For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493190020940

2018

OMB No. 1545-0047

Form **990**

Department of the Treasury

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

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

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

Open to Public Inspection

\ F	ar the	2010 0	alendar vear or tay vear hegin	ning 07-01-2018 , and ending 06-3	20-2010			
		oplicable:	C Name of organization		30 2013	D Employe	r identif	ication number
		change	GLAZIERS ARCHITECHTURAL METAL GLASSWORKERS LOCAL UNION 513			43-0290	1736	
	me cha	-	Doing business as				,, 50	
	tial ret	urn n/terminated						
		return	Number and street (or P.O. box if m	ail is not delivered to street address) Room/s	uite	E Telephon	e number	
□ Арі	plicatio	on pending	5916 WILSON AVE			(314) 64	14-3922	
			City or town, state or province, cour ST LOUIS, MO 63110	ntry, and ZIP or foreign postal code				
			31 20013,110 03110			G Gross red	ceipts \$ 5	43,544
			F Name and address of principa CURT KIMBRELL SR	l officer:	H(a) I	s this a group ret	urn for	
			5916 WILSON AVE			subordinates?		□Yes ☑No
· -			ST LOUIS, MO 63110			Are all subordinata ncluded?	C 5	☐ Yes ☐No
L Tax	к-ехеп	npt status:	☐ 501(c)(3) ☐ 501(c)(5) ◀	(insert no.) \Box 4947(a)(1) or \Box 527	1	f "No," attach a li	•	•
J W	ebsit	e:▶ N/A	A .		H(c) G	Group exemption	number	>
					I Voor of	formation: 1989	M State	of legal domicile:
K Forn	n of or	ganization	: L Corporation L Trust M Asso	ciation ☐ Other ►	L rear or	Tormadon. 1909	MO	or regar doffficile.
Pa	ırt I	Sum	mary					
			scribe the organization's mission o	r most significant activities:				
စ္	<u>R</u>	REPRESEN	IT UNION MEMBERS WITH WAGE,	BENEFIT AND WORKING CONDITION M	ATTERS			
anc anc								
Ë	-							
Š				continued its operations or disposed of	more than	25% of its net as		1
<u>ح</u>	l		of voting members of the governing				3	9
~ Sé	l		-	the governing body (Part VI, line 1b)			4	9
Ě	l		, ,	lendar year 2018 (Part V, line 2a)			5	1
Activities & Governance	l			tessary)			6	
٩	l			VIII, column (C), line 12			7a	
	ь	Net unrel	lated business taxable income from	n Form 990-T, line 34	· · ·	 D: V	7b	
						Prior Year		Current Year
ङ	l		cions and grants (Part VIII, line 1h)			F20 F	0	
Ravenue	l	-	service revenue (Part VIII, line 2g)			538,5		527,54
æ	l		ent income (Part VIII, column (A), I	, ,		2,0	192	16,000
	l		venue (Part VIII, column (A), lines			540,5	94	543,54
			nd similar amounts paid (Part IX, c	st equal Part VIII, column (A), line 12)		3,0,5	0	
	l		paid to or for members (Part IX, co	, ,,			0	
۰,	l		· · · · · ·	enefits (Part IX, column (A), lines 5–10)		20,4	_	3,12
Expenses	l		onal fundraising fees (Part IX, colu			20,7	0	5,12
<u>e</u>	Ι.		raising expenses (Part IX, column (D),	, ,,			\dashv	
ੜ	l		penses (Part IX, column (A), lines	· -		572,6	528	511,56
	l		penses. Add lines 13–17 (must equ	·		593,1	-	514,68
	l	_	·	om line 12		-52,5	-	28,859
χ φ Χ φ					Begin	ning of Current Y	_	End of Year
anc anc								
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)			809,4	78	844,04
a E	21	Total liab	ilities (Part X, line 26)				25	(
Zű	22	Net asset	ts or fund balances. Subtract line 2	21 from line 20		809,4	53	844,04
	rt II		ature Block	ined this return, including accompanying				Al- 146
				. Declaration of preparer (other than off				
any k	nowle	dge.						
		*****	*			2019-11-11		
Sign		Signati	ure of officer			Date		
Here		CURT H	KIMBRELL SR VICE PRESIDENT					
			r print name and title					
		P	rint/Type preparer's name		Date		TIN	
Paic	ł	L			2019-11-11	self-employed	01291009	7
Prep	oare	er 📙	Firm's name ► RSM US LLP			Firm's EIN ► 42-	0714325	
-	On	ı ⊢	Firm's address ► 8182 MARYLAND AVE S	GUITE 900		Phone no. (314) 2	241-4100	
			SAINT LOUIS, MO 631					
M	ho ID:	C diaa	this return with the preparer show			1	. I.J	∕es □ No
vid∨ ti	ne IK:	o discuss	This return with the preparer show	vir anover isee instructions)				ces i ino

Cat. No. 11282Y

Form **990** (2018)

Form	990 (2018)				Page 2
Pa	rt III Statemen	t of Program Service Acc	complishments		
	Check if Sch	nedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission:			
ORG/	ANIZE AND REPRESE	NT UNION MEMBERS WITH WA	GE, BENEFIT AND WORKING CONDIT	TON MATTERS	
2	Did the organization	n undertake any significant pro-	gram services during the year which	were not listed on	
	·	or 990-EZ?			☐ Yes 🗹 No
	•	nese new services on Schedule			
3	_		gnificant changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe th	nese changes on Schedule O.			
4	Section 501(c)(3) a		nplishments for each of its three large required to report the amount of gra ervice reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
	-				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
	-				
	-				
4c	(Code:) (Eyponese #	including grants of \$) (Revenue \$)
4C	(Code.) (Expenses \$	including grants or \$) (Revenue \$)
	-				
4d	Other program serv	vices (Describe in Schedule O.)			
	(Expenses \$	including (grants of \$	(Revenue \$)
4e	Total program se	rvice expenses ▶			

Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			No
7	If "Yes," complete Schedule D, Part I 2	6 7		No No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

Nο

22

Par	(D) Charlettet of Devisional Calcaded on (newtiness)			
	Checklist of Required Schedules (continued)		Yes	No
3	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? <i>If "Yes," complete Schedule J</i>	23	res	No
la	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		
t	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	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		
	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
,	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
}	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):			
a	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		No
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
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	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
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
•	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
}	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		No
ŀ	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		No
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
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		
3	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	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
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ar	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
			Yes	N

b Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable .

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

1c

If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file **7**c Nο **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f 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 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

8 **9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a 10b

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities a Gross income from members or shareholders 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b

12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b

11 Section 501(c)(12) organizations. Enter: 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Nο Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018)

Form	990 (2018)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	·	onse to i	lines V
_Se	ction A. Governing Body and Management		. I	
1a	Enter the number of voting members of the governing body at the end of the tax year a		Yes	No
	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 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: CURT KIMBRELL SR 5916 WILSON AVE ST LOUIS, MO 63110 (314) 644-3922			
				0 (2010)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- 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

(A) Name and Title	(B) Average hours per week (list any hours	er than one box, unless person is both an officer and a director/trustee) 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	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) ERIC KRAUS TRUSTEE	1.00	Х						0	0	(
(2) MICHAEL FERRENBACH TRUSTEE	1.00	х						0	0	(
(3) DALE WILLMANN WARDEN	1.00	Х						o	0	(
(4) ROBERT CLANCY III TRUSTEE	1.00	Х						0	0	(
(5) JUSTIN MOSLEY PRESIDENT	8.00			x				1,847	0	(
(6) STEVE TOMPKINS VICE PRESIDENT	8.00			х				o	0	(
(7) CURTIS KIMBRELL SR BUSINESS REP	40.00			x				0	0	(
(8) RANDY KING TREASURER	1.00			x				0	0	(
(9) JOHN DEEKEN FIELD REP	1.00			х				0	0	(
(10) MATTHEW CLANCY FINANCIAL SECRETARY	8.00			х				0	0	(
(11) MICHAEL CLANCY RECORDING SECRETARY	8.00			х				0	0	(
(12) JAKE ZURHEIDE FORMER WARDEN	1.00			Х				0	0	(

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

_ ~			,,		- , -	,						(
	(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t cho Inles ficer	ss pers	son	(D) Reporta compens from t organizati	able sation the on (W-	(E) Reportable compensation from related organizations (W-	Estima Estima amount o compen from	ated of other sation	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compens employee	Former	2/1099-N	AISC)	2/1099-MISC	:)	organization and related organizations		
			- ř	stee e			nsated								
c	Sub-Total						 		1	,847		0		0	
2	Total number of individuals (including of reportable compensation from the			e liste	ed a	bove	e) who	rec	eived more	than \$1	00,000				
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e •	mplo	oyee,	or hi	ghest comp	ensated • •	employee on	3	Yes	No No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No	
5	Did any person listed on line 1a receive services rendered to the organization									n or indi	vidual for • • •	5		No	
	ection B. Independent Contract		al :l - :					LL - 1			#100.000 - C		L:		
1	Complete this table for your five higher from the organization. Report comper											mpen	sation		
	· · · · · · · · · · · · · · · · · · ·	(A) and business addre									(B) ription of services		(C Compe		

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

orm 9		,								Page 9
Part	VIII									
		Check If Schedul	e O contains a	a respo	onse or note to any	(A) Total revenue		(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 a	Federated campaign	ns	1a	<u> </u>			revenue		512 - 514
ats nts		• Membership dues		1b	<u> </u>					
rar		•			<u> </u> 					
Α̈́G		Fundraising events		1c	<u> </u>					
a ift		Related organizatio		1d	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (co		1e						
<u> </u>	f	All other contributions, and similar amounts n		1f						
Contributions, Gifts, Grants and Other Similar Amounts		above			<u> </u>					
重豆	g	Noncash contribution in lines 1a - 1f:\$	ons included							
a C	1	Total. Add lines 1a	-1f		•					
					Business	Code				
Program Service Revenue	2a	MEMBERSHIP DUES AND	O AS			900099	527	7,544 52	7,544	
£6.						300033				
ce F	b									
ervi	c d									
Š	e									
grar		All other program se	rvice revenue							
P		Fotal. Add lines 2a-2			>	27,544				
		investment income (ii			<u> </u>					
	si	imilar amounts) .		•	>	1	16,000			16,000
		ncome from investme								
	5 R	Royalties	(i) Doo		1		-			
	6a	Gross rents	(i) Real		(ii) Personal					
	b	Less: rental expenses								
	c	Rental income or								
		(loss)				,				
	d	Net rental income o			• • • •					
	7-	Gross amount	(i) Securit	ies	(ii) Other					
		from sales of assets other								
		than inventory								
	b	Less: cost or other basis and								
		sales expenses								
		Gain or (loss)				 				
		Net gain or (loss) . Gross income from for			<u> </u>					
<u>e</u>		(not including \$		of						
eur		contributions reporte See Part IV, line 18			}					
ev.		Less: direct expense		b						
er F		Net income or (loss)		ing ev	rents \blacktriangleright					
Other Revenue	9a	Gross income from g	jaming activiti	es.						
0		See Part IV, line 19		а						
	b	Less: direct expense	s	b						
		Net income or (loss)								
		Gross sales of invent								
		returns and allowand	ces	a	}					
	b	Less: cost of goods s	sold	b						
		Net income or (loss)		invent	tory ►					
		Miscellaneous			Business Code					
	11:	a								
	b									
	С									
		All other revenue .								
	е	Total. Add lines 11a	-11d		•		T			
	12	Total revenue. See	Instructions.			E/	13,544	527,54	4	0 16,000
						L 54	,,,,,,44	327,34	7	0 16,000 Form 000 (2019)

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	nizations must com	plete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> \square</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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,847			
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				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	1,075			
10	Payroll taxes	202			
11	Fees for services (non-employees):				
	a Management				
ı	b Legal				
	c Accounting	8,305			
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
1	f Investment management fees				
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,489			
13	Office expenses	2,601			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,375			
20	Interest				
21	Payments to affiliates	478,932			
22	Depreciation, depletion, and amortization	865			
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MEMBER EVENTS	4,920			
	b CONTRIBUTIONS	3,795			
	c TELEPHONE	650			
	d DONATIONS/GIFTS	303			
	e All other expenses	326			
25	Total functional expenses. Add lines 1 through 24e	514,685			
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).				
					Form 900 (2018)

Form 990 (2018)

Liabilities

Fund Balances

Assets or 30

Net

28

29

31

32

33

34

6

8

9

10c

11

12

13

14

15

16

18

19

20

21

22 23

24

25

27

28

29

30

31 32

33

34

25 26

178.333

631,120

809.453

809.478

865

809.478

25 17 Page **11**

844,043

844.043

0

839.596

844.043

844,043

Form **990** (2018)

4,447

Check if Schedule O contains a response or note to any line in this Part IX .			
		login	(A

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	808,613	1	
2 Savings and temporary cash investments		2	
			(

Pledges and grants receivable, net . . 4 Loans and other receivables from current and former officers, directors, 5

28,607

28,607

trustees, key employees, and highest compensated employees. Complete Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L . . . Notes and loans receivable, net

Assets

Inventories for sale or use .

Prepaid expenses and deferred charges basis. Complete Part VI of Schedule D

10a 10b

10a Land, buildings, and equipment: cost or other Less: accumulated depreciation Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11

Intangible assets

Other assets. See Part IV, line 11 . . .

11 12 13 14 15

16 17 Accounts payable and accrued expenses

Total assets.Add lines 1 through 15 (must equal line 34) . . . 18 Grants payable . . 19 Deferred revenue

20 Tax-exempt bond liabilities . . . 21

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties

22 23 24

and other liabilities not included on lines 17 - 24).

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 .

26

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{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

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

27

Unrestricted net assets

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

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			543,544
2	Total expenses (must equal Part IX, column (A), line 25)	2			514,685
3	Revenue less expenses. Subtract line 2 from line 1	3			28,859
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			809,453
5	Net unrealized gains (losses) on investments	5			5,731
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			844,043
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash Accrual Other CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

Form **990** (2018)

Additional Data

Software ID: Software Version:

EIN: 43-0290736

Form 990 (2018)

Form 990, Part III, Line 4a:

CONDITION MATTERS

ORGANIZE AND REPRESENT UNION MEMBERS OF GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL UNION NO. 513 WITH WAGE, BENEFIT AND WORKING

GLASSWORKERS LOCAL UNION 513

Name: GLAZIERS ARCHITECHTURAL METAL AND

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493190020940

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Part III

Name of the organization **Employer identification number** GLAZIERS ARCHITECHTURAL METAL AND GLASSWORKERS LOCAL UNION 513 43-0290736 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2018

Part	<u> </u>	Organizations Ma	aintaining Col	lections of Art,	, Histor	<u>ical T</u>	reası	ures, or	Other	Similar A	Assets ((continued)	
3		the organization's acquisition's acquisition		n, and other record	ds, check	any of	the fo	ollowing t	hat are a	significant	use of it	s collection	
а		Public exhibition			d		Loan	or excha	nge prog	ırams			
b		Scholarly research			e		Othe	er					
c		Preservation for future	e generations										
4	Provide Part	de a description of the o	organization's col	ections and explai	in how th	ey furt	her th	e organiz	ation's e	xempt pur	oose in		
5	Durin	ig the year, did the orga is to be sold to raise fun									□ y	es 🛭 I	No
Par	t IV	Escrow and Custon Complete if the orgon, Inne 21.			orm 990), Part	: IV, I	ine 9, or	reporte	ed an amo	ount on	Form 990	, Part
1a		e organization an agent ded on Form 990, Part)									☐ Y	es 🗌 I	No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete the	following	table:		[Amount	 :	
С		nning balance		·	_			Ī	1c				
d	Addit	ions during the year .							1d				_
е		butions during the year						The state of the s	1e				
f	Endin	ng balance						[1f				_
2a	Did +l	he organization include	an amount on Fo	rm 990 Part Y lin	a 21 for	eccrov	w or c	retodial a	ccount lis	hility2		es 🗆 i	— No
b		_								•		es 🗀 i	10
	rt V	es," explain the arrange Endowment Fund											
I GI	L V	Lindowillent Fund	us. Complete ii	(a)Current year		Prior yea		(c)Two ye		(d)Three y		(e)Four ye	ars back
1a	Beginn	ing of year balance .		(L)carront you	1 (-)	,,,,,		(5)5 / 5		(4)		(0): 04: 70	
	_	outions											
		estment earnings, gain	ns, and losses										
		or scholarships	·										
		expenditures for facilities											
	and pr	ograms											
f,	Admini	istrative expenses .											
g	End of	year balance											
2	Provi	de the estimated percei	ntage of the curre	ent year end balan	ce (line 1	.g, colu	ımn (a)) held as	s:				
а	Board	d designated or quasi-e	ndowment 🟲										
b	Perm	anent endowment ►											
С	Temp	orarily restricted endov	wment ►	***************************************									
	The p	percentages on lines 2a,											
3a		here endowment funds	not in the posses	sion of the organiz	zation tha	t are h	ield ar	nd admini	stered fo	r the		17	
	-	nization by: nrelated organizations									-	Yes Ba(i)	No
		elated organizations .						• •				a(ii)	
b	• •	es" on 3a(ii), are the rel			d on Scho	• • edule R	١? .				. F	3b	
4		ribe in Part XIII the inte	-	•									<u>.t</u>
Par	t VI	Land, Buildings,	and Equipmer	nt.									
		Complete if the org									art X, li		
	Descri	iption of property	(a) Cost or oth (investme	, , ,	ost or othe	r basis (other)	(c) Acci	umulated o	lepreciation		(d) Book val	ue
1a	Land												
b	Buildin	gs											
c	Leaseh	old improvements											
d	Equipn	nent									1		
							28,607			28,607	7		0
-		lines 1a through 1e. <i>(Cd</i>	olumn (d) must e	qual Form 990, Pai	rt X, colu	mn (B)), line	10(c).) .		>	1		0

See Form 990, Part X, line 12.		wered "Yes" on Form 99	
(a) Description of security or category (including name of security)	(b) Book value		d of valuation: -year market value
1) Financial derivatives			
2) Closely-held equity interests 3) Other	· · · ·		
A)			
3)			
C)			
D)			
E)			
F)			
G)			
н)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' o	un Form 990 Part IV	ine 11c See Form 990	Part Y line 13
(a) Description of investment	(b) Book value	(c) Metho	d of valuation:
1)		Cost or end-of	-year market value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
(9)			
	•		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answe (a) Descrip	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	90, Part X, line 15. (b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answe (a) Descrip	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answe (a) Descrip 1)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
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Otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Other Assets. Complete if the organization answer (a) Descrip 1) 2)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
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Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7)	ered 'Yes' on Form 990, P	art IV, line 11d. See Form 9	
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 60 7) 80 Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answer (a) Descrip Other Assets. Complete if the organization answer (a) Descrip (a) Descrip (b) Liabilities. Complete if the organization answer (a) Descrip Other Liabilities. Complete if the organization answer (a) Descrip Other Liabilities. Complete if the organization answer (a) Descrip Other Liabilities. Complete if the organization answer (a) Descrip Other Liabilities.	ered 'Yes' on Form 990, P		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7) Part X Other Liabilities. Complete if the organization answer (a) Descrip Other Assets. Complete if the organization answer (a) Descrip 1) 2) 7) 8) Other Liabilities. Complete if the organization see Form 990, Part X, line 25. (a) Description of liability	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7) Part X Other Liabilities. Complete if the organization answer (a) Descrip Other Assets. Complete if the organization answer (a) Descrip 1) 2) 7) 8) Other Liabilities. Complete if the organization see Form 990, Part X, line 25. (a) Description of liability	n answered 'Yes' on Form 990, F		(b) Book value
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Other Assets. Complete if the organization answer (a) Descrip (a) Descrip (a) Descrip (b) Must equal Form 990, Part X, col.(B) line 13.) 2) 33 4) 55 60 77 88 99 Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes	n answered 'Yes' on Form 990, F		(b) Book value
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Other Assets. Complete if the organization answer (a) Descrip (a) Descrip (b) Must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer (a) Descrip (b) Descrip (c) Description of Description of Description of Description of Description (c) De	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6)	n answered 'Yes' on Form 990, F		(b) Book value
Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes	n answered 'Yes' on Form 990, F		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answer (a) Descrip 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	n answered 'Yes' on Form 990, F		(b) Book value

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Subtract line 2e from line 1 3 514,585 3

4 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 . . . 4a 100

4b b

Add lines **4a** and **4b** 4c 100

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5

5 514.685 Supplemental Information

Part XIII 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

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

Return Reference Explanation

See Additional Data Table

ıle D (Form 990) 2018	Page 5
XIII Supplemental Information (continued)	
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Supplemental Information



Software ID:

Return Reference PART XI, LINE 2D - OTHER

ADJUSTMENTS:

POLITICAL FUND REVENUE 18,750.

Explanation

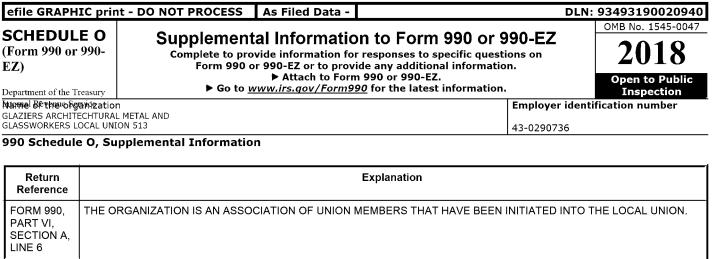
Supplemental Information					
Return Reference	Explanation				
PART XII, LINE 2D - OTHER ADJUSTMENTS:	POLITICAL FUND EXPENSES 15,655.				

Supplemental Information				
Return Reference	Explanation			
FORM 990. PART XI, LINE 4B	THE FINANCIAL STATEMENTS REPORT REIMBURSEMENTS NET OF EXPENSES. THE 990 REQUIRES THAT REIMBURSEMENTS BE REPORTED AS REVENUE.			

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Supplemental Information				
Return Reference	Explanation			
	THE POLITICAL ACTION COMMITTEE FUND (PAC FUND) IS A SEPARATE SEGREGATED FUND UNDER SECTION 527 AND ITS ACTIVITY HAS BEEN EXCLUDED FROM THE 990. THE PAC FUND REPORTS ITS ACTIVITY ON FORM 1120-POL.			

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Return Explanation

Reference

FORM 990, ALL UNION MEMBERS INITIATED INTO LOCAL UNION 513 WHO ARE IN GOODSTANDING AT THE TIME OF EL PART VI, ECTIONS ARE ELIGIBLE TO RUN AND VOTE FOR EACH OFFICE OF THE EXECUTIVE BOARD (GOVERNING BOD SECTION A, Y). ELECTIONS ARE HELD EVERY THREE YEARS AND THE GOVERNING BODY POSITIONS HAVE THREE YEAR TERMS.

Return Explanation

Peference

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

Return Explanation

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation
Reference

LINE 18

FORM 990, ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST.

PART VI,
SECTION C.

Return Explanation
Reference

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

Return Explanation

Reference

990 PART THE RECORDS OF THE ORGANIZATION ARE MAINTAINED ON A MODIFIED CASH BASIS OF ACCOUNTING.
XII LINE 1