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Form	. 99	0	Retu	rn of Org	anization I	Exempt From	Income	Tax	OM	4B No 1545-00	347
•	January 2	2020)	Under section 5	i01(c), 527, or 4	947(a)(1) of the In	ternal Revenue Code	(except priva	tejiourdittons) (2019)
Depa		he Treasury	1			s on this form as it n estructions and the la				en to Pub Inspection	
A	For the 2	2019 calen	dar year, or tax y	ear beginning	January1	, 2019, and e	nding D	ecember 31	, 20	19	
В	Check if a	pplicable	C Name of organiz	ation USW loca	l union 1688			D Emplo	yer ide	ntification nun	nber
	Address cl	hange	Doing business	as					23-1	092686	
□ ·	Name cha	nge	Number and stre	eet (or PO box if	mail is not delivered	to street address)	Room/suite	E Teleph	none nun	nber	
	Initial retur	'n	200 Gibson St			-	<u> </u>		717-9	39-9366	
	Final return	n/terminated	City or town, sta	ate or province, co	ountry, and ZIP or for	eign postal code					
	Amended	return	Steelton Pa 17						receipts		64922
	Application	n pending	F Name and addre	ess of principal offi	icer Ray Napoli 2	00 Gibson St Steelto		s this a group return fo			_
		10.1		Clearly (Are all subordinate			No
	Tax-exem	·	501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or :		f "No," attach a li			
	Website:		70		tion ✓ Other ►			Group exemption			<u>'</u>
	art I	Summa	Corporation T	rustAssocia	tion VIOtner	L Year of	formation	I M State	of legal	domicile	
				ization's muse	ion or most sign	ificant activities the	l coal Union	onforces t is a	collecti	vo bargainin	
نه	1	-	-		_	bers and to provide		emorces (15 C	Jonecu	ve barganını	<u>'9</u>
Activities & Governance	<u>.</u>	niit agreei	nent to better un	e working cond	audiis or its men	mers and to provide		***************************************	••••		
era	2 (Check this	s box ▶ ☐ if the	organization	discontinued its	operations or disp		an 25% of	its net	assets	
λo				_	rning body (Part			. 3	101100	4000.0.	1100
ع ا			_	_		ng body (Part VI III		- 4			0
es			•	-	_	2019 Part V ME 2a	CIMEL	5			56
avrt			ber of volunteer		-			10 6			0
Act	7a ⊓	Total unre	lated business i	revenue from l	Part VIII, column	(C), 12 SEP	1. 1. 2022	7a			<u>_</u>
	bı	Net unrela	ited business ta	xable income	from Form 990-	T, line 39	4 2020	7b			0
							Z Ser	10 Wear	-	Current Year	
ക	8 (Contribution	ons and grants	(Part VIII, line	1h)	VQQQ	ENTIT	0			
Revenue	9 1	Program s	service revenue	(Part VIII, line	2g)			279703		3	11270
8	10	nvestmen	it income (Part \	VIII, column (A), lines 3, 4, and	7d)	- [841			1036
α.	11 (Other reve	enue (Part VIII, c	olumn (A), line	es 5, 6d, 8c, 9c,	10c, and 11e)		56136			52616
	12	Total rever	nue-add lines 8	3 through 11 (n	nust equal Part \	III, column (A), line 1	2)	336680	<u></u>	3	64922
	13 (Grants and	d sımılar amoun	its paid (Part I	X, column (A), lu	nes 1–3)		0			0
	Į.				(, column (A), lın		·	4932			7896
es S						column (A), lines 5-1	0)	193216		10	<u>69455</u>
Expens	16a	Professior	nal fundraising f	ees (Part IX, c	olumn (A), line	l1e)	-:-	0	ļ		0
χ	b	Total fund	raising expense	es (Part IX, col	umn (D), line 25)	-WITTH COBR	<u> </u>		<u> </u>		
w	17 (Other exp	enses (Part IX, o	column (A), lin	es 11a-11ehelo	E246 D-114 CORR B246 D-114 COR	·	162587	<u> </u>	-	91201
	18	lotal expe	enses. Add lines	13-17 (must	equal Part IX, co	diumn (A), line 25)	·	360735		3	68552
. 0	19	Revenue I	ess expenses.	Subtract line 1	8 from line 12	. MAY 4 @ 505.1		-24055	 	F 1 4 V	-3630
ts or		T-4-1		1.0)		MIMI	Beginning	of Current Year	 	End of Year	
Net Assets or Fund Balances	20		ets (Part X, line 1			OGDEN, UTAH	•	1052861		10	92683
d det	21		lities (Part X, line	•	ine 21 from line	OGDENTOIL	·	1050001			02000
2 1	22 I		ure Block	es. Subtract i	ine 21 from line	20	<u> </u>	1052861	L	10	92683
				vo a canunad this	roturn including acc	ompanying schedules an	d statements, as	nd to the best of t	my know	dodge and hal	liof it in
						all information of which p			ily kilow	weage and bei	ioi, it is
	1	1/1	2011	7 91)	//:		_ 	70	- /	1.70	3
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He		D	ALMO.A	A. NAP	%/ i						
		Type	or print name and tit	tle	· ·			-			
			e preparer's name		Preparer's signatur	re	Date	Check		PTIN	
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For Paperwork Reduction Act Notice, see the separate instructions.

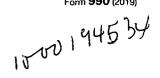
May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶

Phone no

Yes No
Form 990 (2019)





-arm	ODO	(2019)	
.01111	220	(2019)	

Part			is Part III
` 1	Briefly describe the organization's mis		is Fart III
•	-		otiated collective bargaining agreement for our member
	wages, benefits, and working conditions	s. The members dues related income a	and expenses are used to carry out these
	activities. The Local Union is continual		
2	Did the organization undertake any si	gnificant program services during th	e year which were not listed on the
	prior Form 990 or 990-EZ?		☐ Yes ☑ No
_	If "Yes," describe these new services		
3	Did the organization cease conduct services?		
	If "Yes," describe these changes on S		Tes Miles
4	•		of its three largest program services, as measured by
		c)(4) organizations are required to re	port the amount of grants and allocations to others
4a	(Code:) (Expenses \$) (Revenue \$)
	(C-d-:	and the second of the	\ (D
4b) (Revenue \$)
	(C-d-) (T) /D
4c	(Code) (Expenses \$	including grants of \$) (Hevenue \$
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		•	••••••
		•••••••••••••••••••••••••••••••••••••••	
4d	Other program services (Describe on S		•
4e	(Expenses \$ including Total program service expenses ▶	grants of \$ ) (Rever	nue \$ )
76	rotal program service expenses 🗩		



# Form 990 (2019) Part IV Checklist of Required Schedules

•			res	ИÓ
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		<b>✓</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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		1
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		<b>√</b>
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? If "Yes," complete Schedule D, Part I	6		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	1	
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	11b		✓
С	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	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
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		✓
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		✓
16	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		✓
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		✓
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		✓
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		✓
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? .	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		✓

Part	Checklist of Required Schedules (continued)		_	
`	Delite and the second s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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	<u> </u>	1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		<del>                                     </del>
·	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		1
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		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		1
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ <u> </u>	<b>✓</b>
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° <b>Note</b> : All Form 990 filers are required to complete Schedule O.	38	1	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
	Check is concodule of contains a response of note to any line in this rant v	<u>· · · · </u>	Yes	· U No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-		,
	TENOTRADIE GARIIRU (GARIDINIU) WITINIUS (O DIIZE WITINES!	1 1c	i	ı <b>∀</b>

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	<u> </u>
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6</b> a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del> -		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter	-		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	Ì		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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 .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		ĺ	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	.		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		····
	II YES COMPRES FORM 477H SCHOOLIG H			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
Saction	Check if Schedule O contains a response or note to any line in this Part VI	····	<u>·</u>	
36011	, adverting body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	-		
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			
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?			<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b> ✓
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6	1	<b>-</b>
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	1	
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
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 on Schedule O	9		<b>✓</b>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No /
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		<b></b>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		<b>✓</b>
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	<b></b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	7	$\vdash$
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		<b>1</b>
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
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		<b>✓</b>
b	Other officers or key employees of the organization	15b		✓,
16a	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?	16a		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IUa		<u> </u>
	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		<b></b>
	on 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)	·		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization noi	any relate	d orga	anız	atıo	n c	ompe	nsa	ted any current	officer, director,	or trustee.
				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week (list any	9 5	ű	Q	ĕ	eg Ţ	Fo	from the organization	from related organizations	compensation from the
	hours for	물통	ŧ	Officer	Ý e	탕巖	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	e dia	ğ	-	릴	yee yee	=			related organizations
	organizations below	Individual trustee or director	al tr		Key employee	ğ				
	dotted line)	stee	nstitutional trustee		[ "	Highest compensated employee				
			ě			ated				
(1) Joseph Hirsch	4									
Trustee				✓			_	480		
(2) Maurice Cobb	4									
Rec Sec				✓				10636		
(3) Jeffrey Yeingst	4								•	
Trustee			<u> </u>	✓	Ļ			1874		
(4) Raymond Napoli	<b></b>									
Pres	40	<u> </u>		1				18595		
(5) Patrick McHugh	4	]								
<u>V P</u>		_		✓	L.	ļ		2728		
(6) Donald Teets	4									
Trustee			_	✓	<u> </u>	ļ	_	6863		
(7) David Myers	4	1		١.		-				
Treas				1	_	ļ		2622		
(8) Edward Breach					1	1				
Fin Sec	4			✓	<u> </u>	ļ		2022		
(9) Linda Hare	20				1					
Office Mgr		_	L		L.	<b>✓</b>	_	19219		
(10) Gregory Reese										
Grievance Committee Chairman	40	_		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	L_	<b>✓</b>		19551		
(11)	ļ 					Ì				
			<u> </u>	ļ	<b>├</b>	ļ	ļ			
(12)	ļ	ł		İ		}				
			_	-	<u> </u>	<u> </u>	_			
(13)	<del> </del>	ł						1		
40		-		$\vdash$	$\vdash$	├				<u> </u>
(14)	<del> </del>	-								

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Em	plo	yee	s, an	id F	lighest Compe	nsated	Employ	yees (c	ontini	ued)
•	(A) Name and title	(B) Average hours per week	box, office	unles er an	Pos heck ss pe d a d	erson	e than one of the cor/trus	n an tee)	(D) Reportable compensation from the	(E) Report compen from re	table isation	of	(F) ted amo other pensatio	
		(first any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	ations	fro	om the zation a	nd
(15)										. = -				
(16)														-
(17)														<u> </u>
(18)														
(19)														
(20)														
(21)					-									
(22)														
(23)														
(24)			-											
(25)		-							:					
1b c	Subtotal			•	•	•		<b>&gt;</b>	84590 0	• •				
d	Total (add lines 1b and 1c)							<u> </u>	84590					_
2	Total number of individuals (including bur reportable compensation from the organization)		d to th	nose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of		
3	Did the organization list any former	officer dire	actor	tri	ıcto	ا م	/OV 0	mn	lovee or highes	et compa	encated		Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual	•				3		✓
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$		,000	)? [	f "Ye	s, "		dule J fo	or such			<b>✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization											5		✓
	on B. Independent Contractors				<del>-</del> -				<del></del>					
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	Iress	_						(B) Description of serv	rices		(C) Compens	ation	
													-	
	· · · · · · · · · · · · · · · · · · ·													
		<u> </u>						<u> </u>			-			
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who				

	-, (									rage				
Part	VIII	Statement of Revenue												
`		Check if Schedule O contains a response or note to any line in this Part VIII												
		`					(A) Total revenue	(B) Related or exempt function revenue	, (C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
S S	1a	Federated campaigi	ns .		1a									
ant and	b	Membership dues			1b									
اع ق	C	Fundraising events			1c									
ts,		Related organization			1d									
Contributions, Gifts, Grants and Other Similar Amounts	d	_			<del></del>									
s, ( mi	e	Government grants	-		1e									
io is	f	All other contribution												
돌		and similar amounts no			1f									
걸전	g	Noncash contribution			١.									
Cont		lines 1a-1f			1g									
OB	h	Total. Add lines 1a-	<u>-1f .</u>		•	<u> </u>		·	 					
						Business Code								
Program Service Revenue	2a	Members Dues				900099	311270							
e e	b													
gram, Ser Revenue	С						***************************************							
eve	d							•						
ogr R	е													
Pro	f	All other program se												
	g	Total. Add lines 2a-	-2f .				311270							
	3	Investment income												
		other similar amoun	•				1036							
	4	Income from investr												
	5													
	_			(i) Rea		(II) Personal								
	6a	Gross rents	6a	<del></del>		.,		•						
	Ь	Less rental expenses	6b											
	C	Rental income or (loss)	_					•						
	d	Net rental income o		L		•	54504							
	_		1 (105)	(i) Securit		(ii) Other	51594							
	7a	Gross amount from		(i) Securi	1103	(ii) Ottlei			ı					
		sales of assets	7-											
•		other than inventory	7a											
evenue	b	Less cost or other basis	76											
ver		and sales expenses .	7b	ļ					•					
Fe		Gain or (loss)	7с	<u> </u>		L		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
ē	d	Net gain or (loss)		• • •	·	· · · · - <del>-</del>								
Other	8a	Gross income from		ındraısıng										
0		events (not including												
		of contributions rep			_									
		1c). See Part IV, line			8a									
	b	Less: direct expens			8b			*******************************						
	С	Net income or (loss)	from	ı fundraısın	g eve	nts 🕨		****						
	9a	Gross income f												
		activities. See Part I	V, lın	e 19 .	9a									
	J.	Less: direct expense			9b			· · · · · · · · · · · · · · · · · · ·						
	С	Net income or (loss)	from	n gaming a	ctivitie	es 🕨								
	10a	Gross sales of in	vent	ory, less										
		returns and allowan			10a									
	b	Less: cost of goods	sold		10b									
		Net income or (loss)			vento	ory ▶								
s			·			Business Code								
Ö "	11a	Misc reimb exp				,	1022	· · · · · · · · · · · · · · · · · · ·						
scellaneo Revenue	b						IUEE							
el e	C													
Miscellaneous Revenue	d	All other revenue												
Ξ		Total. Add lines 11a				•			· · · · · · · · · · · · · · · · · · ·					
	12	Total revenue. See					364922							
	14	. Juli Levellue. Off	HIOH	<b>uouona .</b>		🖊 🛚	304922			I				

Statement of Functional Expenses   Section 501(Cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and 501(cig) and	Page 10
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX.  Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  To all and the session of the contains are separated on the separate of the contains and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 31 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Governments and vages Compensation of current officers, directors, trustees, and key employees Governments and vages Penson plan accrusis and contributions (include section 4958(c)(3)(8) Other salanes and vages Penson plan accrusis and contributions (include section 401(k) and 403(b) employer contributions Other penhoyee benefits Penson plan accrusis and contributions (include section 401(k) and 403(b) employer contributions Other semployee benefits Penson prehoyee benefits Penson for services (nonemployees) Amanagement Began Amanagement Began Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contributions Contrib	
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persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) .  7	
7 Other salanes and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) 9 Other employee benefits	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes	
10	
10	
11 Fees for services (nonemployees) a Management b Legal	
a Management b Legal c Accounting 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.)  2 Advertising and promotion 3 Office expenses 54630 14 Information technology 15 Royalties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1 Insurance 23 Insurance 24 Other expenses itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a real estate/school taxes b Donations c Educ/Recreation 5650	
b Legal	
c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees	
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 . 13 Office expenses	
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13       Office expenses       54630         14       Information technology	-
13       Office expenses       54630         14       Information technology	
14         Information technology	
15 Royalties	
16 Occupancy	
17 Travel	
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  real estate/school taxes Donations Educ/Recreation  Payments to affiliates  3348  Payments of travel or entertainment expenses  83348  Payments of travel or entertainment expenses  3348  Payments of travel or entertainment expenses  47057  Payments to affiliate or entertainment expenses  47057  Payments to affiliate or entertainment expenses  47057  Payments to affiliate or entertainment expenses  47057  Payments to affiliate or entertainment expenses  47057  Payments to affiliate or entertainment expenses  47057  Payments to affiliate or entertainment expenses  8036	_
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Payments to affiliates	
Depreciation, depletion, and amortization Insurance	
Insurance	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a real estate/school taxes  Donations  c Educ/Recreation  Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount expenses on Schedule O.)  47057  b Donations  5550	
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a real estate/school taxes  b Donations  c Educ/Recreation  above (List miscellaneous expenses on line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line 24e. If line	
(A) amount, list line 24e expenses on Schedule O.)         a real estate/school taxes       47057         b Donations       2550         c Educ/Recreation       5650	l
a real estate/school taxes       47057         b Donations       2550         c Educ/Recreation       5650	
b Donations 2550 C Educ/Recreation 5650	
c Educ/Recreation 5650	
u uunues anu repans   45904	
All above are appeared.	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 368552	_
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)	

Part X	<b>Balance</b>	Sheet
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	art X	Check if Schedule O contains a response or	r note to any line in this Par	t X		П
<u> </u>		· · · · · · · · · · · · · · · · · · ·	note to any line in this i al	(A) Beginning of year		· (B) End of year
	1.	Cash-non-interest-bearing		205760	1	245583
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	<b>L</b>		3	
	4				4	· · · · · · · · · · · · · · · · · · ·
	5	Loans and other receivables from any current	or former officer director			
	_	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described			6	
(C)	7	Notes and loans receivable, net	· · · · · · · -		7	
Assets	8	Inventories for sale or use	L	<del></del>	8	
As	9	Prepaid expenses and deferred charges			9	
-	10a	Land, buildings, and equipment cost or other	1 1 F			i
	lua	basis. Complete Part VI of Schedule D				
	ь	Less: accumulated depreciation		847100	100	847100
	11			647100	11	847100
	12	Investments—other securities. See Part IV, line	<u> -</u>		12	···· ·——
	13	Investments—program-related. See Part IV, line	<b>⊢</b>	· · · · · · · · · · · · · · · · · · ·	13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets	<b>-</b>		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		1052000	-	4002002
	17	Accounts payable and accrued expenses		1052860	17	1092683
	18	Grants payable	) <del>-</del>		18	<del>-</del> -
	19	Deferred revenue	1-	<del></del>	19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete		21		
<b>'</b> 0	-				21	
ţį	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst				
Ē		controlled entity or family member of any of thes			22	
Liabilities	23	Secured mortgages and notes payable to unrela	· · ·		23	
_	24	Unsecured notes and loans payable to unrelated	•		24	<del></del>
	ſ	• •	·		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	s 17-24). Complete Part X			
				···	25	
_	26	Total liabilities. Add lines 17 through 25	<del></del>		26	
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck here ► ∐			
ag	27	Net assets without donor restrictions		1052860	27	1092683
8	28	Net assets with donor restrictions	[		28	
Fun		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	58, check here ► □			
õ	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or ed			30	
SS	31	Retained earnings, endowment, accumulated in			31	<del></del>
¥ ¥	32	Total net assets or fund balances		1052860		1092683
ž	33	Total liabilities and net assets/fund balances .		1052860		1092683
		· · · · · · · · · · · · · · · · · · ·				Form <b>990</b> (2019)

Page	1	2
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Page 1		90 (2019)	Form 99
		t XI Reconciliation of Net Assets	Part
<u> </u>	<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI	
3649	1	Total revenue (must equal Part VIII, column (A), line 12)	1
3685	2	Total expenses (must equal Part IX, column (A), line 25)	2
-36	3	Revenue less expenses. Subtract line 2 from line 1	3
10529	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4
	5	Net unrealized gains (losses) on investments	<b>5</b> 、
	6	Donated services and use of facilities	6
	7	Investment expenses	7
	8	Prior period adjustments	8
+434	9	Other changes in net assets or fund balances (explain on Schedule O)	9
10926	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10
	•	XII Financial Statements and Reporting	Part
[		Check if Schedule O contains a response or note to any line in this Part XII	
Yes No	rolain in	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other" or	1
Yes No	oplain in	Accounting method used to prepare the Form 990:  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	1
Tes No		If the organization changed its method of accounting from a prior year or checked "Other," e	
	<u>2a</u>	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	
	2a	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	2a
	2a polled or	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?	2a
	2a polled or	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited.	2a
	2a polled or	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	2a
	2a appled or 2b ed on a	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	2a b
	2a polled or 2b ed on a rsight of	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	2a b
	za pplled or    2b ed on a    rsight of nt? . 2c	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountant.	2a b
	za pplled or    2b ed on a    rsight of nt? . 2c	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	2a b
	2a appled or 2b ed on a rsight of nt? 2c plain on the in the	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountails the organization changed either its oversight process or selection process during the tax year, exchedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set for	2a b
	za spiled or zb zb zb zb zb zb zb zb zb zb zb zb zb	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were conceived on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountal of the organization changed either its oversight process or selection process during the tax year, excepted to a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	2a b
	za spiled or zb zb zb zb zb zb zb zb zb zb zb zb zb	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountails the organization changed either its oversight process or selection process during the tax year, exchedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set for	2a b

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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

**USW Local Union 1688** 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 . . . . . . . . 1 Aggregate value of contributions to (during year) . 2 3 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 ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control?. . . . . 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 ☐ 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 (for example, recreation or education) Preservation of a certified historic structure ☐ Protection of natural habitat 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 Tax Year 2a Total number of conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation casements during the year 6 Amount of expenses incorred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items: Assets included in Form 990, Part X . . . .

Part	Organizations Maintaining	Collections of	Art, Hist	torical T	reasures,	or Ot	her Similar Ass	ets (cont	tınued)
٠3	Using the organization's acquisition, a	accession, and otl	her recor	ds, checl	k any of the	follow	ving that make sig	ınıfıcant u	se of its
	collection items (check all that apply):			_					
а	Public exhibition				or exchange				
b	Scholarly research		e	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	ınd expla	un how th	ney further t	he org	anızatıon's exem	ot purpose	e ın Part
5	During the year, did the organization assets to be sold to raise funds rather							□ Yes	□ No
Part			·····	-					
	Complete if the organization		on For	m 990, F	Part IV, line	9, or	reported an am	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, included on Form 990, Part X?								
b	If "Yes," explain the arrangement in Pa					• • •		☐ 162	☐ NO
	ii res, explain the arrangement iii r	are Alli allo comple	ic the lo	nowing to	ibic		T Am	nount	
С	Beginning balance					10		-	
d	Additions during the year					1d			
е	Distributions during the year					1e	-		
f	Ending balance					1f			
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	stodia	account liability?	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII Check here	e if the ex	planation	n has been p	provide	ed on Part XIII .	<u> </u>	
Par									
	Complete if the organization			<del></del>					
		(a) Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance							<b></b>	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
_	programs		•					ļ	
f	Administrative expenses							ļ	
g	End of year balance		d b -1	- // 1 -	I (- \)			İ	
2	Provide the estimated percentage of the Board designated or quasi-endowment	ne current year en	o balanc	e (line 1g	, column (a))	) neia a	as.		
a b	Permanent and owners	0/	70						
C	Permanent endowment ►  Term endowment ► %	70							
·	The percentages on lines 2a, 2b, and 2	2c should equal 10	nn%						
За	Are there endowment funds not in the			zation tha	nt are held a	nd ad	ministered for the	1	
Ju	organization by:	poddeddion or th	o organii		it are note a		irminotored for the	Ye	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requir	red on Sc	hedule R?			3b	
4	Describe in Part XIII the intended uses		n's endo	wment fu	ınds.				
Part									
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	11a.	See Form 990, I	art X, lin	<u>e 10.</u>
	Description of property	(a) Cost or otl (investme			r other basis her)		Accumulated epreciation	(d) Book v	alue
1a	Land		18944		18944				18944
b	Buildings		601766		601766				601766
C	Leasehold improvements		0		0				0
d	Equipment		81482		81482				81482
ее	Other		0		0				0
Total.	Add lines 1a through 1e. (Column (d) m	uist equal Form 99	O Part X	( column	(R) line 100	~ )	<b>▶</b> 1		947100

	Part VII	Investments—Other Securities.	m 000 Port IV lin	o 11h Soo Form	000 Part V line 12
Cost or end-of-year market value	<del></del>				
			(b) Book value		
(3) Other   (A)   (B)   (B)   (C)	(1) Financial	derivatives		= =	
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely h	ield equity interests [			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other		<del></del>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation   Coast or end-of-year marked value	(A)				
Column (b) must equal Form 990, Part X, col. (B) line 12.)   Part XIII   Investments — Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation Cost or end-of-year market value   (d) Method of valuation Cost or end-of-year market value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method of value   (e) Method o	(B)				
E	(C)				
Fig.   Fig.   Fig.   Form	(D)				·····
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 990, Part IV, line 11c. See Form 990, Part X, line 13.   (g) Method of valuation   (g) Metho					
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Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of investment   (b) Book value   Cost or end-of-year market value		(h) must say of Form 200. Part V sol (P) (no. 12)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, Ince 13.   (a) Description of investment   (b) Book value   (c) See Form 990, Part X, Ince 15.   (c) See Form 990, Part X, Ince 15.   (d) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.   (e) See Form 990, Part X, Ince 15.					
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Cost or end-of-year market value					
Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Column (b) must equal Form 990, Part X, col (B) line 15)   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 15)   Complete   Column (b) must equal Form 990, Part X, col (B) line 25   Complete   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990, Part X, col (B) line 25   Column (b) must equal Form 990,		(a) Description of investment	(b) Book value		
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		mp (h) must equal Form 990. Part Y. col. (R) line 25.)			
			te to the organization	n's financial stateme	nts that reports the

	XI Reconciliation of Revenue per Audited Financial Statement		neturii.
•	Complete if the organization answered "Yes" on Form 990, F		·
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
а	Net unrealized gains (losses) on investments	2a	4
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants		_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-} 1
b	Other (Describe in Part XIII.)	4b	<del> </del>
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Heturn.
	Complete if the organization answered "Yes" on Form 990, I		<del></del>
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما	1
a	Donated services and use of facilities	2a	-
р	Prior year adjustments		
C	Other losses		-
d	Other (Describe in Part XIII.)		<del>       </del>
e	Add lines 2a through 2d		2e   3
3	Subtract line <b>2e</b> from line <b>1</b>		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	1 i
a	Other (Describe in Part XIII.)		-
b	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
_			
Part			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	XIII Supplemental Information.		b, Part V, line 4; Part X, line
Provid		d 4; Part IV, lines 1b and 2	
Provid	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional i	nformation.
Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2 to provide any additional i	nformation.
Provid	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional i	nformation.
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Schedule D (Fo	m 990) 2019	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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Schedule D (Form 990) 2019

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

➤ Go to www.urs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

USW Local Union 1688	23-1092686
Part VI line 11A Will be provided upon request when soled for by one of the Members	
Part VI line 11A - Will be provided upon request when asked for by one of the Members.	
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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
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