DLN: 93493318070979 OMB No 1545-0047 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization INTERNATIONAL UNION OF PAINTERS AND D Employer identification number B Check if applicable ☐ Address change ALLIED TRADES ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate Number and street (or P O box if mail is not delivered to street address) Room/suite 7234 PARKWAY DRIVE E Telephone number \square Amended return ☐ Application pending (410) 564-5900 City or town, state or province, country, and ZIP or foreign postal code HANOVER, MD $\,$ 21076 **G** Gross receipts \$ 80,430,186 Name and address of principal officer H(a) Is this a group return for KENNETH E RIGMAIDEN ☐Yes **☑**No 7234 PARKWAY DRIVE subordinates? H(b) Are all subordinates HANOVER, MD 21076 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(5) **◄** (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) Website: ► WWW IUPAT ORG **H(c)** Group exemption number ▶ 0444 M State of legal domicile **K** Form of organization \square Corporation \square Trust ot
ot Association \square Other \triangleright Summary 1 Briefly describe the organization's mission or most significant activities

WE THE MEMBERS OF DISTRICT COUNCILS AND LOCAL UNIONS AFFILIATED WITH THE INTERNATIONAL UNION OF PAINTERS AND ALLIED
TRADES - BELIEVING THAT ORGANIZATION AND COLLECTIVE ACTION IS NECESSARY TO FOSTER AND ADOPT WAYS AND MEANS FOR THE
CONTINUOUS IMPROVEMENT OF THE WORKING AND LIVING STANDARDS OF THE MEMBERS OF THIS INTERNATIONAL UNION, TO SECURE
LEGISLATION IN THE INTERESTS OF OUR MEMBERS, TO BRING ABOUT HIGHER WAGES, SHORTER HOURS AND BETTER WORKING
CONDITIONS FOR THEM, TO INFLUENCE PUBLIC OPINION BY PEACEFUL AND LEGAL METHODS IN FAVOR OF OUR AFFILIATED
ORGANIZATIONS AND ALL ORGANIZED LABOR GENERALLY, TO PROMOTE, ENCOURAGE AND BRING INTO EXISTENCE SATISFACTORY
CONTRACTUAL RELATIONSHIPS WITH EMPLOYERS IN THE INDUSTRIES FROM WHICH THE MEMBERS OF OUR AFFILIATES ARE DRAWN, TO Activities & Governance ADVANCE AND MAINTAIN BETTER RELATIONS BETWEEN OUR MEMBERS AND THEIR EMPLOYERS, AND TO OTHERWISE ENRICH THE LIVES OF OUR MEMBERS AND THEIR FAMILIES, ALL OTHER WORKING MEN AND WOMEN Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 85 Total number of volunteers (estimate if necessary) -1,212,975 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 7,911,854 7,812,964 9 Program service revenue (Part VIII, line 2g) . 35,140,063 35,657,867 2,103,565 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,782,498 624,475 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -476.499 45,458,890 45,097,897 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 754,199 620,762 **14** Benefits paid to or for members (Part IX, column (A), line 4) 1,757,953 1,449,254 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 12,732,031 14,255,703 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 25,768,567 27,191,764 41,012,750 43,517,483 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) **19** Revenue less expenses Subtract line 18 from line 12 4,446,140 1,580,414 d Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . . . 88,302,070 88,267,194 **21** Total liabilities (Part X, line 26) 3,163,505 3,249,874 22 Net assets or fund balances Subtract line 21 from line 20 . 85,138,565 85,017,320 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-14 Signature of officer Sign Here GEORGE GALIS GENERAL SECRETARY-TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check \square if 2019-11-13 P01385419 **Paid** self-employed Firm's name NOVAK FRANCELLA LLC Firm's EIN ► 61-1436956 **Preparer** Use Only Firm's address ► ONE PRESIDENTIAL BLVD SUITE 330 Phone no (610) 668-9400 BALA CYNWYD, PA 19004 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

Form	990 (2018)				Page 2
Pa	statement	of Program Service Acc	complishments		
	Check if Sche	dule O contains a response or	note to any line in this Part III		🗹
1	Briefly describe the o	rganızatıon's mıssıon			
- BEI IMPE INTE INFL GEN INDL MEM	LIEVING THAT ORGANI OVEMENT OF THE WO RESTS OF OUR MEMBE UENCE PUBLIC OPINIO ERALLY, TO PROMOTE, USTRIES FROM WHICH	ZATION AND COLLECTIVE AC RKING AND LIVING STANDAR FRS, TO BRING ABOUT HIGHE N BY PEACEFUL AND LEGAL I ENCOURAGE AND BRING IN THE MEMBERS OF OUR AFFIL	TION ISNECESSARY TO FOSTER LDS OF THE MEMBERS OF THIS I ER WAGES, SHORTER HOURS AN METHODS IN FAVOR OFOUR AFF TO EXISTENCE SATISFACTORY O LIATES ARE DRAWN, TO ADVANG	INTERNATIONAL UNION OF PAINTE AND ADOPT WAYS AND MEANS FO INTERNATIONAL UNION, TO SECUR ID BETTER WORKING CONDITIONS ILIATED ORGANIZATIONS AND ALL ONTRACTUAL RELATIONSHIPS WIT CE AND MAINTAIN BETTER RELATIO MBERS AND THEIR FAMILIES, ALL O	R THE CONTINUOUS E LEGISLATION INTHE FOR THEM, TO ORGANIZED LABOR H EMPLOYERS IN THE INS BETWEEN OUR
2	Did the organization	undertake any significant pro	gram services during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Schedule	0		
3	Did the organization	cease conducting, or make si	gnificant changes in how it cond	ucts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) an		required to report the amount of	largest program services, as measu of grants and allocations to others, t	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program service	ces (Describe in Schedule O)			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program serv	rice expenses ▶			

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 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? Yes 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 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? No 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 debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 No 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Yes **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 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 Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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

21

orm	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
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		No
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		No
8	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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	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	Yes	
4	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	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a 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

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

10a

10b

11a

11b

12b

13b

13c

7e 7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

Page 6

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	for a "No" respo	onse to i	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	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 1b	o		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	other 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct sul of officers, directors or trustees, or key employees to a management company or other person? .	pervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d? . 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	. 6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of members of the governing body?	or more 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder persons other than the governing body?	s, or 7b		No
8		year by		
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal i	Revenue Code	e.)	
			Yes	No
10a	a Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	Did the organization have local chapters, branches, or affiliates?	-	Yes Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi	liates,		
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	ng the	Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili form?	ng the	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b ng the . 11a . 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give results.	liates, 10b ng the . 11a . 12a ise to 12b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce compliance with the organization regularly and consistently monitor and enforce complian	liates, 10b ng the . 11a . 12a see to 12b pe in	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affir and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done	liates, 10b ng the . 11a . 12a isse to 12b be in 12c	Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affir and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Did the organization have a written whistleblower policy?	liates, 10b ng the . 11a . 12a nse to 12b pe in 12c . 13 . 14	Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filliform? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	liates, 10b ng the . 11a . 12a nse to 12b pe in 12c . 13 . 14	Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filliform? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by indeperpersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	liates, 10b ng the . 11a . 12a lise to 12b libe In 12c . 13 . 14 ndent	Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiand branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filliform? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent of the organization of the deliberation and decision? The organization's CEO, Executive Director, or top management official	liates, 10b ng the . 11a . 12a nse to 12b ne in 12c . 13 . 14 ndent . 15a	Yes Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affir and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independence of the organization of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	liates, 10b ng the . 11a . 12a nse to 12b be in 12c . 13 . 14 ndent . 15a . 15b	Yes Yes	No No
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent of the organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	liates, 10b ng the . 11a . 12a lise to 12b libe in 12c . 13 . 14 ndent . 15a . 15b . 16a cipation	Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independence of the organization in an approval by independence of the organization of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particin joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's experiments under applicable federal tax law, and take steps to safeguard the organization's experiments.	liates, 10b ng the . 11a . 12a . 12b . 12c . 13 . 14 . 15b . 15b 16a	Yes Yes	No No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent of the process or determining compensation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's estatus with respect to such arrangements?	liates, 10b ng the . 11a . 12a . 12b . 12c . 13 . 14 . 15b . 15b 16a	Yes Yes	No No No
b 11a b 12a c 13 14 15 a b T6a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describence of how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independence of the process of decimal decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation under the process in schedule of the organization to evaluate its participation of the process in schedule of the organization to evaluate its participation of the process in schedule of the organization to evaluate its participation of the process in schedule of the organization to evaluate its participation of the process in schedule of the organization to evaluate its participation of the process in schedule of the organization to evaluate its participation of the process in schedu	liates, 10b ng the . 11a . 12a . 12b be in 12c . 13 . 14 ndent . 15a . 15b a . 16a cipation exempt 16b	Yes Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give reconflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describes Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participate unique to such arrangements under applicable federal tax law, and take steps to safeguard the organization's estatus with respect to such arrangements? Ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501	liates, 10b ng the . 11a . 12a . 12b be in 12c . 13 . 14 ndent . 15a . 15b a . 16a cipation exempt 16b	Yes Yes	No No No

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►GEORGE GALIS 7234 PARKWAY DRIVE HANOVER, MD 21076 (410) 564-5900

DIRECTOR OF COMMUNICATION

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

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations 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 no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: ficei	ss per r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) KENNETH E RIGMAIDEN GENERAL PRESIDENT	45 00			×				387,876	0	66,740
(2) GEORGE GALIS GENERAL SEC -TREASURER	45 00			х				296,584	0	84,914
(3) WILLIAM D CANDELORI JR GENERAL VICE PRESIDENT	45 00			х				240,870	0	42,323
(4) ROBERT KUCHERAN GENERAL VICE PRESIDENT	45 00			х				250,029	0	10,333
(5) HARRY J ZELL GENERAL VICE PRESIDENT	45 00			×				236,032	0	38,566
(6) JAMES A WILLIAMS JR GENERAL VICE PRESIDENT ORG	45 00			х				241,477	0	45,121
(7) MARK R VAN ZEVERN GENERAL VICE PRESIDENT	45 00			х				243,424	0	37,162
(8) CHARLES D HARRIS EXEC ASST TO GEN SEC-TREA	45 00				×			216,339	0	38,945
(9) WILLIAM A COURTIEN AGREEMENTS DIRECTOR	45 00				x			225,461	0	46,017
(10) JOSEPH KOLICK LEGAL COUNSEL	45 00				х			301,035	0	44,269
(11) GREGORY D RAFTERY ORGANIZER	45 00					×		165,907	0	32,199
(12) TIMOTHY A STRICKER EXECUTIVE ASST TO G PRES	45 00					×		200,523	0	59,585
(13) JACK HAYN ASST TO G PRESIDENT	45 00					х		174,497	0	33,750
(14) RONALD G KNEISS JR ASST TO THE GST	45 00					х		187,336	0	34,317
(15) JOHN DOHERTY	45 00									

21,163

190,763

HOSPITALITY SERVICES UNLIMITED

OMNI ORLANDO RESORT AT CHAMPIONSGATE

compensation from the organization ▶ 23

1701 CABIN BRANCH DRIVE CHEVERLY, MD 20785 **SYNCRONESS**

10875 DOVER ST STE 200 WESTMINSTER, CO 80021

1500 MASTER BLVD CHAMPIONSGATE, FL 33896 MARRIOTT INTERNATIONAL

10400 FERNWOOD RD BETHESDA, MD 20817

Part VII

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

Page 8

1,575,129

1,054,000

852,526

673,580

Form **990** (2018)

	(A) Name and Title	Average hours per week (list any hours for related	than o	one bo	oox, u an of tor/t	ot che unles fficer trust	•	son	Rep comp fro organiz	(D) portable pensation om the zation (W- 99-MISC)	Reportable compensation from related organizations (* 2/1099-MISC	n d [W-	Estima amount o compens from t	ated of other sation the
		organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,103		2/1033-11130	, ,	organizati relate organiza	:ed
		<u> </u>	<u> </u>	—	\perp	\vdash		igapha	<u> </u>			\perp		
			-	+	\vdash	+		+	-			+		
			 	\vdash	+	+	 	+	-			+		
				\vdash	\vdash	+	 	+	 		+	+		
		+		\vdash	\vdash	\vdash		\dagger				+		
								T						
c T	Sub-Total	Part VII , Section		 			>		3,	,558,153		0		635,404
2	Total number of individuals (including of reportable compensation from the			e list	ed a	ιρονι	e) who	rec	eived mo	ore than \$	100,000			
						_							Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e	mple •	oyee, d	or hi	ghest co	mpensate	d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										m the			
5	Individual	· · · ·	 mpensa	· ition f	from	· any	· · ·	· ·	organiza	• • ation or inc	dividual for	4	Yes	
	services rendered to the organization											5		No
	ection B. Independent Contract				_	_		_						
1	Complete this table for your five high from the organization Report compe											mpens	sation	
	Name	(A) and business addre	'ess							Des	(B) scription of services		(C) Compen	
CARE	EFIRST BLUECROSS BLUESHIELD	und buomining	,,,,,							HEALTH IN	•			,367,792
	55 MILL RUN CIRCLE NGS MILL, MD 21117													
ПОСТ	DITALITY CEDVICEC UNUIMITED									EACH ITTE	C MANIA CEMENT	-		F7F 120

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

(C)

(D)

(E)

FACILITIES MANAGEMENT

HOTEL AND CONFERENCE

HOTEL AND CONFERENCE

SERVICES

IT SUPPORT

SERVICES

SERVICES

(B)

orm 9	•	· ,										Page 9
Part	VIII	Statement of		roene	unca or note to any l	.na .n +h	na Bort VIII					
		Check if Schedul	e O contains a	a respo	onse or note to any l	(/	A) evenue	Relate exe fund	B) ted or empt ction	(C) Unrelate business revenue	d s	(D) Revenue excluded from tax under sections
	1a	Federated campaigi	ns	1a				rev	enue			512 - 514
nts nts		Membership dues		1b								
is a		Fundraising events		1c								
S, G Am		Related organization										
善		Government grants (co		1d	7.512.064							
iii.				1e	7,512,964							
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions, and similar amounts no above		1 f	300,000							
暂事		Noncash contribution	ns included									
들	9	in lines 1a - 1f \$	meraded									
ತಿ ಕ	ŀ	Total. Add lines 1a-	1f		>		7,812,964					
ı,					Business	Code						
퓓	2a	PER CAPITA				900099	31,29	93,713	31,293	,713		
Service Revenue	b	REIMBURSEMENTS				900099	4,36	54,154	4,364	,154		
3	c											
<u>\$</u>	d			_								
Ē	e			_								
Program	f	All other program se	rvice revenue									
ďξ	g٦	Fotal. Add lines 2a–2	f		> 35,6!	57,867						
	3 I	nvestment income (ii	ncluding divid	ends, ı	nterest, and other		2 240 395					2 240 205
		milar amounts) .			• · · · · · · · · · · · · · · · · · · ·		2,249,385					2,249,385
		ncome from investme Royalties	ent or tax-exe	•	·							
	J 1	toyanies :	(ı) Real		(II) Personal							
	6a	Gross rents	,,		, ,							
	L	Less rental expenses		62,897 75,872								
	D	Less Tental expenses	2,1	73,672								
	С	Rental income or (loss)	-1,2	12,975								
	d	Net rental income or	r (loss)			 	-1,212,975			-1.3	212,975	
		Tree remaining of	(ı) Securit		· · · ▶							
	7a	Gross amount from sales of	, ,		,							
		assets other than inventory	32,9	69,253								
		·										
	b	Less cost or other basis and	33,1	15,073								
	С	sales expenses Gain or (loss)	-1	45,820								
		Net gain or (loss)			>		-145,820					-145,820
		Gross income from fu		_								
Other Revenue		(not including \$ contributions reporte		of								
₹ .		See Part IV, line 18		a								
ď		Less direct expenses		ь								
hei		Net income or (loss) Gross income from g		_	ents •							
5		See Part IV, line 19										
				а								
		Less direct expenses Net income or (loss)		b	loc							
		Gross sales of invent		activiti	es >							
		returns and allowand										
				a	-6,309							
		Less cost of goods s		ь	41,344		-47,653		-47,653			
		Net income or (loss) Miscellaneous		ınvent	ory . • • • • • • • • • • • • • • • • • •		47,033		47,033			
	11:	INSURANCE INCOM			900099		307,160					307,160
		The state of the s										
	ь	ROYALTIES			900099		205,073					205,073
	С	CONFERENCE REVEN	NUE		900099		200,000					200,000
	d	All other revenue .					71,896					71,896
	e	Total. Add lines 11a	-11d		▶		704 400					
	12	Total revenue. See	Instructions				784,129					
							45,097,897		35,610,214	-1,2	212,975	2,887,694

For	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must com	plete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	585,762			
2	Grants and other assistance to domestic individuals See Part IV, line 22	35,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members	1,449,254			
5	Compensation of current officers, directors, trustees, and key employees	3,057,116			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,365,967			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,353,288			
9	Other employee benefits	1,892,004			
10	Payroll taxes	587,328			
11	Fees for services (non-employees)				
	a Management				
	b Legal	300,887			
	c Accounting	107,597			
	d Lobbying	477,922			
	e Professional fundraising services See Part IV, line 17	·			
	f Investment management fees	146,860			
	g Other (If line 11g amount exceeds 10% of line 25, column	222,405			_
	(A) amount, list line 11g expenses on Schedule O)	222,403			
	Advertising and promotion	079 630			
	Office expenses	978,629			
	Information technology	1,744,590			
	Royalties				
16	Occupancy	616,291			
	Travel	2,206,965			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	2,855,787			
20	Interest	402,618			
21	Payments to affiliates	3,805,761			
22	Depreciation, depletion, and amortization	1,283,985			
23	Insurance	303,251			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a JOBS CORP PROGRAM	7,299,280			
	b ORGANIZING	3,916,131			
	c COMMUNICATIONS	495,164			
	d PERSONAL PROPERTY TAX	27,391			
	e All other expenses	250			
25	Total functional expenses. Add lines 1 through 24e	43,517,483			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Page **11**

22 23

24

25

26

27

28

29

30

31 32

33

34

1.642.144

3.249.874

85.017.320

85,017,320

88,267,194

Form **990** (2018)

1.631.405

3.163.505

85.138.565

85,138,565

88,302,070

Form 990 (2018)

23

24

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

P	art X	Balance Sheet					_	
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX	(A)	<u></u>		
					Beginning of year		End of year	
	1	Cash-non-interest-bearing			7,910,185	1	8,631,634	
	2	Savings and temporary cash investments .		[6,719,269	2	7,620,780	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net		[4,710,434	4	5,547,714	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated er	nployees Complete		5		
S.	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	fied pe n 4958 ations ((see in	rsons (as defined under 8(c)(3)(B), and of section 501(c)(9) structions) Complete		6	1070.04	
ssets	7	Notes and loans receivable, net	1,435,528	7	1,379,316			
AS	8	Inventories for sale or use	129,452	8	158,366			
•	9	Prepaid expenses and deferred charges		, • •	233,672	9	503,885	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	37,059,980				
	ь	Less accumulated depreciation	10 b	18,548,218	20,112,490	10 c	18,511,762	
	11	Investments—publicly traded securities .			44,946,532	11	43,860,537	
	12	Investments—other securities See Part IV, line	11 .		40,375	12	40,375	
	13	Investments—program-related See Part IV, line	e 11 .			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			2,064,133	15	2,012,825	
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne	34)	88,302,070	16	88,267,194	
	17	Accounts payable and accrued expenses			1,532,100	17	1,607,730	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities	ax-exempt bond liabilities					
Š	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21		
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee						
iat		persons Complete Part II of Schedule L $$.				22		
二	22	C				22		

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: EIN: 35-0198600

Name: INTERNATIONAL UNION OF PAINTERS AND

ALLIED TRADES

Form 990 (2018)

Form 990, Part III, Line 4a:

SERVED AS THE BARGAINING REPRESENTATIVE FOR APPROXIMATELY 111,138 PAINTERS AND WORKERS IN THE ALLIED TRADES - ORGANIZED WORKERS, NEGOTIATED WAGES AND BENEFITS, PROMOTED FAIR LABOR STANDARDS AND PRACTICES, TRAINED WORKERS TO MEET EMPLOYERS' NEEDS AND TO ADVANCE THEIR OWN SKILLS, AND ENHANCED WORKPLACE SAFETY AND EFFICIENCY

Form 990, Part III, Line 4b: IUPAT'S JOB CORP PROGRAM IS A COST REIMBURSEMENT CONTRACT WITH THE U.S. DEPARTMENT OF LABOR. THE IUPAT HAS BEEN INVOLVED IN JOB CORPS SINCE 1969 AND IS ONE OF FIVE BUILDING TRADES UNIONS OFFERING TRAINING PROGRAMS THROUGH JOB CORPS TODAY, OUR UNION SPONSORS 42 JOB CORPS PROGRAMS IN 27 STATES ALTHOUGH THE MAJORITY ARE THIRTY-SIX (36) PAINTING PROGRAMS. THE IUPAT ALSO OFFERS TWO (2) FLOOR COVERING PROGRAMS. THREE (3) GLAZING

HARD THE STUDENT WORKS AND ON THEIR EDUCATIONAL LEVEL AT THE TIME OF ENTRY INTO THE PROGRAM

PROGRAMS, ONE (1) SIGN AND DISPLAY PROGRAM ALL IUPAT JOB CORPS PROGRAMS TAKE APPROXIMATELY ONE YEAR TO COMPLETE, AND CONSIST OF ON-THE-JOB

TRAINING, SOCIAL SKILLS DEVELOPMENT AND GENERAL EDUCATION STUDENTS MUST DO WELL IN ALL PARTS OF THE PROGRAM IN ORDER TO MEET THE REQUIREMENTS

NECESSARY FOR ENTRY INTO AN APPRENTICESHIP PROGRAM. THE AMOUNT OF TIME SPENT IN GENERAL EDUCATION AND ON-THE-JOB TRAINING WILL DEPEND ON HOW

Form 990, Part III, Line 4c:

IUPAT'S ORGANIZING FUND PROVIDES GRANTS/ASSISTANCE TO AFFILIATES TO HELP PROMOTE AND GROW THE ORGANIZATION THE IUPAT ORGANIZING DEPARTMENT HELPS THE UNION'S LOCAL DISTRICT COUNCILS DEVELOP THEIR OWN STRATEGIC ORGANIZING PLANS AND HELPS TO COORDINATE CAMPAIGNS THAT ARE REGIONAL.

NATIONAL AND INTERNATIONAL IN SCOPE

SCHEDULE C (Form 990 or 990-

Department of the Treasury

Internal Revenue Service

EZ)

DLN: 93493318070979

OMB No 1545-0047

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.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES 35-0198600 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ☐ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and directly delivered to a separate political organization If none, enter -0-(1) 7234 PARKWAY DRIVE 23-7387939 1,901,238 **IUPAT - POLITICAL ACTION TOGETHER -**HANOVER, MD 21076 LEGISLATIVE AND EDUCATIONAL FUND 2.997.300 7234 PARKWAY DRIVE 23-7185561 IUPAT - POLITICAL ACTION TOGETHER - PC HANOVER, MD 21076 3 5

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

expenditure next year?

Return Reference

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

5

Part IV

PART I-A, LINE 1

activity

1

(b)

Amount

(a)

No

Yes

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b b Carryover from last year 2c c Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

EMPLOYEES TIME IS SPENT WORKING ON POLITICAL ACTIVITIES

Explanation

DURING THE YEAR IUPAT MEMBERS AND EMPLOYEES WERE PRESENT AT VARIOUS POLITICAL RALLIES TO

SUPPORT VARIOUS CANDIDATES RUNNING FOR POLITICAL OFFICE APPROXIMATELY 04% OF IUPAT'S

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

<u>4</u>

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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 the latest information.

OMB No 1545-0047

DLN: 93493318070979

Open to Public Inspection

	I me of the organization FERNATIONAL UNION OF PAINTERS AND					Emp	oloyer identificat	ion	numb	er
	LIED TRADES					35-0	198600			
Pa	Organizations Maintaining Donor Advi Complete of the organization answered "Ye					or Acc	counts.			
		(a) Donor					(b)Funds and ot	ner a	accoun	ts
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 advisorganization's property, subject to the organization's ex		asse	ets	held in donor a	dvised	funds are the		Yes	□ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?							_	Yes	□ No
Pa	rt II Conservation Easements. Complete if the	ne organization ans	wei	rec	"Yes" on For	m 990	, Part IV, line 7		103	
1	Purpose(s) of conservation easements held by the orga						,			
	Preservation of land for public use (e.g., recreation	n or education)	o i	Pr	eservation of ar	histor	rically important la	nd a	irea	
	Protection of natural habitat	, 	_	Pi	reservation of a	certifie	d historic structur	_		
	Preservation of open space	•			escivation of a	cerenie	a motoric octactar	_		
2	Complete lines 2a through 2d if the organization held a	avalified concentration			ibiitian in tha fa	of -	. concomintion			
_	easement on the last day of the tax year	qualified Coffset Vacio	1 00	TICI	ibadion in the 10	1111 01 6	Held at the E	ıd o	f the `	Year
а	Total number of conservation easements					2a				
b	Total acreage restricted by conservation easements					2b				
С	Number of conservation easements on a certified histori	c structure included i	n (a	ı)		2c				
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, ar	nd no	ot	on a historic	2d				
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extingui	shed	1, c	r terminated by	the or	ganızatıon durıng	the		
4	Number of states where property subject to conservation	on easement is locate	d ▶ _				_			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		g, ın	ıspı	ection, handling	of viola	ations,	s		No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of viol	atıor	ns,	and enforcing c	onserv	ation easements o	lurın	g the	year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	s, ar	nd	enforcing consei	vation	easements during	the	year	
В	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(u)$?	above satisfy the red	quire	em	ents of section 1	.70(h)(4)(B)(ı) ☐ Ye	s		No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the orga								
Pai	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	•			•	ner Si	milar Assets.			
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, edi	ıcatı	ion	, or research in					of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items									
((i) Revenue included on Form 990, Part VIII, line 1						▶ \$			
(ii)Assets included in Form 990, Part X						> \$			
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS					ncıal g	ain, provide the			
а	Revenue included on Form 990, Part VIII, line 1						▶ \$			

b Assets included in Form 990, Part X

Par	t IIII	Organizations Ma	aintaining Col	lections of Art,	Histori	ical Tı	reası	ires, oi	r Other	Similar A	Assets (d	ontinue	d)	
3		g the organization's acq s (check all that apply)	uisition, accessio	n, and other record	ls, check	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of its	collecti	on	
а		Public exhibition			d		Loan	or excha	ange prog	grams				
b		Scholarly research			е		Othe	r						
С		Preservation for future	e generations											
4	Provi Part	ide a description of the	-	lections and explai	n how the	ey furth	her th	e organız	zation's ex	xempt purp	ose in			
5	Durir	ng the year, did the orgats to be sold to raise fur								nılar	□Ye	. F	No	
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			orm 990), Part	IV, li	ne 9, o	r reporte	ed an amo				
1a		e organization an agent ded on Form 990, Part)		an or other interme	ediary for	contril	bution	s or othe	er assets	not	☐ Ye	s [No)
ь	If "Y	es," explain the arrange	ement in Part XIII	and complete the	following	table					Amount			-
c		nning balance		aa 55p.555 15					1c					-
d	_	tions during the year							1d					-
е		ibutions during the year	r						1e					-
f		ng balance							1f					-
2a	Did t	:he organization include	an amount on Fo	orm 990. Part X. lin	e 21. for	escrow	v or cu	' Istodial a	ccount lia	ability?	. Ye	<u> </u>	No	-
b		es," explain the arrange									_	э _		•
	rt V	Endowment Fund												
				(a)Current year		rior yea				(d)Three ye		(e)Four	years	s back
1 a	Beginr	ning of year balance .												
b	Contri	butions												
c	Net in	vestment earnings, gair	ns, and losses											
d	Grants	s or scholarships												
е		expenditures for facilities	es											
f	Admın	nistrative expenses .												
g	End of	f year balance												
2 a		ide the estimated perceind designated or quasi-e	-	ent year end baland	ce (line 1	g, colu	mn (a)) held a	s					
h		nanent endowment >												
c		porarily restricted endov	wment >											
·		percentages on lines 2a		ld equal 100%										
3a		there endowment funds	•		ation tha	t are h	eld an	ıd admını	stered fo	r the				
	-	nızatıon by									_	Ye	25	No
	• •	inrelated organizations				•						n(i)		
L		related organizations . es" on 3a(ii), are the rel			 d on Caba							(ii) Bb	_	
ь 4		es on Sa(ii), are the rei cribe in Part XIII the inte	_	•			•			• • •	· L	טפ		
	rt VI	Land, Buildings,	and Equipme	nt.										
	Descr	Complete if the ordeription of property	ganization ansv		orm 990 ost or other	•				rm 990, Padepreciation	, , , , , , , , , , , , , , , , , , , 	d) Book v	zalue	
	اردعرا	ipaon or property	(investme			((``,,,,,,,,,		F. 35.5001	`	, 2000		
12	Land					g.	72,714							872,714
							72,714 54,679			14,579,758				074,921
	Buildir	-				23,00	J T, U / J			17,3/3,/30			13,	U/7,721
		hold improvements				⊿ n3	30,027			2,451,372			1	578,655
		ment					02,560	ļ		1,517,088				985,472
е	otner		I			2,30	02,300	1		1,517,088	1			202,4/2

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VIII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	janization answe	red "Yes" on Form 990, Part IV, line IID.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	al derivatives		
3) Other	held equity interests	_	
۹)			
В)			
C)			
D)			
≣)			
F)			
G)			
H)			
	nn (b) must equal Form 990, Part X, col (B) line 12)	•	
art VIII	Complete if the organization answered 'Yes' on Form		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
	nn (b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990, Part	IV, line 11d See Form 990, Part X, line 15 (b) Book value
1)			
2)			
3)			
4)			
5)			
5)			
7)			
3)			
9)			
	ımn (b) must equal Form 990, Part X, col (B) lıne 15)		
Part X	Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.	red 'Yes' on Forr	n 990, Part IV, line 11e or 11f.
1) Federal :	(a) Description of liability	(b) Boo	k value
-	ATED FUNDS		117,916
	OST RETIREMENT BENEFITS		1,524,228
3)			
1) 			
5)			
5)			
7)			
6) 7) 8) 9)			

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Page 4

45,849,828

2,453,590

43,517,483

43.517.483

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

2e 751,931 е 3 3 45,097,897 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** 4c

c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 45,097,897 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 45,971,073

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a 2b

2c

2d

4a

4b

Explanation

2,453,590

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 35-0198600

Name: INTERNATIONAL UNION OF PAINTERS AND

ALLIED TRADES

Explanation

Supplemental Information Return Reference

THE INTERNATIONAL UNION

PART X, LINE 2 ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMEN T TO EVALUATE TAX POSITIONS TAKEN BY THE INTERNATIONAL UNION AND RECOGNIZE A TAX LIABILITY IF THE INTERNATIONAL UNION HAS TAKEN AN UNCERTAIN POSITION THAT, MORE LIKELY THAN NOT, WO ULD NOT BE SUSTAINED UPON EXAMINATION BY THE U.S. FEDERAL, STATE, OR LOCAL TAXING AUTHORIT IES THE INTERNATIONAL UNION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER , THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS TYPICALLY, TAX YEARS WILL REMAIN OPEN FOR THREE YEARS, HOWEVER, THIS MAY DIFFER DEPENDING UPON THE CIRCUMSTANCES OF

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RESIDENCE HALL EXPENSE 2,175,872 COST OF GOODS SOLD 41,344

s

Supplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS	RESIDENCE HALL EXPENSE 2,175,872 COST OF GOODS SOLD 41,344 CURRENCY TRANSLATION 236,374					

(Form 990)		State	ment of A	Activities (Outside the Un	ited States	OMB No 1545-0047
			omplete if the organization answered "Yes" to Form 990, Part IV, line 14b, ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest informati				2018 Open to Public Inspection
	al Revenue Service e of the organization					Emplayor ida	ntification number
INTE	e of the organization RNATIONAL UNION OF F ED TRADES	PAINTERS AN	ID			35-0198600	nuncation number
Pa	General Info Form 990, Pa			Outside the U	Jnited States. Comple	ete if the organization	answered "Yes" to
1 2	other assistance, the to award the grants of	grantees' e or assistance	ligibility for th	e grants or assi	substantiate the amoun stance, and the selection dures for monitoring the	n criteria used	☐ Yes ☐ No
3	outside the United St	ates			cated if additional space i		
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
	NORTH AMERICA			3	PROGRAM SERVICES	ORGANIZING ASSISTANCE AND AFFILIATION FEES RELATED TO CANADIAN AFFILIATES	950,582
	Sub-total		0	3			950,582
	Total from continuation Part I	L					C
_	Totals (add lines 3a an	id 3b)	0	3			950,582

Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 5471)	\square Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instruction for Form 5005)	\square Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form	_	
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F	(Form 990) 2018	Page :		
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting metho amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).			
	ReturnReference	Explanation		

Schedule F (Form 990) 2018

DLN: 93493318070979 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL UNION OF PAINTERS AND 35-0198600 ALLIED TRADES Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

(6)

Return Reference Explanation

PART I, LINE 2 ANY ORGANIZATION RECEIVING GRANTS OR ASSISTANCE FROM IUPAT MUST SUBMIT PROPER DOCUMENTATION AS TO ITS ELIGIBILITY TO RECEIVE SUCH

ASSISTANCE ALL REOUESTS FOR GRANTS OR ASSISTANCE ARE REVIEWED BY JUPAT PERSONNEL

Schedule I (Form 990) 2018

Additional Data

WASHINGTON, DC 20006 AMERICAN FEDERATION OF

SCHOOL ADMINISTRATORS 1101 17TH STREET NW STE WASHINGTON, DC 20036

Software ID: Software Version: **EIN:** 35-0198600 Name: INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. lethod of valuation (q) Description of k, FMV, appraisal, other)

5,000

organization or government		if applicable	grant	cash assistance	(bc
ALLIANCE FOR RETIRED AMERICANS 815.16TH STREET NW	52-2277805	501(C)(3)	11,100		

51-0243577

501(C)(5)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Mei (book,
ALLIANCE FOR RETIRED	52-2277805	501(C)(3)	11,100		

non-cash assistance or assistance

FINANCIAL SUPPORT

FINANCIAL SUPPORT

(h) Purpose of grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 43-1972568 501(C)(3) 5.000 CENTER FOR MILITARY FINANCIAL SUPPORT RECRUITMENT ASSESSMENT

AND VETERANS EMPLOYMENT 815 16TH STREET NW STE 600 WASHINGTON, DC 20006 CENTRO UNIDO DE 66-0189899 FINANCIAL SUPPORT

501(C)(6) 10,000 DETALLISTAS PO BOX 190127

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN JUAN, PR 00919

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-2345009 501(C)(4) 32.800 UNION SPORTSMEN'S FINANCIAL SUPPORT ALLIANCE

3340 PERIMETER HILL DRIVE NASHVILLE. TN 37211

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

464 LUCAS AVENUE STE 202 LOS ANGELES, CA 90017

LAANE 95-4459427 501(C)(3) 5.500 IFINANCIAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-1361955 501(C)(3) 7.400 DIABIETES RESEARCH FINANCIAL SUPPORT INSTITUTE FOUNDATION 815 16TH STREET NW WASHINGTON, DC 20006

FINANCIAL SUPPORT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

LABOR COUNCIL FOR LATIN

AMERICA ADVANCEMENT 815 16TH STREET NW 3RD FLR WASHINGTON, DC 20006 52-1002207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HIGH ROAD CONSTRUCTION 501(C)(5) 25,000 FINANCIAL SUPPORT

FINANCIAL SUPPORT

DEFENSE FUND				
1032 15TH STREET NW STE				
270				
WASHINGTON, DC 20005				

11,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(4)

52-1314571

IRISH NATIONAL CAUCUS

WASHINGTON, DC 20003

PO BOX 15128

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1289622 501(C)(6) 5.500 NATIONAL MAINTENANCE FINANCIAL SUPPORT AGREEMENTS POLICY

LABOR HERITAGE	52-1313015	501(C)(3)	10,000		FINANCIAL SUPPORT
COMMITTEE 1501 LEE HIGHWAY STE 202 ARLINGTON, VA 22209					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FOUNDATION

815 16TH STREET NW WASHINGTON, DC 20006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NCIAL SUPPORT

FINANCIAL SUPPORT

NABTU - NORTH AMERICAS	53-0025755	501(C)(5)	5,000		FINAN
815 16TH STREET NW STE 600		301(0)(3)	3,000		114/214
WASHINGTON, DC 20006					

NATIONAL BUILDING MUSEUM 52-1050999 501(C)(3) 5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

401 F STREET NW WASHINGTON, DC 20001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1338892 501(C)(3) 25.000 NATIONAL DEMOCRATIC FINANCIAL SUPPORT INSTITIUTE 455 MASSACHUSETTS AVE NW 8TH FIR

FINANCIAL SUPPORT

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A

WASHINGTON, DC 20001 REBUILD USA LLC

WASHINGTON, DC 20033

PO BOX 35522

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

THE FRANKLIN AND ELEANOR ROOSEVELT INSTITUTE 570 LEXINGTON AVE 5TH FLR NEW YORK, NY 10022	23-7213592	501(C)(3)	5,000		FINANCIAL SUPPORT
THE WORKER INSTITUTE AT		501(C)(3)	25,000		FINANCIAL SUPPORT

CORNELL ILK SCHOOL 16 EAST 34TH STREET 4TH FLR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 81-2600695 501(C)(3) 10.000 JOHN BURTON ADVOCATES FINANCIAL SUPPORT FOR YOUTH 235 MONTGOMERY ST STE 1142 SAN FRANCISCO, CA 94104

FINANCIAL SUPPORT

30,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NATIONAL DAY LABORER

ORGANIZING NETWORK

1030 S ARROYO PKWY STE

PASADENA, CA 91105

106

20-8802586

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance AEDICAN COMMUNITIES 46-1600772 E01/C1/31 8 000l IFINANCIAL SUPPORT

ALKICAN COMMONITIES	1 40-1003//2	301(0)(3)	0,000		LI TIAVIACTUE -
TOGETHER					
127 WEST 127TH ST STE 221					
NEW YORK, NY 10027					
					1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

302 WEST 91ST STREET NEW YORK, NY 10024

NEW WORLD FOUNDATION 13-1919791 501(C)(3) 100.000 FINANCIAL SUPPORT

(a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-1580308 501(C)(5) 5.000 PHILADELPHIA COUNCIL AFL-FINANCIAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

22 S 22ND ST 2ND FLR PHILADELPHIA. PA 19103

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19331	18070	979
Sch	edule J	Cor	npensat	ion Information	00	1B No	1545-0	0047
(For	n 990)		Compensa	Trustees, Key Employees, and Hig ated Employees	hest	20	18	2
		Complete if the organ		vered "Yes" on Form 990, Part IV, 1 to Form 990.	, line 23.	4 U	110	•
•	tment of the Treasury	► Go to <u>www.irs.gov</u>		instructions and the latest inform	mation.		to Pul	
	nl Revenue Service ne of the organiz	<u> </u> ation			Employer identificat		ectio Imber	
	ERNATIONAL ÚNION IED TRADES	OF PAINTERS AND			35-0198600			
		ons Regarding Compensation	on		33-0190000			
	(,,,					Yes	No
1a				f the following to or for a person liste ny relevant information regarding the				
		s or charter travel	$\overline{\mathbf{Z}}$	Housing allowance or residence for	personal use			
	_	companions	✓	Payments for business use of perso				
		nification and gross-up payments		Health or social club dues or initiation				
	Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did the all of the expenses described above		follow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all	. 1-2	2		No
	directors, truste	ees, officers, including the CEO/Exe	ecutive Directo	r, regarding the items checked in line	e lar			
3		If any, of the following the filing of EO/Executive Director Check all t		ed to establish the compensation of the not check any boxes for methods	ne			
	used by a relate	ed organization to establish compe	nsation of the	CEO/Executive Director, but explain	n Part III			
	Compens	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		0, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-contro	ol payment?			4a		No
b		r receive payment from, a supplen		lified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equity	-based compe	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	plicable amounts for each item in Part	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section on ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	·	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section on tingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization					6a		
b	Any related orga					6 b		
-	•	6a or 6b, describe in Part III	A long of the	No. and the same of the same o	ı.			
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixed art III	a	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	iction Act Notice, see the Instr	uctions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	1 990)	2018

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+		-	
1							

Page 3

Schedule J (Form 990) 2018

IMAY BE REQUESTED TO FLY FIRST CLASS WITH THE OFFICERS ADDITIONALLY, THE EXECUTIVE ASSISTANTS OF THE PRESIDENT AND GENERAL SECRETARY-TREASURER MAY FLY FIRST CLASS ON FLIGHTS THAT EXCEED ONE AND ONE HALF HOURS (1 1/2) IN DURATION, FOLLOWING THE SAME RULES AS THE GENERAL EXECUTIVE BOARD AIR FARE FOR TRAVEL COMPANIONS IS REPORTED AS COMPENSATION FOR THE OFFICERS AND EMPLOYEES WHO RECEIVED THE BENEFIT SECTION 44(G) OF IUPAT'S CONSTITUTION DISCUSSES COMPANION TRAVEL IUPAT DISCRECTIONARY SPENDING ACCOUNTS OF THE GENERAL PRESIDENT AND GENERAL SECRETARY-TREASURER ARE \$10,000 AND \$3,000, RESPECTIVELY THE DISCRETIONARY ACCOUNTS ARE DISCUSSED IN SECTIONS 48, 50 AND 61 OF IUPAT'S GENERAL CONSTITUTION PAYMENTS FOR BUSINESS USE OF PERSONAL RESIDENCE ALLOWANCE IS REPORTED AS COMPENSATION FOR OFFICERS HARRY J ZELL, WILLIAM CANDELORI, JR. ROBERT KUCHERAN, JAMES WILLIAMS, JR AND MARK R VAN ZEVERN IN THE AMOUNT OF \$1,000 PER OUARTER BUSINESS USE OF PERSONAL RESIDENCE ALLOWANCE IS DISCUSSED IN JUPAT WRITTEN EXPENSE POLICY

Software ID:

Software Version:

EIN: 35-0198600

Name: INTERNATIONAL UNION OF PAINTERS AND

ALLIED TRADES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			
	compensation compensation		(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
KENNETH E RIGMAIDEN GENERAL PRESIDENT	(1)	326,876	0	61,000	23,792	42,948	454,616	0
	(11)	0	0	0	0	0	0	0
GEORGE GALIS GENERAL SEC -TREASURER	(1)	257,184	0	39,400	20,764	64,150	381,498	0
SEMERAL SEC TREASURER	(11)	0	0	0	0	0	0	0
WILLIAM D CANDELORI JR GENERAL VICE PRESIDENT	(1)	200,470	0	40,400	16,982	25,341	283,193	0
GENERAL VICE PRESIDENT	(11)	0	0	0	0	0	0	0
ROBERT KUCHERAN GENERAL VICE PRESIDENT	(1)	209,629	0	40,400	5,116	5,217	260,362	0
	(11)	0	0	0	0	0	0	0
HARRY J ZELL GENERAL VICE PRESIDENT	(1)	195,632	0	40,400	16,982	21,584	274,598	0
	(11)	0	0	0	0	0	0	0
JAMES A WILLIAMS JR GENERAL VICE PRESIDENT	(1)	201,077	0	40,400	16,982	28,139	286,598	0
ODG	(11)	0	0	0	0	0	0	0
MARK R VAN ZEVERN GENERAL VICE PRESIDENT	(1)	203,024	0	40,400	16,982	20,180	280,586	0
GENERAL VICE FRESIDENT	(11)	0	0	0	0	0	0	0
CHARLES D HARRIS EXEC ASST TO GEN SEC-	(1)	179,939	0	36,400	15,158	23,787	255,284	0
TDEA	(11)	0	0	0	0	0	0	0
WILLIAM A COURTIEN AGREEMENTS DIRECTOR	(1)	189,061	0	36,400	15,158	30,859	271,478	0
	(11)	0	0	0	0	0	0	0
JOSEPH KOLICK LEGAL COUNSEL	(1)	295,535	0	5,500	23,248	21,021	345,304	0
	(11)	0	0	0	0	0	0	0
GREGORY D RAFTERY ORGANIZER	(1)	129,507	0	36,400	11,653	20,546	198,106	0
	(11)	0	0	0	0	0	0	0
TIMOTHY A STRICKER EXECUTIVE ASST TO G	(1)	164,123	0	36,400	14,325	45,260	260,108	0
DDEC	(11)	0	0	0	0	0	0	0
JACK HAYN ASST TO G PRESIDENT	(1)	138,097	0	36,400	12,612	21,138	208,247	0
	(11)	0	0	0	0	0	0	0
RONALD G KNEISS JR ASST TO THE GST	(1)	150,936	0	36,400	12,793	21,524	221,653	0
	(11)	0	0	0	0	0	0	0
JOHN DOHERTY DIRECTOR OF	(1)	122,863	0	67,900	11,226	9,937	211,926	0
COMMUNICATION	(11)	0	0	0	0	0	0	0

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38 or 40b.	efile GRAPHI	C print - DC	ON C	T PROCES	S A	\s Fi	led Data -					DL	N: 93	4933	180	70979
Part II Loans to and/or From Interested Persons. Can be discussed an amount on Form 990, Part X, line 2, above, reimbursed by the organization and amount on Form 990, Part X, line 3, a prompted an amount on Form 990, Part X, line 3, a prompted an amount on Form 990, Part X, line 3, a prompted by with organization of foan organization? Part II Cans to and/or From Interested Persons. Complete if the organization of foan organization or from the organization organization? Part II Cans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 28, or form 990, Part IV, line 26, or if the organization organizatio	Schedule L (Form 990 or 990	-EZ) ► Con	nplete	e if the orga	anizati	ion a	nswered "Yes	on Form 9	90, Part IV, li	nes 2	25a, 2	25b, 26				
Internal Revenue Service Internal Revenue Se					▶ /	Attac	h to Form 990	or Form 99	0-EZ.					20	1	8
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization organization organization (c) Description of transaction (d) Corrected Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .	•	I											•			
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of transaction (response) 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. 5 S Part II Loans to and/or From Interested Persons. Complete if the organization of loan (d) Lan to or from the organization? (a) Name of (b) Relationship (c) Purpose (d) Loan to or from the organization? To From (d) G) Balance (d) In (h) (i)Written agreement? bearing amount of loan (d) In (d)	INTERNATIONAL Ú		ers ani	D							-		entifica	ition r	numb	er
(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected Yes No To From (e) Persons during the year under section (d) Corrected Yes No (d) Corrected Yes No (e) Person and Organization (d) Corrected Yes No (e) Person and Organization organization organization organization (e) Purpose of assistance (d) Corrected Yes No Yes No (e) Purpose of assistance (d) Corrected Yes No Yes No (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (f) Relationship organization answered Yes or Form 990, Part IV, line 27.													ne 40h			
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization					u 103									(d) Cor	rected?
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization				<u>'</u>		1 1				\perp	` ´tr	ansactı	on		_	No
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																
### 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the line of assistance (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance	Part II Loa Cor rep (a) Name of	ans to and public in the order of the order	or Firganiz	rom Inter ation answe Form 990, I (c) Purpose	rested red "Ye Part X, (d) L	l Per es" on line 5 oan t orgar	sons. 1 Form 990-EZ, 2, 6, or 22 20 or from the nization?	Part V, line 3 (e)Original principal	38a, or Form 99	90, Pa (g) defa	rt IV,) In ault?	line 26 (I Appro boai	o, or if h) ved by rd or nittee?	(i) Wrı	tten nent?
Grants or Assistance Benefiting Interested Persons. Complete If the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance					1		FIOIII			165	140	ies	NO	res		110
Grants or Assistance Benefiting Interested Persons. Complete If the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance																
Grants or Assistance Benefiting Interested Persons. Complete If the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance																
Grants or Assistance Benefiting Interested Persons. Complete If the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance																
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f	 Total						•	<u> </u>					<u> </u>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of assistance (f										•						
(a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance									line 27							
			(b)	Relationship rested perso	betwe	en			_	of assi	stand	e	(e) Pu	rpose (of ass	ıstance
						-										
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50056A Schedule L (Form 990 or 990-EZ) 20								_								

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharin of organization revenues	
				Yes	No
(1) RASHIDA A RIGMAIDEN	FAMILY OF KENNETH E RIGMAIDEN,GENERAL PRESIDENT		RECEIVES COMPENSATION AS EMPLOYEE OF IUPAT		No
(2) DANIEL R WILLIAMS	FAMILY OF J A WILLIAMS JR, GEN VP ORGANIZING		RECEIVES COMPENSATION AS EMPLOYEE OF IUPAT		No
(3) CHARLES RIGMAIDEN	FAMILY OF KENNETH E RIGMAIDEN,GENERAL PRESIDENT		RECEIVES COMPENSATION AS EMPLOYEE OF IUPAT		No

Explanation

Schedule L (Form 990 or 990-EZ) 2018

Return Reference

efile GRAPH	DLN:	DLN: 93493318070979			
SCHEDUL (Form 990 or EZ)	90-EZ ons on n.	OMB No 1545-0047 2018 Open to Public Inspection			
Name Sthe of ginternational unlind trades 990 Schedule	Employer identi 35-0198600	fication number			
Return Reference		E	Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE INTERNATIONAL UNION OF MEMBERSHIP TO IUPAT AND TH 85 THROUGH 117 OF IUPAT'S CO	HE RIGHTS AND BENE	FITS OF MEMBERSHIP ARE I	DISCUSSED IN S	ECTIONS

Return Explanation
Reference

FORM 990, NOMINATIONS AND ELECTIONS OF OFFICERS OF THE INTERNATIONAL UNION OF PAINTERS AND ALLIED TR ADES (IUPAT) ARE DISCUSSED IN SECTIONS 149 THROUGH 152 OF IUPAT'S CONSTITUTION WHICH CAN B SECTION A, LINE 7A

Return Explanation
Reference

FORM 990,	THE INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES (IUPAT) FORM 990 IS PREPARED BY ITS
PART VI,	INDEPENDENT PUBLIC ACCOUNTANT WHO THEN FORWARDS THE RETURN TO IUPAT'S GENERAL SECRETARY-TR
SECTION B,	EASURER, WHO REVIEWS AND AUTHORIZES FOR FILING THE GOVERNING BODY IS PROVIDED AN ELECTRON
LINF 11B	IC COPY OF FORM 990 PRIOR TO FILING

Return Explanation
Reference

FORM 990, PART VI, (CONSTITUTION) AVAILABLE TO THE PUBLIC ON ITS WEB-SITE WWW IUPAT ORG IUPAT'S FINANCIAL S SECTION C, LINE 19

Return Explanation

GAIN ON FOREIGN CURRENCY TRANSLATION -236.374

FORM 990.

PART XI, LINE 9

Return Explanation

Reference

FORM 990,
THE INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES FINANICAL STATEMENTS ARE AUDITED AS

PART VII.

PART OF A CONSOLIDATED FINANICAL STATEMENT WHICH INCLUDE BOLITICAL ACTION TO CETHER FLINDS

FORM 990, THE INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES FINANICAL STATEMENTS ARE AUDITED AS

PART XII PART OF A CONSOLIDATED FINANCIAL STATEMENT WHICH INCLUDE POLITICAL ACTION TOGETHER FUNDS,

LINE 2B FINISHING TRADES DISASTER RELIEF FUND, BUILDING CORP AND JOB CORPS

Return Explanation
Reference

FORM 990,	AS STATED IN SECTION 24 OF THE GENERAL CONSTITUTION, THE MEMBERSHIP OF IUPAT ELECTS THE GO
PART I, LINE	VERNING BODY EVERY 5 YEARS AT ITS GENERAL CONVENTION THE LAST GENERAL CONVENTION WAS HELD
4 AND PART	IN AUGUST 2014
VI, LINE 1B	

Return Explanation
Reference

11010101100	
FORM 990,	IUPAT ISSUED 33 FORMS 1099, IUPAT BUILDING CORP LLC, EIN 20-1975167, ISSUED 6 FORMS 1099
PART V,	AND JOB CORPS, EIN 52-0886811, ISSUED 1 FORM 1099
LINE 1A	

Return Explanation Reference

FORM 990,	IUPAT HAS 32 DISTRICT COUNCILS AND APPROXIMATELY 322 LOCAL UNIONS THROUGHOUT THE UNITED ST
PART VI,	ATES AND CANADA ALL DISTRICT COUNCILS AND LOCAL UNIONS ARE GOVERNED BY IUPAT'S GENERAL CO

LINE 10A I NSTITUTION AND THE LAWS STATED THEREIN

Return Explanation

FORM 990,	THE SALARIES OF THE GENERAL PRESIDENT, GENERAL VICE PRESIDENTS AND GENERAL SECRETARY TREAS
PART VI,	URER ARE GOVERNED BY SECTIONS 48, 50, 53 AND 61 RESPECTIVELY OF THE GENERAL CONSTITUION
LINE 15	

Return Explanation
Reference

FORM 990, SCHEDULE RY-TREASURER, \$3,000, DO NOT REQUIRE SUBSTANTIATION THE OFFICE ALLOWANCES, \$4,000 EACH, F

J, LINE 2 OR FIVE GENERAL VICE-PRESIDENTS DO NOT REQUIRE SUBSTANTIATION ALL OTHER ITEMS LISTED ON L

INE 1A OF SCHEDULE J REQUIRE SUBSTANTIATION FOR REIMBURSEMENT

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE R

(Form 990)

As Filed Data -

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493318070979

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES

Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 35-0198600

	_							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	Legal domi or foreign	cıle (state	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) IUPAT BUILDING CORP LLC 7234 PARKWAY DRIVE HANOVER, MD 21076 20-1975167	TITLE HOLDING CORE	РМ	D			INTERNATIONAL UNION OF PAI AND ALLIED TRADES	NTERS	_
(2) JOB CORPS 7234 PARKWAY DRIVE HANOVER, MD 21076 52-0886811	JOB CORP PROGRAM	М	D			INTERNATIONAL UNION OF PAI AND ALLIED TRADES	NTERS	
								_
								-
								_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons Complete if the org	ganization ans	wered "Y	Yes" on Form 99	0, Part IV, line 34	l because it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (or foreign cour		(d) empt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) coi enti	512(b
							Yes	No
(1)IUPAT - POLITICAL ACTION TOGETHER - LEGISLATIVE AND EDUCATIONAL FUND 7234 PARKWAY DRIVE	POLITICAL ACTION COMMITTEE	MD	SEC	CTION 527		INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES		No
HANOVER, MD 21076 23-7387939								
(2)IUPAT - POLITICAL ACTION TOGETHER - PC 7234 PARKWAY DRIVE	POLITICAL ACTION COMMITTEE	MD	SEC	CTION 527		INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES		No
HANOVER, MD 21076 23-7185561						110.023		
(3)IUPAT 401K PLAN 7234 PARKWAY DRIVE	PENSION FUND	MD	401	1(A)/501(A)				No
HANOVER, MD 21076 35-0198600								
(4) JOB CORPS 401K PLAN 7234 PARKWAY DRIVE	PENSION FUND	MD	401	1(A)/501(A)				No
HANOVER, MD 21076 52-0886811								
(5)IUPAT - POLITICAL ACTION TOGETHER - MINNESOTA 7234 PARKWAY DRIVE	POLITICAL ACTION COMMITTEE	MD	SEC	CTION 527		INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES		No
HANOVER, MD 21076 47-5169478								
(6)IUPAT BOLD FUTURE PAC 7234 PARKWAY DRIVE	POLITICAL ACTION COMMITTEE	MD	SEC	CTION 527		INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES		No
HANOVER, MD 21076 81-3781231								
For Panerwork Poduction Act Notice, see the Instructions for Form	000	C-+ N	La E013EV	·/		Cahadula D / Farm	2007 20	110

(a) Name, address, and EIN of related organization	Name, address, and EIN of		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	d, total incom		Disprop	h) ortionate itions?	(i) Code V-UI amount in I 20 of Schedule k (Form 106	oox ma pa -1	(j) neral or naging rtner?		itage
					514)			Yes	No	1	Ye	s No	1	
											_	+		
Identification of Related Organiza because It had one or more related o						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp, or trust)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	of- Per	V, lin-	e	(i) Section 5 (13) continuity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?

No No

No

No

No

No

No

No

No

No

No

No

No

No

1e

1f

1g

1h

11

1m

1nl

1r Yes

1s

Schedule R (Form 990) 2018

Method of determining amount involved

REIMB OF ACTUAL COSTS INCURRED

CASH TRANSFER

CASH TRANSFER

Yes

Yes

Yes

Yes

Page 3

	•	,	'	' '													- 1	
1 During th	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?																	
a Receip	t of (i) ınterest, (i	i) annuit	ties, (iii) royalties,	, or(iv) rent from a controlle	d entity .												1a	

2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

0

0

R

0

0

(b)

Transaction type (a-s)

(c) Amount involved

1,884,588

343,790

1,488,009

2.997.300

41.650

1,411

1c **1**d

Lease of facilities, equipment, or other assets to related organization(s)

Sale of assets to related organization(s) . . . Purchase of assets from related organization(s)

Name of related organization

(1) IUPAT - POLITICAL ACTION TOGETHER - LEGISLATIVE AND EDUCATIONAL FUND

(2)IUPAT - POLITICAL ACTION TOGETHER - LEGISLATIVE AND EDUCATIONAL FUND

(3) IUPAT - POLITICAL ACTION TOGETHER - LEGISLATIVE AND EDUCATIONAL FUND

(4)IUPAT - POLITICAL ACTION TOGETHER - PC

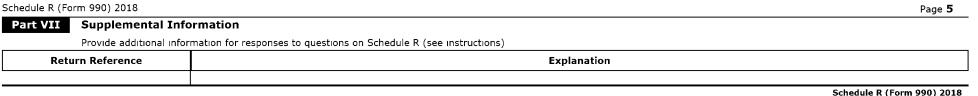
(5) IUPAT - POLITICAL ACTION TOGETHER - PC

(6) IUPAT - POLITICAL ACTION TOGETHER - PC

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

ras for a related organization. See instructions regarding exclusion for certain investment partnerships																
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets (h) Disproprtional allocations:		(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(1) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No				
										Schedul	e R (Forn	n 99	0) 2018			



Additional Data

Software ID: **Software Version: EIN:** 35-0198600

Name: INTERNATIONAL UNION OF PAINTERS AND

ALLIED TRADES

Form 990, Schedule R, Part V	<i>i</i> - Ira	nsactions	with Related	d Organizations
		(a)		

IUPAT - POLITICAL ACTION TOGETHER - LEGISLATIVE AND EDUCATIONAL FUND

IUPAT - POLITICAL ACTION TOGETHER - LEGISLATIVE AND EDUCATIONAL FUND

aanizatione		

(b)

Transaction

type(a-s)

Q

Ω

0

Q

(c) Amount Involved

1,884,588

343,790

1,488,009

2,997,300

41,650

1.411

(d)

Method of determining amount involved

REIMB OF ACTUAL COSTS INCURRED

CASH TRANSFER

CASH TRANSFER

Name of related organization

(2)

(5)

(1)

(1)

(3) (4)

IUPAT - POLITICAL ACTION TOGETHER - LEGISLATIVE AND EDUCATIONAL FUND IUPAT - POLITICAL ACTION TOGETHER - PC IUPAT - POLITICAL ACTION TOGETHER - PC

IUPAT - POLITICAL ACTION TOGETHER - PC