DLN: 93493231002430 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 2018 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

Treasi		► Go to <u>www.irs.gov/Form990</u> for instructions and the	latest informa	ation.		Inspection	
	al Revenue Serv	i ^{re} Dicalendar year, or tax year beginning 10-01-2018 , and ending 09-3	0-2019				
B Che	eck if applicable ddress change ame change	C Name of organization	2013	D Employ 44-019		ication number	
☐ In	ıtıal return	Doing business as LOCAL UNION 518					
☐ Ar	nal return/termina mended return oplication pendi	Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Telephoi	ne number		
•		City or town, state or province, country, and ZIP or foreign postal code INDEPENDENCE, MO 64050		G Gross re	eceipts \$ 1	,356,485	
		F Name and address of principal officer	H(a) Is this	a group re	turn for		
		DAVID R KIRKPATRICK 301 S MAIN INDEPENDENCE, MO 64050		dınates? I subordına		□Yes ☑No □Yes □No	
I Ta	ax-exempt stati	us ☐ 501(c)(3) ☑ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	If "No,	," attach a	•	instructions)	
J W	/ebsite: ► (DPCMIA518 ORG	H(c) Group	exemption	number	•	
K For	m of organizati	on ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶	L Year of forma	tion 1914	M State MO	of legal domicile	
Р		mmary					
nce	TO ENC	describe the organization's mission or most significant activities OURGE A HIGH STANDARD OF SKILL, FAIR STANDARD OF WAGES, ASSIST E RISDICTION OF THE TRADE	EACH OTHER IN	N SECURIN	G EMPLO	YMENT, PROTECT	
E G							
Governance	2 Check	this box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of m	nore than 25%	of its net a	assets		
		er of voting members of the governing body (Part VI, line 1a)			3	7	
Activities &		er of independent voting members of the governing body (Part VI, line 1b)		•	4	7	
E		number of individuals employed in calendar year 2018 (Part V, line 2a)		•	5	6	
Ac		Intelleted business revenue from Part VIII, column (C), line 12		•	7a	0	
	1	related business taxable income from Form 990-T, line 34			7b	0	
				or Year		Current Year	
ā	8 Contrib	outions and grants (Part VIII, line 1h)		1,413,	343	1,337,116	
Ravenue	1	m service revenue (Part VIII, line 2g)				(
ę.		ment income (Part VIII, column (A), lines 3, 4, and 7d)			177	7,045	
	1	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,419,	269 789	12,32 ⁴ 1,356,485	
		and similar amounts paid (Part IX, column (A), lines 1–3)					
		ts paid to or for members (Part IX, column (A), line 4)		178,	906	98,446	
82	15 Salarıe	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)		669,	059	658,800	
Expenses	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)				C	
χb		ndraising expenses (Part IX, column (D), line 25) ▶0					
ш		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		597,		631,832	
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12		1,445, -26,		1,389,078 -32,593	
× 00	19 Reveni	de less expenses Subtract fine 10 from fine 12	Beginning	of Current \		End of Year	
Net Assets or Fund Balances							
Ass (Bal		ssets (Part X, line 16)		691,		604,572	
E E		labilities (Part X, line 26)			025	3,035	
		sets or fund balances Subtract line 21 from line 20		634,	130	601,537	
Unde know	r penalties o	f perjury, I declare that I have examined this return, including accompanying elief, it is true, correct, and complete Declaration of preparer (other than office	schedules and ter) is based or	statement n all inform	s, and to ation of	the best of my which preparer has	
	***	***	2020	0-02-04			
Sigr	Sign	nature of officer	Date)			
Here	DAV	/ID R KIRKPATRICK BUS MGR SECY TR					
	Гіур	e or print name and title Print/Type preparer's name Preparer's signature D	ate		PTIN		
Pai	Ч	Printy Type preparer's name Preparer's signature	Che	ck ∐ ıf	P0207413	4	
	u parer	Firm's name ► STEVEN E SENTER CPA		employed n's EIN > 43	-1340565		
	Only	Firm's address ► 6333 N OAK TRAFFICWAY	Phoi	Phone no (816) 454-2712			
	-	Kansas City, MO 64116		. (3)			
Mav i	the IRS disci	iss this return with the preparer shown above? (see instructions)			. 🗆	res ☑ No	
		Reduction Act Notice, see the separate instructions.	Cat No 1	1282Y		Form 990 (2018	

Form	990 (2018)				Page 2
Pa	rt III Staten	nent of Program Service Acc	omplishments		
	Check If	Schedule O contains a response or	note to any line in this Part III		🗆
1		the organization's mission			
	NCOURGE A HIGH SDICTION OF THI		DARD OF WAGES, ASSIST EACH OTH	ER IN SECURING EMPLOYMEN	Γ, PROTECT THE
2	Did the organiza	ation undertake any significant prog	gram services during the year which v	vere not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	oe these new services on Schedule	0		
3	Did the organiza	ation cease conducting, or make sig	nificant changes in how it conducts, a	any program	
		oe these changes on Schedule O			☐ Yes ☑ No
4	Describe the or Section 501(c)(ganization's program service accom	plishments for each of its three large required to report the amount of grai ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Da			, , , , , , , , , , , , , , , , , , , ,	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program	services (Describe in Schedule O)			
	(Expenses \$	ıncluding g	rants of \$	(Revenue \$)
4e	Total program	ı service expenses ▶			

Form 990 (2018) Page 3 **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 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο Nο Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 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? 5 Nο 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, Nο 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No 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 Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No 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)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . No

14b

15

20b

21

22

Nο

Nο

No

Nο

No

Nο

Nο

Νo

Nο

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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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form	990 (2018)			Page 4
Pai	tiV 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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			1
	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	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		
36	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		
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
38	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	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. :		Ш
			Vac	· Na

1a

1b

0

Yes Form **990** (2018)

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

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

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

13b

13c

13a

14a

14b

15

No

No

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

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

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?

OHIII				Page
Pa	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	o" respo	onse to	lines V
Se	ection A. Governing Body and Management	•	•	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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	Yes	
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			
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
		$\overline{}$		
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	10b	Yes	No
b 11a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to	10b 11a 12a	Yes	
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10b 11a 12a 12b	Yes	
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 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, affiliates, 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 the 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c 13	Yes	No
b 111a b 112a b c 113 114	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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	10b 11a 12a 12b 12c 13	Yes	No
b 111a b 112a c 113 114 115 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14		No
b 111a b 112a c 113 114 115 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes	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, affiliates, 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 the 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 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	10b 11a 12a 12b 12c 13 14	Yes	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, affiliates, 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 the 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 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 a	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No 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, affiliates, 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 the 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 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 a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
b 111a b 112a c 113 114 115 a b 116a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 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 a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No 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, affiliates, 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 the 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 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 a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No
b 111a b 112a c 13 14 15 a b 16a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 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 a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No
b 111a b 112a c 13 14 15 a b 16a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 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 a taxable entity during the year? 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? List the States with which a copy of this Form 990 is required to be filed▶ Section 6.104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No
b 111a b 112a c 13 14 15 a b 16a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 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 a taxable entity during the year? 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? 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(c)(3)s only) available for public	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No

(A)

Part VII

(F)

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

(C)

(D)

(E)

- 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 compensated employees, and former such persons

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

(B)

Name and Title	Average hours per week (list any hours	than o	ne bo	ox, ι an of tor/t	ot che unles fficer trust	eck moss ss pers r and a tee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099-	related organizations	
(1) BRIAN RANDLE TRUSTEE	1 00 0 00	х						1,280	0	0	
(2) GORDON HITT BUS AGENT TRUSTEE	41 00	x						41,557	0	0	
(3) MIKE GARD TRUSTEE	1 00 0 00	x						1,292	0	0	
(4) LAMONT CURTIS TRUSTEE	1 00 0 00	х						1,280	0	0	
(5) KEVIN GARD SGT AT ARMS BUS AGENT	41 00	×		х				78,229	0	0	
(6) DAVID R KIRKPATRICK BUS MGR SECY TREASURER	41 00			х	х			95,627	0	0	
(7) ALISE MARTINY PRESIDENT	1 00 0 00			х				0	0	0	
(8) DAVID F WILLETTE VICE PRES BUS AGENT	41 00			х				82,891	0	0	
					<u> </u>						
					F						
					-						
					F						

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and H	ligh	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n off	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	any hours for related organizations below dotted line)		Institutional Trustee		key employee	Forr		2/1099-MISC)	2/1099-MISC)	organization and related organizations

			éd		

1b Sub-Total						

	1b Sub-Total												
d Total (add lines 1b and 1c)						▶		302,156	0	0			
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$1	00,000				

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization >

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

		·									
1b Sub-Total											

Yes

3

4

5

(B)

Description of services

No

Nο

Nο

No

(C)

Compensation

Form 990 (2018)

1b Sub-Total						>					
c Total from continuation sheets to Part ⅥI, Section A ▶											

Part	VIII Statement of Revenue						rage 3
Ган	Check if Schedule O contains	recno	onse or note to any	/ line in this Part VIII			П
	Check if Schedule o contains i	а тезро	inse of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns	1a			Tevenue		312 314
nts Ints	b Membership dues	1b	1,337,116				
je gi Jom	c Fundraising events	1c					
S, G An	d Related organizations						
<u>#</u>	_	1d					
3, E	e Government grants (contributions)	1e					
ë is	f All other contributions, gifts, grants, and similar amounts not included	1 f					
듍	above						
Ēö	g Noncash contributions included in lines 1a - 1f \$						
Contributions, Gifts, Grants and Other Similar Amounts	h Total. Add lines 1a-1f		•				
			Busines	1,337,116			<u> </u>
품	2a		- Busilles:	s code	+		+
3		-					
υ Œ	b ————————————————————————————————————						
ر <u>ج</u>	c ————————————————————————————————————						
3ç	u -	_					
ran	f All other program service revenue	_					
Program Service Revenue	, -		_				
	9Total. Add lines 2a-2f		<u> </u>	-	ı	1	1
	3 Investment income (including divid similar amounts)			7,045	7,045	5	
	4 Income from investment of tax-exe	mpt bo	ond proceeds	•			
	5 Royalties			•			
	(ı) Real		(II) Personal				
	6a Gross rents						
	b Less rental expenses			1			
	c Rental income or (loss)						
	d Net rental income or (loss)			_			
	(ı) Securit	ies	(II) Other				
	7a Gross amount from sales of						
	assets other than inventory						
	,						
	b Less cost or other basis and						
	sales expenses C Gain or (loss)			-			
	d Net gain or (loss)		•	┪			
	8a Gross income from fundraising eve	ents	<u> </u>				
ne	(not including \$ contributions reported on line 1c)	of					
듄	See Part IV, line 18	a					
Other Revenue	b Less direct expenses	ь		7			
ē	c Net income or (loss) from fundrais	ing ev	ents 🕨				
o E	9a Gross income from gaming activities See Part IV, line 19	es					
_	See Fairty, mile 15	a					
	b Less direct expenses	ь		1			
	c Net income or (loss) from gaming	actıvıtı	es >				
	10aGross sales of inventory, less						
	returns and allowances	al					
	b Less cost of goods sold	ь		-			
	c Net income or (loss) from sales of	L	ory >	_			
	Miscellaneous Revenue		Business Code				
	11aREIMBURSEMENTS REFUNDS		90009	10,082	10,082	:	
	b		•				
	с				1		
	d All other revenue			2,242	2,242	!	
	e Total. Add lines 11a-11d		•				
	12 Total revenue. See Instructions			12,324			
	The state of the s		• • •	1,356,485	19,369		Form 990 (2018)
							1 UIIII 33U (2016)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	98,446			
5 Compensation of current officers, directors, trustees, and key employees	299,132			
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	70,157			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	175,697			
9 Other employee benefits	85,057			
10 Payroll taxes	28,757			
11 Fees for services (non-employees)				
a Management				
[3,894			
b Legal	3,500			
c Accounting	3,500			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	29,654			
13 Office expenses	12,645			
14 Information technology				
15 Royalties				
16 Occupancy	23,445			
17 Travel	124			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,314			
	532			
20 Interest				
21 Payments to affiliates	352,035			
22 Depreciation, depletion, and amortization	68,631			
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)	12,812			
a AUTO EXPENSE	28,314	28,314		
	,			
b DONATIONS	12,712	12,712		
c OTHER TAXES	13,687	13,687		
d LUNCHES	7,651	7,651		
e All other expenses	38,882			
25 Total functional expenses. Add lines 1 through 24e	1,389,078	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation				

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13 14

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27 28

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691.155

2,831

54,194

57.025

634,130

634,130

691,155

Beginning of year

Page **11**

604.572

3,035

3.035

601,537

601,537

604,572

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End of year

	1	Cash-non-interest-bearing		i	300	1	300
	2	Savings and temporary cash investments	345,766	2	302,497		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
S	6 7	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations of Part II of Schedule L. Notes and loans receivable, net		6			
Assets	8	Inventories for sale or use		8			
¥	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	730,910			
	b	Less accumulated depreciation	10 b	429,135	345,089	10c	301,775
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	

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

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

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

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

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

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.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

13

14

15

16

17

18 19

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21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,356,485
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,389,078
3	Revenue less expenses Subtract line 2 from line 1	3			-32,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			634,130
5	Net unrealized gains (losses) on investments	5			
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			601,537
Pa	rt XII Financial Statements and Reporting	'			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	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
Ь	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	ıred	3b		

Form **990** (2018)

Additional Data

Software ID:

MAINTAIN WORK AGREEMENTS WITH THE CONTRACTOR ASSOCIATIONS AND NEGOTIATE WAGE AND BENEFIT PACKAGES, SUPPORT TRAINING PROPER SKILLS AND

EIN: 44-0194955

Name: OPERATIVE PLASTERERS & CEMENT MASON

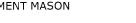
Form 990, Part III, Line 4a:

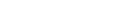
SAFETY

Form 990 (2018)

Software Version:







SCHEDULE D

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.

OMB No 1545-0047

DLN: 93493231002430

Open to Public

Department of the Treasury Int

(Form 990)

	<u> </u>	for the latest in	iormation.		Inspection
Na OPE	me of the organization RATIVE PLASTERERS & CEMENT MASON			Employer ide 44-0194955	entification number
Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye			Accounts.	
	· •	(a) Donor advised fun	ıds	(b)Funds	and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		d in donor advi	sed funds are	the 🗌 Yes 🔲 I
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				
Pa	t II Conservation Easements. Complete if th	ne organization answered "Ye	es" on Form	990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the orga	nization (check all that apply)			
	Preservation of land for public use (e g , recreation	n or education)	rvation of an h	istorically impo	ortant land area
	Protection of natural habitat	Preser	rvation of a ce	rtified historic :	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contributi	ion in the form		tion t the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
c	Number of conservation easements on a certified historic	c structure included in (a)		2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register $$	red after 7/25/06, and not on a	historic	2d	
3	Number of conservation easements modified, transferre tax year •	d, released, extinguished, or ter	rminated by th	ie organization	during the
4	Number of states where property subject to conservation	n easement is located 🕨			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		n, handling of	violations,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and	enforcing con	servation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, • \$	handling of violations, and enfo	rcing conserva	ition easement	s during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(u)^2$	above satisfy the requirements	of section 170)(h)(4)(B)(ı)	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's fi			
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasurs" on Form 990, Part IV, line	es, or Othe e 8.	r Similar As	sets.
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, education, or	research in fui		
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			▶ \$	
(i	i)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			cial gain, provid	de the
а	Revenue included on Form 990, Part VIII, line 1			> \$	
b	Assets included in Form 990, Part X			▶ \$	
For I	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 5	2283D Sche	edule D (Form 990) 2

Pari		Organizations Ma	aintaining Collec	tions of	f Art, H	istori	cal Tı	reası	ures, or	Other	Similar A	ssets (d	ontinued)	
3		the organization's acq (check all that apply)												
а		Public exhibition				d		Loan	or excha	inge prog	ırams			
b		Scholarly research				e		Othe	er					
c		Preservation for future	e generations											
4	Provid Part X	e a description of the o	organızatıon's collect	ions and	explain h	ow the	y furth	ner th	e organiz	ation's ex	xempt purpo	ose in		
5		g the year, did the orga to be sold to raise fur									nılar	☐ Ye	s 🗆 No	
Par	t IV	Escrow and Cust Complete if the org X, line 21.			on Forr	n 990	, Part	IV, I	ıne 9, or	reporte	ed an amou	unt on F	orm 990, Pa	art
1a		organization an agent ed on Form 990, Part)		or other II	ntermedia	ary for	contril	butior	ns or othe	r assets	not	☐ Ye	s 🗆 No	
ь	If "Yes	s," explain the arrange	ement in Part XIII and	d complet	te the foll	lowing	table		Г		Δ	mount		
С		ning balance							Ī	1c				
d	Addıtı	ons during the year								1d				
е	Distrib	outions during the year	r							1e				
f	Ending	g balance								1f				
2a	Did the	e organization include	an amount on Form	990, Part	: X, line 2	1, for	escrow	or cu	ustodial a	ccount lia	ability?	☐ Ye	s 🗆 No	
Ь	If "Yes	s," explain the arrange	ment in Part XIII Ch	eck here	ıf the ex	planatı	on has	beer	n provided	l in Part)	XIII			
Pa	rt V	Endowment Fund												
				(a)Current	year	(b) Pi	rior yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four years b	ack
1 a	Beginnii	ng of year balance .												
b	Contribi	utions												
С	Net inve	estment earnings, gair	ns, and losses											
d	Grants o	or scholarships												
		xpenditures for facilitie grams	es											
f	Admınıs	strative expenses .												
g	End of y	/ear balance												
2	Provid	e the estimated percei	ntage of the current	year end	balance ((line 1g	g, colu	mn (a	a)) held as	5				
а	Board	designated or quasi-e	ndowment 🟲											
b	Perma	nent endowment 🕨												
С	Tempo	orarily restricted endov	wment 🟲											
	The pe	ercentages on lines 2a	, 2b, and 2c should e	qual 100	%									
3a		ere endowment funds zation by	not in the possession	n of the o	rganızatı	on that	are h	eld ar	nd admini	stered fo	r the		Yes N	<u> </u>
	-	related organizations										3.5	i(i)	lo
		lated organizations .											(ii)	
b		s" on 3a(II), are the rel		sted as re	equired o	n Sche	dule R	? .				. 🗔	ВЬ	
4	Descri	be in Part XIII the inte	ended uses of the org	janization	ı's endow	ment f	unds							
Par	t VI	Land, Buildings, Complete if the org		ed "Yes"	on Forr	n 990	, Part	IV, ا	ıne 11a.	See Foi	rm 990, Pa	art X, lın	e 10.	
	Descrip	otion of property	(a) Cost or other b (investment)	asıs	(b) Cost o	or other	basis (d	other)	(c) Accu	umulated o	depreciation	(d) Book value	
1a	Land .						2	26,250						26,250
_	Building	ıs					49	95,118	1		239,557		25	55,561
c	- Leaseho	old improvements												
d	Equipme	ent					20	09,542	:		189,578		1	19,964

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

See Form 990, Part X, line 12.	· garnzaci	on answere	d "Yes" on Form 990, Part	iv, line 11b.
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valu Cost or end-of-year ma	
1) Financial derivatives				
2) Closely-held equity interests 3)Other	<u> </u>			
A)				
В)				
c)				
D)				
E)				
F)				
G)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	n 990, Pa	rt IV, lıne 1	1c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Boo	ok value	(c) Method of valu Cost or end-of-year ma	
1)			·	
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 answered 'Yes (a) Description	s' on Form	990, Part IV	, line 11d See Form 990, Part	X, line 15 (b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
8) 9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				
8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	· ·		990, Part IV, line 11e or 11	f.
Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	· ·	s' on Form !	990, Part IV, line 11e or 11	f.
Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability	· ·		990, Part IV, line 11e or 11	f.
Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes	rered 'Ye		990, Part IV, line 11e or 11	f.
9) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes	vered 'Ye		990, Part IV, line 11e or 11	f.
Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes	vered 'Ye		990, Part IV, line 11e or 11	f.
otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2) 3)	vered 'Ye		990, Part IV, line 11e or 11	f.
Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes	vered 'Ye		990, Part IV, line 11e or 11	f.
8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)	vered 'Ye		990, Part IV, line 11e or 11	f.
9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)	vered 'Ye		990, Part IV, line 11e or 11	f.
See Form 990, Part X, line 25. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6) 7)	vered 'Ye		990, Part IV, line 11e or 11	f.
8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. I. (a) Description of liability 1) Federal income taxes 2) 3) 4) 5) 6)	vered 'Ye		990, Part IV, line 11e or 11	f.

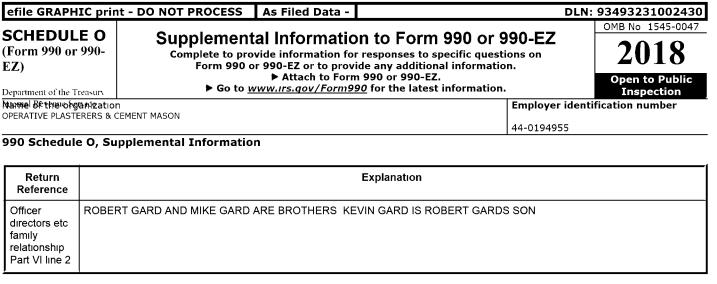
Schedule D (Form 990) 2018

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12)		5	
Par	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		r Returi	n.
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		_	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Information		7	
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide		irt V, line	4, Part X, line 2, Part
	Return Reference Evalanation			

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

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info		
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018



990 Schedule O, Supplemental Information Return Explanation Reference Members or THE ORGANIZATION IS MADE UP OF ITS MEMBERS stockholder

| Members or | THE ORGANIZATION IS MADE UP OF ITS MEMBERS |
| stockholder | classes and | rights Part VI |

line 6

Return Explanation Reference Member THE EXECUTIVE BOARD IS FLECTED BY THE MEMBERSHIP election for

election for additional members
Part VI line

990 Schedule O, Supplemental Information

Return Explanation
Reference

Governing body decisions Part VI line ACTIONS OF THE EXECUTIVE COMMITTEE ARE APPROVED BY THE GENERAL MEMBERSHIPS MEETINGS

990 Schedule O, Supplemental Information Explanation Return Reference THE MEETINGS ARE WRITEN INTO MINUTES FOR REVIEW AT THE NEXT MEETING.

Governing THE MEETINGS ARE WRITEN INTO MINUTES FOR REVIEW AT THE NEXT MEETING body meeting documentation

Part VI line 8a

990 Schedule O, Supplemental Information Return Explanation Reference WRITTEN MINUTES Committee meeting documentation Part VI line 8b

Return Explanation
Reference

Form 990
governing
body review
Part VI line

IT IS REVIEWED BY THE EXECUTIVE BOARD BEFORE IT IS FILED REQUESTS ARE ACCEPTED AND SATISFIED DURING
REGULAR BUSINESS HOURS

Return Reference

CEO THE EXECUTIVE BOARD REVIEWS AND SETS THE WAGES BEFORE THE ELECTION OF THE OFFICERS. TO TAK

line 15a

CEO

THE EXECUTIVE BOARD REVIEWS AND SETS THE WAGES BEFORE THE ELECTION OF THE OFFICERS, TO TAK

executive
director top
management
comp Part VI

990 Schedule O, Supplemental Information Return Explanation Reference Other officer THE EXECUTIVE BOARD SETS THE OTHER EMPLOYEES WAGES. or kev employee

compensation Part VI line 15b

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Governing documents etc available to public Part VI line 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR INSPECTION AT THE LOCAL OFFICE DURING REGULAR BUSINESS HOURS

Return
Reference

List of other fees for

11g

fees for services expenses Part IX line

Return Explanation
Reference

24e

List of other expenses
Part IX line

SUBSCRIPTIONS, ORGANIZING, PRINTING & POSTAGE AND MISCELLANEOUS