Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Department of the Treasury

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

Open to Public

| Inter | nal Revenue | e Service | ► Go to www.irs.gov/Form990 for instructions and the latest | | | Inspection |
|----------------------------|---------------|-------------|--|---------------------------------------|--------------------|--------------------------------|
| <u>A</u> | For the 2 | 2018 cale | ndar year, or tax year beginning January , 2018, and endi | າg <u>Dec</u> | ember | , 20 18 |
| В | Check if a | pplicable | C Name of organization United Steelworkers Local Union 1688 | | D Employ | er identification number |
| | Address c | hange | Doing business as | | | 23-1092686 |
| | Name cha | inge | Number and street (or P.O. box if mail is not delivered to street address) Room/si | urte | E Telephor | ne number |
| | Initial retui | m | 200 Gibson Street | | | 717-939-9366 |
| | Final return | /terminated | City or town, state or province, country, and ZIP or foreign postal code | | | |
| | Amended | return | Steelton, PA 17113 | | G Gross re | eceipts \$ 336,680 |
| $\overline{\Box}$ | Applicatio | | F Name and address of principal officer | H(a) is this a | aroup return for : | subordinates? Yes No |
| _ | | | Edward Breach, Fin Secty | _ | | s included? Yes No |
| <u> </u> | Tax-exem | | □ 501(c)(3) □ 501(c) (5) ◀ (insert no) □ 4947(a)(1) or □ 527 | | | list. (see instructions) |
| J | Website: | | | H(c) Grou | exemption | number ► 0260 |
| ĸ | | | Corporation ☐ Trust ☐ Association ☑ Other ► Labor Union L Year of forma | | | of legal domicile PA |
| | art I | Summ | | | | |
| | | | scribe the organization's mission or most significant activities: The Lo | ocal Union e | nforces the | e collective bargaining |
| ø | | - | ment to better the working conditions of its members and to provide repre | | | -y |
| auc | | ariit agree | ment to better the working conditions of its members and to provide repre | | | |
| Ĕ | 2 | Checkith | s box fighthe organization discontinued its operations or disposed | of more that | n 25% of | its net assets |
| Activities & Governance | | | repetition removes of the governing body (Part VI, line 1a) | | . 3 | 1100 |
| ₩ (0 | | | of independent voting members of the governing body (Part VI, line 1b) | | | 1100 |
| es | | | perporneiniduals employed in calendar year 2018 (Part V, line 2a) | | | <u> </u> |
| Ϋ́ | 6 4 | Hatal nun | nber of volunteers (estimate if necessary) | • • • | 6 | 76 |
| Ç | 72 | Lotario | tated business reverue from Part VIII, column (C), line 12 | | 7a | 0 |
| 4 | 7a | US | and Rusiness Texable income from Form 990-T, line 38 | | 7b | 0 |
| | | 11.10 | and distress taxable income from Form 950-1, line 56 | Prior Y | | Current Year |
| ne | | Contribut | ions and grants (Part VIII, line 1h) | | | 00.10.11.10.11 |
| | 1 | | | · · · · · · · · · · · · · · · · · · · | 0 | 070 700 |
| Revenue | 1 | _ | service revenue (Part VIII, line 2g) | | 352,718 | 279,703 |
| Be | 1 | | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | 684 | 841 |
| | 1 | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 53,590 | 56,136 |
| | | | nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 406,992 | 336,680 |
| | 1 | | nd similar amounts paid (Part IX, column (A), lines 1–3) | | 2640 | 0 |
| | 1 | | paid to or for members (Part IX, column (A), line 4) | | 12,250 | 4,932 |
| es | 15 9 | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 168,593 | 193,216 |
| Expenses | 16a | | nal fundraising fees (Part IX, column (A), line 11e) | | 0 | |
| Ř | b] | | draising expenses (Part IX, column (D), line 25) | · | | |
| ш | 17 | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 200,344 | 162,587 |
| | 1 | | enses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 383,827 | 360,735 |
| | | Revenue | less expenses. Subtract line 18 from line 12 | | 23165 | -24,055 |
| io Si | | | | Beginning of C | urrent Year | End of Year |
| aset | 20 7 | | ets (Part X, line 16) | | 1,076,915 | 1,052,860 |
| Net Assets of Fund Balance | 21 7 | | ılıties (Part X, lıne 26) | | 0 | 0 |
| | | | s or fund balances. Subtract line 21 from line 20 | | 1,076,915 | 1,052,860 |
| P | art II | Signat | ure Block | | | |
| | | | y, I declare that I have examined this return, including accompanying schedules and state | | | ny knowledge and belief, it is |
| tru | e, correct, | and compl | ete. Declaration of preparer (other than officer) is based on all information of which prepare | er nas any know | neage | |
| | į | IL. | moralle Tlay role | | | |
| Sig | | Sign | ature of officer | D | ate | , |
| He | re | K | MMOND NAVOL: PRES | <u>ى</u> | -8-10 | 7 |
| | · | Type | or print name and title | | | |
| Pa | id | Print/Ty | pe preparer's name Preparer's signature D | ate | Check [| ıf PTIN |
| | eparer | | | | self-emp | |
| | e Only | | ame ▶ | Fir | m's EIN ▶ | |
| _ | | | ddress ▶ | Ph | one no. | |
| Ma | y the IRS | S discuss | s this return with the preparer shown above? (see instructions) | | | 🗌 Yes 🗌 No |
| _ | | | | | | 5 000 (2010) |

Form 990 (2018)

Part III

4c

| (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
|--------|----------------|--|---------------|--|
| | | | | |
| | | | | e annice and the annice and the annice |
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| | | | | |



Part IV **Checklist of Required Schedules** Νo Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a 20b **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

| Part | Checklist of Required Schedules (continued) | | | |
|------|---|-------------|--------------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 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 | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ✓ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | ✓ |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | ✓_ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | √ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | - | - |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 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 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | - |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | ✓_ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ✓_ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| 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 | ✓ | |
| Part | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | • • | | |
| _ | Catanaha mumban manadan Day 2 of Come 1000 Catan 0 Manadan Shark and Sandan 1 de 1 | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 1 | | ; |
| b | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 | | |
| С | reportable gaming (gambling) winnings to prize winners? | 1c | | 7 |
| | | | n 990 | (2018) |

| | 30 (2016) | | | rage J |
|------------|---|----------|--|----------------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | V | |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | Yes | No |
| 2a | | | | |
| _ | Statements, filed for the calendar year ending with or within the year covered by this return 2a 76 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. | 2b | 7 | |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 20 | - | - |
| 2- | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| 3a | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | • |
| b 4- | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 30 | | |
| 4 a | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 1 |
| b | If "Ves " enter the name of the foreign country: | H- | | <u> </u> |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | ļ | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <u> </u> | 1 |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| - | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | |] |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | <u></u> | <u> </u> | |
| | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | <u> </u> | | ļ |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | ļ | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | └ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 79 | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | <u> </u> | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | ļ |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | ļ |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| a b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | ├ |
| 10 | Section 501(c)(7) organizations. Enter: | -35 | - | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 1 | | ŀ |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| _ | against amounts due or received from them.) | | İ |] |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a |] | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | <u> </u> |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | L | <u> </u> |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | Į. |
| | the organization is licensed to issue qualified health plans | 4 | | 1 |
| C | Enter the amount of reserves on hand | <u> </u> | <u> </u> | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ⊢ – | 1 |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | ļ | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | ļ. — | <u> </u> |
| | If "Yes," see instructions and file Form 4720, Schedule N. | 1 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | ┼ |
| | If "Yes," complete Form 4720, Schedule O. | i | 1 | 1 |

| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes | s in Schedule O. S | iee ins | tructi | |
|-------|---|--------------------|------------|----------|--|
| Socti | Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management | <u> </u> | <u>···</u> | • • | |
| Secu | on A. Governing Body and Management | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 1100 | | | |
| | If there are material differences in voting rights among members of the governing body, or | ,,,,, | 1 ' | | |
| | 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 . | 1b (| | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee? | olationship with | | — | |
| 3 | Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other | | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 99 | | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | | 6 | 1 | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to | elect or appoint | | | |
| | one or more members of the governing body? | | 7a | ✓ | |
| b | Are any governance decisions of the organization reserved to (or subject to approval | by) members, | | | |
| | stockholders, or persons other than the governing body? | | 7b | | <u> </u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions un the year by the following: | dertaken during | | | |
| а | The governing body? | | 8a | √ | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | 1 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | ot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule C | | 9 | | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the | e Internal Reven | ue C | | |
| | | | 40- | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption. | pt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | | 11a | | ✓ |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | <u> </u> |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | √ | <u> </u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | 12b | / | <u> </u> |
| C | Did the organization regularly and consistently monitor and enforce compliance with the passenbe in Schedule O how this was done. | oolicy? If "Yes," | 12c | | 1 |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | 1 |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | 1 |
| 15 | Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | 7 |
| | Other officers or key employees of the organization | | 15b | | 1 |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | Did the organization investin, contribute assets to, or participate in a joint venture or similarly during the year? | lar arrangement | 16a | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements? | o safeguard the | 16b | | |
| Secti | on C. Disclosure | | | | |
| 17 | List the state with which a convert this Form 000 is required to be filled | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable | | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sci. | it apply. | | | , , |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year. | • | erest | polic | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization | on's books and re | cords | • | |

| Part VII | Compensation of Officers, Directors, | Trustees | , Key Employees, | Highest 6 | Compensated | Employees, | and |
|----------|--------------------------------------|----------|------------------|-----------|-------------|------------|-----|
| | Independent Contractors | | | | | | |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

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 relate | d orga | anız | atio | n c | ompe | nsa | ted any curren | nt officer, directo | r, or trustee. |
|--|---|----------|--|-------------|--------------|------------------------------|-------------------|---------------------------------|-----------------------|---|
| | | | | • | C) | | | | | |
| (A) Name and Title | (B) Average | | Position (do not check more than one pox, unless person is both an | | | | (D) Reportable | (E) Reportable | (F) Estimated | |
| | hours per week (list any hours for | | _ | d a Officer | | or/trust | ee) Former | compensation from the | related organizations | other compensation |
| | related organizations below dotted line) | | Institutional trustee | cer | Key employee | Highest compensated employee | mer | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) ROBERT BUTLER | | | | | | | | | | |
| TREASURER | 4 | | | ✓ | | | | 320 | 0 | 0 |
| (2) JOSEPH HIRSCH | |] | | | | | | | | |
| GUARD | 1 | | | ✓ | | <u> </u> | | 480 | 0 | 0 |
| (3) MAURICE COBB | | | | ١. | | | | | | |
| REC SECTY | 4 | | | ✓ | ļ | | <u> </u> | 7,284 | | 2,152 |
| (4) DAVID ROADCAP OTHER | 1 | | | / | | | | 1,640 | | 59 |
| (5) ROBERT CRATER, JR | 1 | | | Ť | | | | 1,640 | | 39 |
| OTHER | ····· | | | 1 | | | | 275 | ٥ | 1,592 |
| (6) RAYMOND NAPOLI | 40 | | | <u> </u> | | | | | | .,,,,, |
| PRESIDENT | |] | | ✓ | | | 1 | 17,207 | l | 13,343 |
| (7) EDWARD BREACH | 4 | | | | | | | | | |
| FIN SECTY | | | | ✓ | | | | 960 | o | 1,030 |
| (8) PATRICK MCHUGH | | | | | | | | | | |
| NEW OFF | 4 | <u> </u> | | ✓ | | | L_ | 4,199 | 0 | 9,426 |
| (9) EUGENE HOCH | 4 | | | | | | | | | |
| NEW OFFICER | | <u> </u> | ļ | ✓ | | ļ | <u> </u> | 0 | 0 | 0 |
| (10) DONALD TEETS | 4 | | | ١, | | | | | | |
| GUARD | | <u> </u> | <u> </u> | ✓ | _ | | <u> </u> | 2,215 | 0 | 84 |
| (11) MATTHEW D MARKEL | 11 | | | ١, | | | | | | |
| NEW OFF | | ļ | _ | ✓ | L. | <u> </u> | <u> </u> | 304 | 0 | 0 |
| (12) DAVID MYERS | 4 | | | ١, | | | İ | | | |
| TRUSTEE | | | | ✓ | \vdash | | <u> </u> | 2,594 | 0 | 288 |
| (13) DAWN HOKE | 4 | { | | ١, | | | | | | |
| SECTY | | ļ | - | ✓ | | <u> </u> | ├ | 1,961 | 0 | 84 |
| (14) | | { | | | | | | | | |
| | 1 | 1 | 1 | ı | ı | ı | 1 | 1 | I . | 1 |

| Part | VII Section A. Officers, Directors, Trust | tees, Key E | mplo | yees | s, ar | nd H | lighe | st C | ompensated E | mployees (con | tinued) |
|-------|--|--|--------------------------------|-----------------------|---------|---------------|---------------------------------|--------------|--|-------------------|---|
| | | | | | • | C) | | | | | |
| | (A) | (B) | (do n | ot ch | | ition more | than o | nne | (D) | (E) | (F) |
| | Name and title | Average | | | | | is both | | Reportable | Reportable | Estimated |
| | | hours per week (list any | office | er and | dad | irect | or/trus | tee) | compensation | compensation from | n amount of other |
| | | hours for | 유급 | ins | Officer | <u>8</u> | 골품 | Į. | the | organizations | compensation |
| | • | related | l rectivity | tituti | Cer | en en | hest | Former | organization | (W-2/1099-MISC | |
| | | organizations below dotted | 호호 | ona | | Key employee | 88 | | (W-2/1099-MISC) | | organization and related |
| | | line) | Individual trustee or director | tru | | yee | npe | | | | organizations |
| | | | 8 | Institutional trustee | | | Highest compensated employee | | | | |
| | | | | | | | 8 | | | | |
| (15) | | | | | | | | } | | | |
| | | | | | | | | _ | | | |
| (16) | | <u> </u> | | | | | |] | | | |
| | | | | | | | | <u> </u> | | | |
| (17) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| | | |] | | L | | | | | | |
| (19) | | | | | | | | | | | |
| 2 | | |] | | | | | 1 | | | 1 |
| (20) | | | | | | | | | | | |
| | | |] | ! | | | | l | 1 | | |
| (21) | | | | | | | | | | | |
| | | † | 1 | | | | | İ | | | ł |
| (22) | | | | | | | | | | | |
| 35 | | 1 | 1 | | | | | İ | | | |
| (23) | | | | | | | | | | | |
| 3 | | † | 1 | ł | ŀ | | | l | | | |
| (24) | | | | | | | l | ┢ | | | |
| 37.77 | | † | 1 | | ļ | | | ŀ | | | |
| (25) | | | | | | | <u> </u> | | | | <u> </u> |
| 15-2/ | | † | i | | į | | | | | | |
| 1b | Sub-total | | | | - - | | | ┢ | 39,439 | | 0 28,058 |
| C | Total from continuation sheets to Part | | n A | | _ | | | • | 007.00 | | 0 0 |
| d | Total (add lines 1b and 1c) | | | • | • | | | > | 39,439 | | 0 28,058 |
| | Total number of individuals (including but | | | | | | | -) w | | | |
| ~ | reportable compensation from the organi | | 2 (0 () | 1030 | , 1131 | | above | ~, •• | nio received in | 0,0 man \$100, | 300 01 |
| | reportable compensation from the engan | Lations | | | | | | | | | Yes No |
| 2 | Did the eventuation let any fermer of | ficar direc | tor 6 | | | ~~ | ا برما | | alovoo or bigh | oct componed | |
| 3 | Did the organization list any former of employee on line 1a? <i>If</i> "Yes," <i>complete</i> | | | | | | | SIIIL | bloyee, or fligh | iest compensa | . 3 ✓ |
| _ | | | | | | | | • | | | مستقدا مستواني |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | |
| | organization and related organizations individual | greater th | an Þ | 100, | UUU |) () | re | S, | complete Scr | leaule J for Si | 4 1 |
| _ | | · · · · | | | .: | ٠ | · | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | or accrue co | ompe | nsai Ioto | non | iroi | m any | y un | reiated organia | zation or individ | . 5 🗸 |
| 0 | · · · · · · · · · · · · · · · · · · · | rii res, c | :Ompi | ele | SCI | leat | ile J | 0/ 3 | such person | · · · · · | · [3] [4 |
| | on B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest | | | | | | | | | | |
| | compensation from the organization. Rep | oort compe | nsatio | on fo | or th | ne c | alenc | lar y | year ending wit | th or within the | organization's tax |
| | year. | | | | | | | 1 | | <u> </u> | |
| | (A) Name and business add | Irace | | | | | | 1 | * (B) Description of s | enuces | (C) Compensation |
| | Name and business add | 11 033 | | | | | | ₩ | —————————————————————————————————————— | ici vices | Compensation |
| | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | |
| | | | | | | | | _ | | | |
| | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractor | | | | | | | o th | nose listed ab | ove) who | * - * * * * * * * * * * * * * * * * * * |
| | received more than \$100,000 of compens | ation from | the or | ัดลก | ızat | าดท | • | | | | |

| Part | VIII | Statement of Revenue | | | | | _ |
|--|------|--|--------------------|---------------------------------------|--|--|--|
| | | Check if Schedule O contains a re | esponse or note to | | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns 1 | a | | | | |
| בַּ בַּ | b | Membership dues 1 | b | | | , | |
| S, G | С | Fundraising events 1 | С | | | ļ | |
| a ∰ | ď | Related organizations 1 | d _ | | | | |
| in. | е | Government grants (contributions) 1 | e | | | | |
| ti S | f | All other contributions, gifts, grants, | | 1 | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | and similar amounts not included above | | | | | |
| d at | g | Noncash contributions included in lines 1a-1f | ************** | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| E | _ | | Business Code | | | | |
| eve | 2a | Members Dues | 900099 | 279,703 | | | |
| e e | b | | - | | | | |
| ايخ | , C | | - | | | | |
| S | d | | - | | | | |
| Jan | f | All other program service revenue. | | · · · · · · · · · · · · · · · · · · · | | | |
| Program Service Revenue | g | Total. Add lines 2a–2f | | 279,703 | | , , , | 1 |
| _ | 3 | Investment income (including div | | 273,703 | | | <u> </u> |
| | | and other similar amounts) | | 841 | | | |
| | 4 | Income from investment of tax-exempt | bond proceeds ▶ | | | | |
| | 5 | Royalties | • | | | | |
| | | (ı) Real | (ii) Personal | | | | |
| | 6a | Gross rents | 31318 | | | | |
| | b | Less: rental expenses | 00' | | | |] |
| | С | Rental income or (loss) | 31,318 | | | | |
| | d | Net rental income or (loss) | · | 39,378 | Terr to | | |
| | 7a | Gross amount from sales of (i) Securities | (iı) Other | | | | |
| | | assets other than inventory | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses . | | | | | |
| | 0 1 | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | · | | | | |
| venue | 8a | events (not including \$ | | | | | |
| Other Reven | | of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| ᅙ | | Less: direct expenses | b | | <u> </u> | | |
| | | Net income or (loss) from fundraisir | | | | | <u> </u> |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| | | | | | | | |
| | | Less: direct expenses | | | · · · · · · · · · · · · · · · · · · · | | |
| | | Net income or (loss) from gaming a Gross sales of inventory, les | | | | | |
| | IVa | returns and allowances | | | | | |
| | h | Less: cost of goods sold | | | | | |
| | | Net income or (loss) from sales of it | | | VA (s.f.) | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 112 | Social Activity Receipts | | 4,064 | | | |
| | b | Misc Reimbursed Expense | | 12,694 | | | <u> </u> |
| | C | INISC REINIDALISCA EXPENSE | | 32,004 | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | | 16,758 | | | |
| | 12 | Total revenue See instructions | | 222.222 | | 1 | |

Part IX Statement of Functional Expenses

| Section | n 501(c)(3) and 501(c)(4) organizations must com | | | | |
|----------------------|---|-----------------------|---|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respon | | | | |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 4,932 39,439 | | | |
| 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 8 | Other salaries and wages | 93,580 | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 60,197 | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | 1 | |
| 13 | Office expenses | 50.674 | ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· | | |
| 14 | Information technology | 33,074 | - · · · - · - · · | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 62,869 | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | 30,196 | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 8,914 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 2,003 | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | | | | |
| 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 | Donations | 1,843 | | | |
| b | Dues Remittance | 2,003 | | | • |
| С | United Fund/Food Bank | 479 | | | |
| d | Per Capita | 3,606 | | | |
| е | All other expenses | 7,931 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 360,735 | | | · · · · · · · · · · · · · · · · · · · |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | 255,.30 | | | |
| | fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | | | | |

| Р | art X | Balance Sheet | · | | |
|-----------------------------|----------|--|--------------------------|----------|---------------------------------------|
| | | Check if Schedule O contains a response or note to any line in this Par | rt X | | <u> </u> |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 229,815 | 1 | 205,760 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 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 section | } | ļ | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | ا پر چ د پ | Ì | . 1 |
| S | | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| AS | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation 10b | 847,100 | 10c | 847,100 |
| | 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 | | 15 16 | 4 050 000 |
| | 16 17 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,076,915 | 17 | 1,052,860 |
| | 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 | |
| S | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| abi | | disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| | 20 | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and | | 20 | 1 |
| es | | complete lines 27 through 29, and lines 33 and 34. | | l | |
| anc | 27 | Unrestricted net assets | 1,076,915 | 27 | 1,052,860 |
| Bal | 28 | Temporarily restricted net assets | | 28 | |
| 귤 | 29 | Permanently restricted net assets | | 29 | |
| Ē | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | } |
| ٥ | | complete lines 30 through 34. | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| et A | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | 4 886 825 |
| ž | 33 34 | Total net assets or fund balances | 1,076,915 1,076,915 | | 1,052,860 1,052,860 |
| | 34 | Total Habilities and Het assets/Turiu Dalances | 1.0/0.315 | <u> </u> | Form 990 (2018) |

| Page | 12 |
|-------|----|
| ı aye | |

| | | | | _ | -5 | |
|----------------|---|--|--|----------------|--|--|
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u> </u> | <u> </u> | <u>. </u> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ; | 36,680 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | ss expenses. Subtract line 2 from line 1 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1,0 | 76,915 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 | |
| 6 | Donated services and use of facilities | 6 | | | 0 | |
| 7 | Investment expenses | 7 | | | 0 | |
| 8 | Prior period adjustments | 8 | | | 0 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | -24,055 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | 10 | | 1,0 |)52,8 <u>60</u> | |
| Part | XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | <u>, U</u> | |
| | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: 🕜 Cash 🔲 Accrual 🔲 Other | | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | olaın | ın | | | |
| | Schedule O. | | <u> </u> | - | - <u>-</u> - | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 3 | ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | oiled | or | 1 | 1 1 | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | 1 1 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | - | | - | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 21 | - | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited | d on | a | 1 | 1 1 | |
| | separate basis, consolidated basis, or both: | | 1 | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | _ | - | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account | | | . | | |
| | · | | | _ | + | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | piairi | "' | İ | | |
| 2- | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth | <u>, </u> | | - | |
| 3a | the Single Audit Act and OMB Circular A-133? | OLLI | "' 3a | a | 1 | |
| į. | | rao th | <u> </u> | - | +- | |
| b | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | 31 | 。) | 1 | |
| ,,, | required about 5. addite, explain why in contents of and december any stope taken to diverge bosin a | | F | om 99 | 0 (2018) | |
| | | | | | - () | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name o | f the or | ganization | | Employ | er identification number |
|----------|-----------------|--|--|-----------|------------------------------------|
| USW L | ocal U | nion 1688 | | | 23-1092686 |
| Par | | Organizations Maintaining Donor Adv | ised Funds or Other Similar Fun | ds or | Accounts. |
| | | Complete if the organization answered ' | 'Yes" on Form 990, Part IV, line 6. | | |
| | | | (a) Donor advised funds | | (b) Funds and other accounts |
| 1 | Total | number at end of year | | | · |
| 2 | | egate value of contributions to (during year) | | ļ | |
| 3 | | egate value of grants from (during year) . | | <u> </u> | |
| 4 | | egate value at end of year | | J | |
| 5 | | ne organization inform all donors and donor are the organization's property, subject to the | | | |
| 6 | only f | ne organization inform all grantees, donors, a for charitable purposes and not for the beneforing impermissible private benefit? | | or any | other purpose |
| Par | | Conservation Easements. | | - | |
| | | Complete if the organization answered ' | 'Yes" on Form 990, Part IV, line 7. | | |
| 1 | | ose(s) of conservation easements held by the | · · · · · · · · · · · · · · · · · · · | | |
| | | reservation of land for public use (e.g., recreat | · · · · · · · · · · · · · · · · · · · | | |
| | | rotection of natural habitat | Preservation o | f a certi | fied historic structure |
| _ | | reservation of open space | | | |
| 2 | | plete lines 2a through 2d if the organization he | eld a qualified conservation contribution | on in th | |
| | | nent on the last day of the tax year. | | | Held at the End of the Tax Year |
| a | | | | | 2a |
| b | | acreage restricted by conservation easement | | | 2b |
| C | | per of conservation easements on a certified h | | | 2c |
| đ | histor | • | | | 2d |
| 3 | tax ye | | _ | minated | I by the organization during the |
| 4 | | per of states where property subject to conse | | | |
| 5 | | the organization have a written policy regions, and enforcement of the conservation ea | = | | = |
| 6 | Staff a | and volunteer hours devoted to monitoring, inspec | cting, handling of violations, and enforcing | ig conse | ervation easements during the year |
| 7 | Amou ▶\$ | int of expenses incurred in monitoring, inspecting | g, handling of violations, and enforcing | consen | vation easements during the year |
| 8 | | each conservation easement reported on line ection 170(h)(4)(B)(ii)? | | | |
| 9 | balan | rt XIII, describe how the organization reports on ce sheet, and include, if applicable, the text of dization's accounting for conservation easement. | of the footnote to the organization's fir | | • |
| Part | Ш | Organizations Maintaining Collection Complete if the organization answered | | | Similar Assets. |
| 1a | works | organization elected, as permitted under SFs of art, historical treasures, or other similar service, provide, in Part XIII, the text of the f | AS 116 (ASC 958), not to report in its assets held for public exhibition, ed | s reveni | n, or research in furtherance of |
| b | works public | organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relati | assets held for public exhibition, eding to these items: | ducatio | n, or research in furtherance of |
| | (i) Re | evenue included on Form 990, Part VIII, line 1 | | | . > \$ |
| | (ii) As | sets included in Form 990, Part X | | | . > \$ |
| 2 | If the | organization received or held works of art, ving amounts required to be reported under S | historical treasures, or other similar | r assets | s for financial gain, provide the |
| a | | nue included on Form 990, Part VIII, line 1 . | | | . > \$ |

| Par | III Organizations Maintaining Coll | | | | | | |
|-------|---|---|--------------|---------------------------------------|---------|------------------------|----------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply): | ssion, and other rec | ords, chec | k any of the | follow | ring that are a si | gnificant use of its |
| а | ☐ Public exhibition | d | ☐ Loan | or exchange | progr | ams | |
| b | ☐ Scholarly research | | | _ | | | |
| C | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's XIII. | collections and exp | olain how t | hey further th | ne orga | anization's exem | npt purpose in Part |
| 5 | During the year, did the organization solic | | | | | | ır |
| | assets to be sold to raise funds rather than | to be maintained a | part of the | e organizatior | n's coi | llection? | ☐ Yes ☐ No |
| Par | IV Escrow and Custodial Arrange | | | | | | |
| | Complete if the organization ansi 990, Part X, line 21. | wered "Yes" on F | orm 990, f | Part IV, line 9 | 9, or 1 | reported an arr | ount on Form |
| 1a | Is the organization an agent, trustee, cust | todian or other inte | mediary fo | or contributio | ns or | other assets no | it |
| | included on Form 990, Part X? | | | | | | ☐ Yes ☐ No |
| ь | If "Yes," explain the arrangement in Part XI | | | | | | ooue |
| _ | voo, anpiani ino antangomoni in anti- | | | | | Ar | mount |
| С | Beginning balance | | | | 1c | | |
| ď | Additions during the year | | | | 1d | | ···· |
| e | Distributions during the year | | | | 1e | + | |
| f | Ending balance | | | | 1f | + | |
| 2a | Did the organization include an amount on | | | | | | ? ☐ Yes ☐ No |
| | If "Yes," explain the arrangement in Part XII | | | | | | |
| Par | | | | | | <u> </u> | |
| | Complete if the organization ans | wered "Yes" on Fo | orm 990. I | Part IV. line | 10. | | |
| | | | Prior year | (c) Two years t | | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | | | | | ··· | |
| b | Contributions | | | | | | |
| C | Net investment earnings, gains, and losses | | ., | | | | |
| d | Grants or scholarships | | | · · · · · · · · · · · · · · · · · · · | | | |
| e | Other expenditures for facilities and | | | | | ····· | <u> </u> |
| _ | programs | | | | | | |
| f | Administrative expenses | | | · · · · · · · · · · · · · · · · · · · | | | |
| g | End of year balance | | | | | | |
| 2 | Provide the estimated percentage of the cu | rrent year end hala | nce (line 10 | column (a)) | held a | | |
| a | Board designated or quasi-endowment ▶ | | (| ,, 00.4 (4) | | | |
| b | Permanent endowment ▶% | | | | | | |
| _ | Temporarily restricted endowment ▶ | , % | | | | | |
| · | The percentages on lines 2a, 2b, and 2c sh | | | | | | |
| 3a | Are there endowment funds not in the pos | • | nization th | at are held ar | nd adr | ministered for th | ۵ |
| 00 | organization by: | occording the chiga | inzanon in | at are more ar | ia aai | | Yes No |
| | • | | | | | | 3a(i) |
| | (i) unrelated organizations | | | | • • | | |
| | (ii) related organizations | | | | | | 3a(ii) |
| , b | Describe in Part XIII the intended uses of the | | | | | | 3b |
| 4 | | | TOMILIEUR II | urius. | | | |
| Par | | | ~~~ 000 l | Dart IV line : | 110 (| Soo Form 000 | Dart V line 10 |
| | Complete if the organization ans | 1 | | | | | |
| | Description of property | (a) Cost or other basis (investment) | | or other basis other) | | Accumulated preciation | (d) Book value |
| 1a | Land | 18,9 | 14 | 18,944 | | | 18,944 |
| b | Buildings | 601,7 | | 601,766 | | | 601,766 |
| С | Leasehold improvements | | 0 | o | | | 0 |
| d | Equipment | 81,4 | 32 | 81,482 | | | 81,482 |
| е | Other | 3.,. | 0 | 0 | | | 0 |
| Total | Add lines 1a through 1e. (Column (d) must e | egual Form 990 Par | t X column | |) | • | 847 100 |

| Part VII | Investments—Other Securities. Complete if the organization answers | | m 990. Part IV. I | ine 11b. See Form | n 990. Part X. line 12. |
|------------------------|--|--------------------------------------|---------------------------------------|--|---|
| | (a) Description of security or category (including name of security) | | (b) Book value | (c) Me | thod of valuation |
| (1) Financial | derivatives | | | | |
| | neld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | · ······· | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) (E) | | | · · · · · · · · · · · · · · · · · · · | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col (B) line 12) ▶ | | | | |
| Part VIII | Investments-Program Related | i. | · · · · · · · · · · · · · · · · · · · | | |
| | Complete if the organization answ | | m 990, Part IV, I | ine 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | | thod of valuation I-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | · · · · · · · · · · · · · · · · | <u> </u> | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) Total (Column (| b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organization answ | wered "Yes" on For | m 990, Part IV, I | ine 11d. See Form | 990, Part X, line 15. |
| (1) | | , | | | (-, |
| (2) | | | | ······································ | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | (/D) !! | ··· | | ļ |
| | mn (b) must equal Form 990, Part X, co | ol. (B) line 15.) | · · · · · · · | <u> ▶</u> | |
| Part X | Other Liabilities. Complete if the organization answ | wered "Yes" on For | m 990, Part IV, I | ine 11e or 11f. Se | e Form 990, Part X, |
| 1. | line 25. (a) Description of hability | (b) Book value | <u> </u> | | |
| (1) Federal ır | | (b) Book value | | | |
| (2) | loonic taxes | ···································· | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 25) 🕨 | | | | , |
| 2. Liability for | r uncertain tax positions. In Part XIII, provid | de the text of the footno | ote to the organizat | ion's financial stateme | ents that reports the |

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

| Part | | | Return. |
|----------------------------|--|----------------------|--------------------------------------|
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| С | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 1 |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | 5 |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | ents With Expenses p | er Return. |
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| C | Other losses | 2c | 4" |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | <i></i> | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | <u> </u> |
| b | Other (Describe in Part XIII.) | 4b | |
| | | | 1 4 1 |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | | 5 |
| 5 Part | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. | e 18.) | 5 |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
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| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |
| 5 Part Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11. | e 18.) | 5 b; Part V, line 4; Part X, line |

| Schedule D (For | n 990) 2018 | Page 5 |
|-----------------|--------------------------------------|--------|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

| USW Local Union 1688 | 23-1092686 |
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| Part VI Line 11A - Provided Upon Request From One Of Our Members | • |
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| Schedule O (Form 990 or 990-EZ) (2018) | Page | , 2 |
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| Name of the organization | Employer identification number | |
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