic	not c , unle	Posi heck r	c) sition more than one erson is both an director/trustee)		h an	(D) Reportable compensation from	(E) Reportable compensatio from related		Est am	(F) Imate ount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayse	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MiSC)		compensa from the organizate and relate organizate		e ion ed
(18) BOB BAIER BUS REP	40.00					x		134,269.		0.	77	, a	20.
(19) MATTHEW GUGALA	40.00		-	Н	_		-	201,203.		•		, ,	
ORGANIZER						Х		133,436.		0.	78	8,8	41.
		-					<u> </u>			_			
							-					_	
									·	_			
									_			_	
1b Sub-total c Total from continuation sheets to Part V	II, Section A						>	1,185,184.		0.			65. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no complementation from the organization	ot limited to th	ose	liste	ed ab	oove	e) wł	no re	1,185,184. eceived more than \$100	,000 of reportable	0. e	6/3	<u>, 2</u>	65. 8
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch ındıvıdual										3		<u>x</u> _
For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	che	dule	J f	or such individual	_		4	x	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ed organization or indivi	dual for services	_	5_		x
Section B. Independent Contractors	mpopostod in				4				\$100,000 of com-				
 Complete this table for your five highest co the organization. Report compensation for 										pens	ation in		
(A) Name and business	s address NONE (B) Description of services Co				(C) ompen		n						
							\downarrow			·			
				_			_						
2 Total number of independent contractors (i	ncludina but n	ot lır	nite	d to		se lis	sted	above) who received m	ore than				
\$100,000 of compensation from the organi					C						Form 9	90 (2	2017)

		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			[-]
,		5,105,1 53,1555,0 5 53,11		or riese to drift in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
اوق	b	Membership dues	1b					j
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c]			
	d	Related organizations	1d					
S'E	е	Government grants (contribut	ions) 1e					
io i	f	All other contributions, gifts, gran	ts, and					
돌		similar amounts not included abo	ve 1f	99,955.				
들임	g	Noncash contributions included in lines	1a-1f \$					
<u>රි සි</u>	h	Total. Add lines 1a-1f			99,955.			
				Business Code				
9	2 a	MEMBERSHIP DUES	& ASSE	900099	4,031,461.	4,031,461.		
ا و ج	b							<u></u>
e S	С							<u> </u>
e a	d							
Program Service Revenue	е							
٦	f	All other program service reve	enue	L	4 021 461			
_	9	Total. Add lines 2a-2f			4,031,461.			
1	3	Investment income (including	dividends, inter	est, and	10,009.			10 000
	_	other similar amounts)			10,009.			10,009.
1	4	Income from investment of ta	x-exempt bond r	proceeds	<u> </u>			
	5	Royalties	<u> </u>					
1	_		(i) Real	(II) Personal	1]		
	6 a	Gross rents	ļ		-			
	þ	•		 	1			}
	C	, ,			1			
	d	· · ·	(A) Cooumtroo	(v) Other	-			
	/ a	Gross amount from sales of	(i) Securities	(II) Other	1			
1	L	assets other than inventory Less: cost or other basis			1			ì
	Ь			İ				
}	_	and sales expenses				1		
	ر د	Gain or (loss) Net gain or (loss)	<u> </u>					
	8 a	Gross income from fundraisin	a events (not		 			
Ę	O a	including \$	of					
8		contributions reported on line						
æ		Part IV, line 18	a a					
Other Revenu	b	Less: direct expenses	b					ĺ
Ò	c				1			
1		Gross income from gaming ac						
	- •	Part IV, line 19	а					
1	ь		b		1	ľ		1
	С		ing activities]			
		Gross sales of inventory, less				,		
		and allowances	а					
Ì	b	Less: cost of goods sold	b]			
		Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	e	Business Code				
	11 a	SETTLEMENT PROC	EEDS	900099	36,000.	36,000.		
Ì	b							
	C							
1	d	All other revenue	_ -					
	е	Total. Add lines 11a-11d			36,000.			
]	12	Total revenue. See instructions.			4,177,425.	4,067,461.	0.	10,009.
73200	9 11-28	3-17						Form 990 (2017)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b. 8b. 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 44,755. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,004,678. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 769,573. Other salaries and wages Pension plan accruals and contributions (include 352,157 section 401(k) and 403(b) employer contributions) 211,072. Other employee benefits 104,564. 10 Payroll taxes Fees for services (non-employees): Management 49,695. b Legal 24,675. Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 66,680. Advertising and promotion 12 74,976. Office expenses 13 27,813. Information technology 14 Royalties 15 62,338. 16 Occupancy 30,069. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 44,610. Conferences, conventions, and meetings 19 20 Interest 833,942. 21 Payments to affiliates 92,150. Depreciation, depletion, and amortization 22 19,996. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 3,273. PICKET EXPENSE 1,490. RETIREMENT AND 25TH ANN C ď All other expenses 3,818,506. Total functional expenses. Add lines 1 through 24e 25 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 ıf following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	784,549.	_1	1,084,213.
	2	Savings and temporary cash investments	3,405,915.	2	3,473,878.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	10,800
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 459,751. 211,273.			
	b	Less: accumulated depreciation 10b 211,273.	323,466.	10c	248,478
	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	433,730.	15	489,474.
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	4,947,660.	16	5,306,843.
	17	Accounts payable and accrued expenses	94,815.	17	95,730.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ	1	key employees, highest compensated employees, and disqualified persons.			
Liabilities	l	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 third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
	ł	Schedule D	114,385.	25	113,802.
	26	Total liabilities. Add lines 17 through 25	209,200.	26_	209,532.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es	ł	complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	4,738,460.	27_	5,097,311.
Bal	28	Temporarily restricted net assets		28_	
Pu	29	Permanently restricted net assets		29_	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶└─	ļ		,
ò		and complete lines 30 through 34.	ĺ		
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	F 000 041
Z	33	Total net assets or fund balances	4,738,460.	33	5,097,311.
	34	Total liabilities and net assets/fund balances	4,947,660.	34	5,306,843.

Form	1990 (2017) SMART LOCAL 265	36-23681	L82	Pad	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Tota I revenue (must equal Part VIII, column (A), line 12)		, <u>17'</u>		
2	Tota I expenses (must equal Part IX, column (A), line 25)	2 3,	, 81		
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 4	738		60.
5	Net unrealized gains (losses) on investments	5		<	<u>68.</u> >
6	Donated services and use of facilities	6			
7	Investment expenses	7		-	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 5,	,09	7,3	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
		_		Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).	- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	sepa rate basis, consolidated basis, or both:	1			
	Separate basis Consolidated basis Both consolidated and separate basis	l.	l	i	
b	Were the organization's financial statements audited by an independent accountant?	Ĺ	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	cons olidated basis, or both	1			
	Separate basis Consolidated basis Both consolidated and separate basis		Į		:
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit			
	Act aind OMB Circular A-133?	ĺ	3 <u>a</u>		X _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ŀ	3b	ľ	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organiza 	ations: Complete Part III.			_
Name of organization	_		Empl	oyer identification number
	OCAL 265			36-2368182
Part I-A Complete if the org	ganization is exempt unde	r section 501(c) c	or is a section 527 o	rganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa 	tures	l campaign activities in	Part IV ►\$	
Part I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	<u> </u>	
1 Enter the amount of any excise tax			<u>>,-</u>	
2 Enter the amount of any excise tax	•		▶ \$	
3 If the organization incurred a section	, ,		r	Yes No
4a Was a correction made?		•		Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 501(c)(3).
 Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and ermade payments. For each organization tributions received that were prepolitical action committee (PAC). If (a) Name 	s. Add lines 1 and 2. Enter here and 1120-POL for this year? mployer identification number (EIN) ation listed, enter the amount paid fromptly and directly delivered to a second to the comptly and directly delivered to the comptly and directly delivered to the comptly and directly delivered to the comptly and directly and directly delivered to the comptly and directly and directly delivered to the comptly and directly and directly and directly and directly and directly and directly and directly and directly and directly and directly and dire	er organizations for second on Form 1120-POL, of all section 527 point from the filing organizate political organizate political organizate.	tical organizations to which tion's funds. Also enter the hization, such as a separar	Yes No h the filing organization se amount of political
POLITICAL ACTION	CAROL STREAM, IL			If none, enter -0-
COMM OF LOCAL 265	60188	91-2066384	0.	18,970.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

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SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2017				_	36-	2368182 Page 2
Part II-A Complete if the org	anizatio	n is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).						
				n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and shar		, ,	•			
B Check 🚩 📖 if the filing organiza	tion check	ed box A a	nd "limited control" pro	ovisions apply.		
		oying Expe eans amo	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	Jence publ	lic opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ	jence a leg	gislative bo	dy (direct lobbying)	ĺ		
c Total lobbying expenditures (add li	nes 1a and	d 1b)		1		
d Other exempt purpose expenditure	es			j		
e Total exempt purpose expenditure	s (add line:	s 1c and 1	d)			
f Lobb ying nontaxable amount Ente	er the amou	unt from th	e following table in bot	th columns		
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000			the amount on line 1e			1
Over \$500,000 but not over \$1,000	0.000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		1
Over \$1,000,000 but not over \$1,5	00,000		00 plus 10% of the exc			1
Over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
Over \$17,000,000		\$1,000,				
						}
g Grassroots nontaxable amount (en	ter 25% of	f line 1f)				
h Subtract line 1g from line 1a If zero				İ		
i Subtract line 1f from line 1c. If zero	•			}		
j If there is an amount other than zei			line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this						Yes No
(Some organizations th	nat made a	a section 5	eraging Period Under i01(h) election do not ate instructions for li	have to complete all o	of the five columns	below.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount		-				
(150% of line 2a, column(e))						<u> </u>
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 SMART LOCAL 265

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(t)
of the lobbying activity	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter	ļ	İ		
or referendum, through the use of:				
a Volunteers?	<u> </u>			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)	?			
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?		I		
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				_
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	Į.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c	(5), or se	ction	
501(c)(6).	• .			
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1	X	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		3
3 Did the organization agree to carry over lobbying and political campaign activity expenditures	from the prior yea			3
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 	political	<u> </u>		
expenses for which the section 527(f) tax was paid).	P 0			
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) di	ice	3		
		<u> </u>		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying expenditure next year?	and political			
expenditure next year / 5 Taxable amount of lobbying and political expenditures (see instructions)		4		
Part IV Supplemental Information		5		
			10/-	
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated	group list); Part I	I-A, lines I i	and ∠ (see	
structions); and Part II-B, line 1 Also, complete this part for any additional information. ART I-A, LINE 1:				
HE LOCAL ENGAGES WITH SEPARATE SEGREGATED FUNDS T	O CONDUC	r POLI	TICAL	
CTIVITY. THE LOCAL RECEIVES FUNDS AND PROMPTLY D	ELIVERS :	гнем т	O THES	SE
SEPARATE SEGREGATED FUNDS.				_
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS	INFORMAT	ION:		

732043 11-09-17

Schedule C (Form 990 or 990-EZ) 2017

36-2368182 Page 4

•

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Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenule Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SMART LOCAL 265

Employer identification number 36-2368182

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring
	ımpermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all th <u>at a</u> pply)	
	Preservation of land for public use (e.g., recreation or e	education)	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ration easements during the year
_		dl	I di ama a Al-
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing conservation	easements during the year
_	Description apparent reported on line 2/d/ show	re entrofy the results and entropy 170/h//	M/DVA
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n)(2	Yes No
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati	on accoments in the revenue and expense sta	
9	include, if applicable, the text of the footnote to the organization	•	·
		non's infancial statements that describes the	organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	er Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form	-	
1a	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		or public screws, provided in a county
h	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		33, 1133, p. 61 - 11 - 11 - 11 - 11 - 11 - 11 - 11
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial da	-
_	the following amounts required to be reported under SFAS 1		, p
а	Revenue included on Form 990, Part VIII, line 1	,,	> \$
	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017

	3010 - 1 0 11 1 1 1	OCAL 265						<u> 36-23</u>	<u>68182</u>	Pa	ge 2
Par											
Š	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a sig	gnificant	use of its	collection	rtems	3
	(check all that apply):										
а	Public exhibition	C	• 🖳	Loan or exc	hange progra	ams					
b	Scholarly research	€	• 📖	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co			•	-			ose in Par	t XIII.		
5	During the year, did the organization solicit of					er sımılar	assets	_	_		ı
	to be sold to raise funds rather than to be m								<u>Yes</u>	$\underline{}$	No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	lıne 9, or		
	reported an amount on Form 990, Pa		_								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	sets not	ncluded	r—	٦.		ı
	on Form 990, Part X?							L_	⊻ Yes	لـــا	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						_	
									Amount	_	
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance				1		1f		T		
	Did the organization include an amount on F						ty ⁷	<u> </u>	」Yes	H	No
Par	If "Yes," explain the arrangement in Part XIII									<u> </u>	
Par	t V Endowment Funds. Complete										
	B. Commercial Commerci	(a) Current year	(⊡) ⊦	Prior year	(c) Two year	rs dack (d) Three y	ears back	(e) Four	years t	ack
1a	Beginning of year balance										
D	Contributions									_	
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities	i	ŀ		ļ						
	and programs										
Ţ	Administrative expenses										
g	End of year balance	ront voor ond balanc	//w- 1		\\ b ald a a .					_	
2	Provide the estimated percentage of the cur	rent year end baland	e (ine i %	g, column (a	i)) neid as:						
a	Board designated or quasi-endowment Permanent endowment		_~								
0	Temporarily restricted endowment	^ %									
L	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		ation the	at are held a	nd administa	red for th	e organia	ration			
Ja	by	ssion of the organiz	ation the	at are ricio a	na aaniiniste	iled for the	e organiz	ation	T ₁	Yes	No
	(i) unrelated organizations								3a(i)	103	110_
	(ii) related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R2					3b	$\neg \uparrow$	
4	Describe in Part XIII the intended uses of the	-							<u> </u>		
	t VI Land, Buildings, and Equipm		, , , , , , , , , , , , , , , , , , ,	Tarrot							
ــــــــــــــــــــــــــــــــــــــ	Complete if the organization answere		D. Part IV	V. line 11a S	See Form 990). Part X. I	ine 10.				
	Description of property	(a) Cost or o		(b) Cost			cumulate	ed	(d) Book	value	
		basis (investr		basis			reciation	_	,_,		
12	Land					<u>-</u>					
	Buildings										
	Leasehold improvements										
	Equipment			40	7,136.	1	70,60	08.	236	,52	8.
	Other				2,615.		40,60			, 95	
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur					ightharpoonup	248		

Schedule D (Form 990) 2017

Schedule O (Form 990) 2017 SMART LOC	AL 265		36-2368182 Page 3
Part VII Investments - Other Securities	5.		. 290
Complete if the organization answered "	Yes" on Form 990, Part IV, line	11b See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of secu	rity) (b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.		<u></u>	
Part VIII Investments - Program Related			
Complete if the organization answered "\		11c See Form 990, Part X, line 1	3
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		<u> </u>	···
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶⊥	<u></u>	
Part IX Other Assets.			
Complete if the organization answered "		11d See Form 990, Part X, line 1	
	(a) Description		(b) Book value
(1) ACCRUED ORGANIZING CONT			25,211.
(2) ORG & DEFENSE CONT REC.			168,416.
(3) DUE FROM AFFILIATED FUN			21,678.
(4) DUES CHECK-OFF RECEIVAB			58,826.
(5) WORKING ASSESSMENTS REC			205,716.
(6) EQUALITY ASSESSMENTS RE	CIEVABLE		9,627.
(7)			
(8)			
(9)			400 474
Total. (Column (b) must equal Form 990, Part X, col (E	3) line 15.)		▶ 489,474.
Part X Other Liabilities.			
Complete if the organization answered "\			line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes	TOT DINGC	F-10C	
(2) ACCRUED TAXES AND WITHH		5,196.	
(3) PER CAPITA TAXES PAYABL	ıE	108,606.	
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(7)(8)

113,802.

MANAGEMENT IS REQUIRED TO EVALUATE TAX POSITIONS TAKEN BY THE UNION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. AS OF DECEMBER 31, 2017, THERE WERE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE UNION'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR THE FISCAL YEARS ENDING 2014, 2015, AND 2016 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

732054 10-09-17

Schedule D (Form 990) 2017 SMART LOCAL 265	36-2368182 Page 5
Schedule D (Form 990) 2017 SMART LOCAL 265 Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PAC TRANSFERS - SHOWN AS EXP ON AUDIT (LOCAL USED AS A	
CONDUIT)	18,970.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
PAC TRANSFERS - SHOWN AS EXP ON AUDIT (LOCAL IS USED AS A	
CONDUIT)	18,970.
·	
	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Go to www.irs.gov/Form990 for the latest inf
8

Open to Public Inspection

OMB No 1545-0047

Name of the organization SMART LOCAL	AL 265						Employer identification number 36-2368182
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of	istance? ocedures for moni	toring the lise of grapt	grant funds in the United States	4 States			Yes X No
声	Domestic Organi	zations and Domesti	c Governments. Co	omplete if the orga	Inization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if	\$5,000 Part II can	be duplicated if addit	additional space is needed	led			
1 (a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SMWISF DISASTER FUND 1750 NEW YORK AVE NW WASHINGTON, DC 20006	46-4039786	50105	10,000.	0			CONT, TO HURRICANE RELIEF
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	and government or is listed in the line	ganizations listed in the 1 table	ne line 1 table				A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2017) 732102 11-01-17 Part III

Page 2

36-2368182

SMART LOCAL 265

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	SMART LOCAL 265	36-236818	2	
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			ŀ
	First-class or charter travel	nal use	\	l
	Travel for companions Payments for business use of personal re-	sidence		ŀ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	.	(
	Discretionary spending account Personal services (such as, maid, chauffer	ur, chef)		
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16	ļ.	Į.
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organiza	ition's		•
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organizati	i i	1	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract]		
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation or	ommittee		1
4	During, the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		1 1	
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	i '	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes " to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on I		
	contingent on the revenues of			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on !		
-	contingent on the net earnings of	ļ		
а	The organization?	6a		
	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7				
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
۵		-	\vdash	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Regulations section 53 4958-6(c)?

Page 2

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

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

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

	1	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
					l		- 1	
(1) BRIAN MCSHERRY	Ξ	123,275.	0	14,332.	53,913.	24,637.	216,157.	0.
REC SEC / ORGANIZER	Ξ		0	0		ı		0
(2) CHARLES RUEGGE	€	152,41	<u>.</u>	17,165.	61,917.	24,699.	256,195.	0
PRES / BUS MGR	<u> </u>			0	0	0	0	0
(3) JOHN DANIEL	Ξ	123,27		15,301.	53,774.	24,551.	216,901.	0
FIN SEC/TREASURER/BUS REP	Ξ	0	0	0	0	0	0	0
(4) KEVIN GALASS	€	121,412.	0	11,143.	53,510.	24,756.	210,821.	0
EXEC BOARD / ORGANIZER	≘			0		0	0	0
(5) JOHN HOPP	ε	123,27	0	9,614.	52,89	24,572.	210,352.	0
BUS REP	<u> </u>		0	0		0		0
(6) DON MORAN	€	, 123,275.	0	11,787.	59,408.	24,484.	218,954.	0
BUS REP	<u> </u>		0	0		0	0	0.
(7) BOB BAIER	Ξ	123,275.	0	10,994.	53,294.	24,626.	212,189.	0
BUS REP	Ξ		0	0		0		0
(8) MATTHEW GUGALA	(i)	123,27	0	10,161.	23,989.	24,852.	212,277.	0
ORGANIZER	Ξ	0.	0	0.	• 0	0.	0	0
	Ξ							
	≘							
	Ξ							
	9							
	Ξ							
	$\mathbf{\varepsilon}$							
	▣							
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	Ξ							
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	Ξ							
	9							

Schedule J (Form 990) 2017

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

SMART LOCAL 265

Employer identification number 36-2368182

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JURISDICTION FOR THEIR ECONOMIC, MORAL AND SOCIAL ADVANCEMENT.
FORM 990, PART VI, SECTION A, LINE 6:
LINE 6 EXPLANATION - REGULAR MEMBERS CONSIST OF FULL DUES PAYING MEMBERS
AND HAVE VOTING RIGHTS. PRE APPRENTICE MEMBERS HAVE BEEN MEMBERS LESS THAN
90 DAYS AND HAVE NO VOTING RIGHTS. LIMITED MEMBERSHIP MEMBERS MAY BE
GRANTED TO GOOD STANDING MEMBERS OVER SIXTY YEARS OF AGE WHOSE EARNINGS
CAPACITY HAS BEEN SUBSTANTIALLY REDUCED BECAUSE OF AGE, RETIREMENT OR
DISABILITY AND WHO HAVE MAINTAINED A CONTINUOUS GOOD STANDING RECORD FOR
TWENTY FIVE OR MORE CONSECUTIVE YEARS. THESE MEMBERS HAVE NO VOTING
RIGHTS.
FORM 990, PART VI, SECTION A, LINE 7A:
LINE 7A EXPLANATION - OFFICERS OF THE LOCAL ARE ELECTED EVERY THREE YEARS
BY MEMBERSHIP. ONLY REGULAR MEMBERS HAVE VOTING RIGHTS FOR THE ELECTION OF
OFFICERS. ELECTIONS ARE CONDUCTED BY FOLLOWING PRESCRIBED PROCEDURES AS
OUTLINED IN THE CONSTITUTION OF SMART.
FORM 990, PART VI, SECTION A, LINE 7B:
LINE 7B EXPLANATION - ALL ACTIONS AND DECISIONS OF THE GOVERNING BODY ARE
SUBJECT TO APPROVAL BY THE MEMBERSHIP PER THE CONSTITUTION OF SMART.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GOVERNING BODY (EXECUTIVE BOARD) AUTHORIZES THE BUSINESS MANAGER AND
FINANCIAL SECRETARY TREASURER TO REVIEW THE FORM 990 BEFORE IT IS FILED. IN
LHA For Panerwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7 Schedule O (Form 990 or 990-F7) (2017)

732211 09-07-17

Name of the organization

SMART LOCAL 265

Employer identification number 36-2368182

ADDITION, THE FORM 990 IS MADE AVAILABLE TO THE ENTIRE GOVERNING BODY FOR THEIR REVIEW UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE CONSTITUTION BY WHICH OUR ORGANIZATION IS GOVERNED. ANY MEMBER OR EMPLOYEE OF THE ORGANIZATION CAN CONTACT SMART(AN AFFILIATED ORGANIZATION ALSO GOVERNED BY THE CONSTITUTION) WITH ANY COMPLAINT ARISING UNDER THE CONSTITUTION, OR ANY OTHER DISCIPLINARY RULE, REGULATION, PRACTICE OR PROCEDURE ADOPTED BY THE INTERNATIONAL ASSOCIATION.

THE US DEPARTMENT OF LABOR REQUIRES ALL NON-CLERICAL EMPLOYEES TO REPORT ON FORM LM-30 POTENTIAL SITUATIONS WHERE THERE MAY BE CONFLICTS OF INTEREST.

THIS INFORMATION IS OPEN TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICERS ARE COMPENSATED IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENT AND CONSTITUTION.

FORM 990, PART VI, SECTION C, LINE 19:

THE CONSTITUTION (GOVERNING DOCUMENT AND CONFLICT OF INTEREST POLICY) IS

AVAILABLE UPON REQUEST AT THE OFFICES OF THE ORGANIZATION. IN ADDITION, OUR

ORGANIZATION FILES AN ANNUAL FINANCIAL REPORT WITH THE DEPARTMENT OF LABOR

WHICH CAN BE OBTAINED THROUGH THE UNITED STATES DEPARTMENT OF LABOR, OLMS,

ONLINE PUBLIC DISCLOSURE ROOM.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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