**Preparer** 

**Use Only** 

Firm's name

Firm's address ▶

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	•	00	Dotui	n of Organization	. Evom	nt Erom I	Income T	<b>.</b> .	OMB No 1545-0047
Fo	rm <b>y</b>	90		_					2010
(Re	ev Janua	ry 2020)		01(c), 527, or 4947(a)(1) of the		· ·		;	
		of the Treasury		ot enter social security num				9 410	Open to Public
Int		enue Service		to www.irs.gov/Form990 fo				<del>   </del>	Inspection
^			dar year, or tax ye	tion INTERNATIONAL ASSO		2019, and end		D Emple	, 20 yer identification number
В		if applicable is change	Doing business a		CIATION	- WACIIIWIST.	3 AO TOMOBILE	D Embio	36-0759680
F		change	<del></del>	et (or P O box if mail is not delive	ered to street a	ddress)	Room/suite	E Telepho	one number
Ē	Initial re	-		708-482-1270					
	Final re	turn/terminated	City or town, state	e or province, country, and ZIP o	r foreign posta	l code			
	Amend	led return	CAROL STREAM					_	eceipts \$ 8,257,28
									subordinates?  Yes  No
_	<del>-</del>			N DRIVE, CAROL STREAM,					s included? LYes LN
<u> </u>		empt status		<u>✓ 501(c)</u> ( 5 ) <b>&lt;</b> (insert no	) 4947	(a)(1) or 527			(see instructions)
<u></u>		<del></del>	MECH701 ORG Corporation Tr	ust  Association  Other ►		L Year of for		exemption r	
ì	Part	Summa		IST ASSOCIATION COLLEGE		L Tear Of IO	mation 1731	IN State C	f legal domicile IL
	1			ation's mission or most s	ignificant ad	ctivities THE	ORGANIZATIO	N IS A LAB	OR UNION FORMED TO
(1)		_	_	FOR THE ECONOMIC, MOR	_				
Activities & Governance									
Ver	2			organization discontinued		•	ed of more tha	n 25% of i	ts net assets
<del>ဖ</del> ိ	3	Number of	voting members	of the governing body (P	art VI, line	la)		3	· · · · · · · · · · · · · · · · · · ·
ون دن	4	Number of	independent vo	ting members of the gove	rning body	(Part VI, line <b>₹6venue</b> Ber	1b) Vice	4	
/tie	5	Total numi	per of individuals	employed in calendar yea	a <b>r</b> &013//68	rt V line 2a) US Bank - I	USB	5	18
Ċ	6	Total numi	per of volunteers	(estimate if necessary) .	· <u>·</u> ·	<b>.</b> 303.	••••	6	-
٩	7a b	Not unrelat	aled business re	venue from Part VIII, colui able income from Form 99	mn (U), iine M-T line√30	12		7a 7b	
•	"	Net uniteral	led business tax	able income nom romin 33	70-1, III	<del>'                                    </del>	Prior Ye		Current Year
an an	8	Contributio	ons and grants (F	Part VIII, line 1h)		ala dem		15,169	17,67
Revenue	9	Program se	ervice revenue (F	art VIII, line 2g)	Og	den, Uï		5,661,264	6,927,14
ě	10	Investment	income (Part VI	II, column (A), lines 3, 4, a	nd 7d) .			430,030	1,097,76
	11		•	lumn (A), lines 5, 6d, 8c, 9		•		290,501	214,70
	12			hrough 11 (must equal Par				7,396,964	8,257,28
	13			paid (Part IX, column (A),	•			55,221	64,86
	14			bers (Part IX, column (A),	•			141,796	131,942
ses	15			n, employee benefits (Part I			<u> </u>	2,922,844	2,943,680
Expen	16a		-	es (Part IX, column (A), Iin (Part IX, column (D), Iine 2					
Ä	17		_	lumn (A), lines 11a-11d, 1				3,645,859	4,240,318
•	18			3-17 (must equal Part IX,				5,765,720	7,380,80
	19			btract line 18 from line 12				631,244	876,486
5	3	_					Beginning of Cu	rrent Year	End of Year
Assets or	20	Total asset	s (Part X, line 16	)			1	1,171,411	12,908,913
et As	21		ties (Part X, line 2	•				0	(
Net/				s. Subtract line 21 from lin	ne 20	<u></u>	1	1,171,411	12,908,913
_	art II		re Block						
tn	nder pena 1e, correc	alties of perjury, ct, and complete	I depare that I have Declaration of prep	examined this return, including a area (other than officer) is based	iccompanying on all informati	schedules and st on of which prep	atements, and to t arer has any knowl	he best of my edge	knowledge and pelief, it i
_			here by the	Sold of			· ·		
Si	gn	Smatu	ire of officer	0		<del></del>	L Da	te	
	ere		TUSEPh	J Schaffe	R PK	ESINE	nf		3-2020
		Type or	print name and title		/·				
P:	aid	Print/Type	preparer's name	Preparer s signa	ature		Date	Check [	- r
_						i		self-emple	oyed



☐ Yes ☐ No

Form **990** (2019)

Firm's EIN ▶

Phone no

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

14	٠.	•			
Form 9		ement of Program Service			Page 2
1	Briefly des THE ORGA	cribe the organization's missi	FORMED TO ORGANIZE ALL WORKERS		
2	prior Form	ganization undertake any sign 990 or 990-EZ? escribe these new services or	ificant program services during the ye	ar which were not listed on the	□Yes ☑No
3	Did the or services?		g, or make significant changes in h		_Yes ☑No
4	Describe the expenses.	he organization's program se Section 501(c)(3) and 501(o)(	rvice accomplishments for each of its 4) organizations are required to report for each program service reported.	three largest program services, at the amount of grants and alloca	as measured by ations to others
4:2	(Code	) (Expenses \$	ıncluding grants of \$	) (Revenue \$	)
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
40	/Codo	\/Evponsos \$	including grants of \$	\/Payanya f	
70		) (LAPEI 1969 \$		) (nevenue \$	

Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$
 Total program service expenses ►

) (Revenue \$

COIDS

≥arτ	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		,
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		v
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	~	
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		,
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		~
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? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
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		v
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		v
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		v
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	"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		~
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		v
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		v
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		v
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		v
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)			
			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		٧
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	V	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		٧
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 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		V
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		<b>\</b>
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)		1	<b></b>
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	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		٧
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		١
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		٧
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		V
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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	_ 1c	v	

Part	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
		W. and W	Yes	No
2a		1455	477.75	
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 188	- 18.3×18.05	244	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b ਅ-ਵਲਨ	V 35.95	ا الرود - والي المراد - والي
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1043E	30,537	-
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)?	40		<b> </b>
b	If "Yes," enter the name of the foreign country	4a	(autha)	Company St. Ses
•	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	COL	<b>/</b>
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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<b></b>	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
<b>ن</b> و	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	
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			
b	and services provided to the payor?	7a 7b	<u> </u>	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1380	28.8	133 B
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		NACIONAL PARTIES
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.	72.5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2250
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	in Lich	BRITA
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
01	Section 501(c)(7) organizations. Enter:	1275	##\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2000
а	Initiation fees and capital contributions included on Part VIII, line 12		A grape in	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		A STATE OF	10
11	Section 501(c)(12) organizations. Enter.			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	.50° es. 5°	200'80 VB
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		3.15	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	K Buy S	14代人大学
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	134	<u> </u>	T4: 351
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			黝湖
С	Enter the amount of reserves on hand			
l4a	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		<b>/</b>
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Gestario.	20,000,00
	If "Yes," complete Form 4720, Schedule O.	<b>科磁剂</b>	\$7.75 m	ME TO

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	, and Soo in	for a	"No"
	Check if Schedule O contains a response or note to any line in this Part VI	366 III	Struc	_
Secti	on A. Governing Body and Management	···	<del></del>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   8	1,24, 822	्रद्धाराज्यां ज्ञा जुला	2.253
	If there are material differences in voting rights among members of the governing body, or	1000		13/4
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.	100	200 A	
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 8			
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		~
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		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	~	Ť
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	2.65		
	the year by the following.	5 (3 (m) " "		
a	The governing body?	8a	~	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		~
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		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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?	11a		V
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		78.22	心道法
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14	~	
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	علالمتشعشت	**************************************
b	Other officers or key employees of the organization	15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	* 15 to	Sto.	<b>持續</b> 通
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_	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		
Section	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	:01/o\
10	(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)	(360	lion 5	10 I (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year	finter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec RICHARD BROWN SECRETARY-TREASURER 450 GUNDERSEN DRIVE, CAROL STREAM, IL 60188 (708) 482-1720	ords	<b>&gt;</b>	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 not	☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
		(C) Position									
(A) Name and title	(B) Average			heck	mor	e than d		(D) Reportable	(E) Reportable	(F) Estimated amount	
ivalile and title	hours					is both or/trust		compensation	compensation	of other	
	per week (list any	9 3 3 9 3 9 3 7		from the organization	from related organizations	compensation from the					
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ples	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and	
	related organizations	ctor tal	iona		탕	ee co	`			related organizations	
	below dotted line)	uste	trug		8	npen					
	dotted inter	ď	stee			Highest compensated employee					
(1) SAMUEL CICINELLI	45 00		├	-	<del>                                     </del>						
DIRECTING BUSINESS REPRESENTATIVE					~			162,164	0	44,151	
(2) TERRY KIMMEL	45 00										
ASSISTANT DIRECTING BUS REPRESENTATIVE	ļ		_	ļ	<u> </u>	~		147,977	0	43,172	
(3) MICHAEL WENDLING	45 00						ļ			•	
ORGANIZER		ļ	ļ	ļ	<u> </u>	~		135,139	0	51,673	
(4) ROBERT LESSMAN	45 00										
BUSINESS REPRESENTATIVE			ļ		├-	~		139,521	0	42,039	
(5) ARMANDO ARREOLA	45.00							124.044	•		
BUSINESS REPRESENTATIVE	45.00		<del> </del>	<b></b>	ļ	~		136,066	0	41,333	
(6) MARK GRASSESCHI BUSINESS REPRESENTATIVE	45.00	ĺ				ر ا		135,675	o	41,333	
(7) RICHARD BROWN	45 00	<del> </del>		┢╌	<del> </del>	<del></del>		133,073		41,333	
SECRETARY-TREASURER	1 40 00	İ		1				97,182	o	45,992	
(8) JOSEPH SCHAFFER	5 00		<u> </u>	<u> </u>		-	-	77,102		10,772	
PRESIDENT	<b>†</b>	1	i	~				10,475	o	0	
(9) BRIAN ILIC	5 00										
RECORDING SECRETARY	1			~				8904	0	0	
(10) ALMAR VIOLET	5 00										
TRUSTEE		~		~				6517	0	0	
(11) TERENCE KELLY	5 00										
VICE PRESIDENT				~			L	6337	0	0	
(12) GREGORY COSTENARO	5 00				İ						
CONDUCTOR SENTINEL				~	<u> </u>			6295	0	0	
(13) MARVIN BELIN	5 00										
TRUSTEE	1-	~		~	_	-	_	5627	0	0	
(14)											

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emj	plo	<u>yee</u>	s, an	<u>d F</u>	lighest Compe	nsated	<u>Emplo</u>	yees (c	<u>ontır</u>	nued)
					•	C)	_							
	(A)	(B)	Pos (do not check			more	e than o	one	(D)	(E)			(F)	
	Name and title	Average hours	box,	unles	s pe	rson	ıs both	an	Reportable compensation	Report compen		Estima	ted am	ount
		per week	-		_	т —	or/trust		from the	from re		l	pensati	on
		(list any hours for	d d	nstit	Officer	ey e	inghe	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		1	m the zation	and
		related	Individual to or director	듗	역	) j	est c	<u> </u>	(** 2, 1000 111100)	(** 271000	,	related c		
		organizations below	Individual trustee or director	nal tr		Key employee	l a							
		dotted line)	stee	Institutional trustee		"	Highest compensated employee							
				e			ted		_					
(15)														
44.00				<u> </u>		_	ļ							
(16)		ļ	}	Ì										
(17)						┢	ļ	-						
322		<del> </del>												
(18)								<u> </u>					-	
								L						
(19)		<b></b>												
<del></del>				_										
(20)														
(21)	<del></del>				-		<u> </u>							
35.17														
(22)														
(23)														
(24)														
(25)							-							
1237		<b> </b>												
1b	Subtotal			_	•	<u> </u>	•	<b></b>	997,879		0	-	30	9,693
С	Total from continuation sheets to Part	VII, Sectio	n A					<b></b>	0	-	0			0
d	Total (add lines 1b and 1c)							<b></b>	997,879		0	·	30	9,693
2	Total number of individuals (including but		I to th	ose	list	ed a	above	e) w		e than \$1	00,000	of		
	reportable compensation from the organi	zation ►							10		<del></del>		34	
•	Old the annual to list out former			<b></b> .	_4_	. 1.		1					Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> 3							трі	oyee, or nignes	st compe	ensated	3		
4	For any individual listed on line 1a, is the							n a	nd other compe	· · nsation fr	om the			1
•	organization and related organizations													
	individual										•	4	~	
5	Did any person listed on line 1a receive o									tion or inc	dividual			]
<del></del>	for services rendered to the organization?	? If "Yes," c	ompl	ete	Sch	edu	ıle J f	or s	such person		<u>· · ·                                  </u>	5		
	on B. Independent Contractors  Complete this table for your five high	ant name		- d			dont		entroptoro that r			han ¢1	00.00	20 -4
1	compensation from the organization. Repo	•				•								
	(A)	ort compon	041101				01100	,,	(B)	VIIIII UV	o organ	(C)	o tax	you
	Name and business add	ress							Description of sen	rices	(	Compens	ation	
								<u> </u>					_	_
								ļ						
	Total number of independent contracto	re (motudin	na bi	+			ad +a	. +1	nee listed show	a) who		4		
4	received more than \$100,000 of compens							, (1)	iose nater abov	C) WIIO				

Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (A) Total revenue (C) Unrelated Related or exempt function revenue Revenue excluded from tax under business revenue Federated campaigns . 1b Membership dues 1c Fundraising events . d Related organizations . . . . 1d 6996 Similar Government grants (contributions) Contributions, All other contributions, gifts, grants, Other and similar amounts not included above 10,676 Noncash contributions included in lines 1a-1f . . . . . . . . . . Total. Add lines 1a-1f. **Business Code** Program Service 900099 MEMBERSHIP DUES 6,216,931 6,216,931 **FEES** 900099 220,769 220,769 **GRAND LODGE SUPPORT** 900099 469,328 469,328 REIMBURSED SHARED EXPENSE 900099 20,119 20,119 All other program service revenue Total. Add lines 2a-2f . . Investment income (including dividends, interest, and 3 1,097,761 1,097,761 other similar amounts) . . . . . . . . . . . . . . Income from investment of tax-exempt bond proceeds ▶ Royalties . (i) Real (II) Personal Gross rents 78,012 Less: rental expenses 6b Rental income or (loss) 6c 78,012 Net rental income or (loss) 78,012 (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory 7a Less, cost or other basis Other Revenue and sales expenses 7b Gain or (loss) . d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 6,996 of contributions reported on line 1c). See Part IV, line 18 . . . 8a Less: direct expenses . . . . Net income or (loss) from fundraising events Gross - income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses . . . . Net income or (loss) from gaming activities 'Gross sales of inventory, less returns and allowances 3,700 Less, cost of goods sold . . . 10b 22,275 Net income or (loss) from sales of inventory -19,025 Business Code Miscellaneous 900099 11a OTHER INCOME 20,810 20,810 Revenue 134,910 FROM MEMBERS TO BE DISBURSED 900099 134,910 All other revenue 155,720 Total. Add lines 11a-11d

8,257,287

6,927,147

Total revenue. See instructions

1,312,468

Part IX Statement of Functional Expenses 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, (D) Fundraising (A) Total expenses (B) Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 55,762 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 9,189 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 131,942 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . . . 303,501 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 1,706,033 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 511,210 264,571 9 Other employee benefits 10 Payroll taxes 158,365 11 Fees for services (nonemployees): Management O а . ' Legal . . . . . 79,088 b Accounting . . . . . 13,272 C 0 Lobbying . . . . . . . d Professional fundraising sérvices See Part IV, line 17 е Investment management fees . . . . . 0 f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 18,980 Advertising and promotion . . . 11,058 12 135,170 13 Office expenses . . . 14 6,751 Information technology 15 Royalties . . . . . . 0 102,252 16 Occupancy . . 41,977 17 Travel . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 46,305 20 Interest . . . . . . . . . . . . . 21 2,661,877 22 Depreciation, depletion, and amortization . 492,995 23 53,382 24 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.) 4,062 **EDUCATIONAL DUES REFUNDS** 27,594 **INVESTMENT PURCHASE** 540,000 C d All other expenses 5,555 25 Total functional expenses. Add lines 1 through 24e 7,380,801 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . . .

Form 990 (2019) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X ... (A) (B) End of year Beginning of year 1.306.383 1,467,225 1 2 2,035,845 2 2,642,600 Savings and temporary cash investments . . . . 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 13.277 28.962 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 2.393.849 Less: accumulated depreciation . . . . . 10b 492,995 1,702,547 1,900,854 b 10c 11 Investments—publicly traded securities . . . . . 5,952,517 11 7.030.114 12 Investments - other securities See Part IV, line 11 . 12 13 13 Investments -- program-related. See Part IV, line 11. 14 14 Intangible assets Other assets. See Part IV, line 11 . . . . . . 15 15 Total assets. Add lines 1 through 15 (must equal line 33) . . . 11,171,411 16 12,908,913 16 17 17 Accounts payable and accrued expenses . . . 18 18 19 19 Tax-exempt bond liabilities . . . . . . 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ ☑ **Assets or Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 12,908,913 28 Net assets with donor restrictions . . . . . Organizations that do not follow FASB ASC 958, check here ▶ □

and complete lines 29 through 33.

Capital stock or trust principal, or current funds .

Total net assets or fund balances . . . . . .

Total liabilities and net assets/fund balances .

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

Retained earnings, endowment, accumulated income, or other funds .

29

30

31

32

33

Form **990** (2019)

12,908,913

12,908,913

29

30

31

32

33

11,171,411

11,171,411

_	4	^
⊇age	-1	2

-Onn s				Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>	<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,25	7,287
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,38	0,801
3	Revenue less expenses. Subtract line 2 from line 1	3		87	6,486
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		11,17	1,411
5	Net unrealized gains (losses) on investments	5		86	1,016
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		12,90	8,913
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			G. Twin	Yes	No
1	Accounting method used to prepare the Form 990. ✓ Cash ☐ Accrual ☐ Other		_ 1965		
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	ın 💮		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	4 (10)	<b>✓</b>
•	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
	reviewed on a separate basis, consolidated basis, or both				
_	Separate basis Consolidated basis Both consolidated and separate basis				H
b	Were the organization's financial statements audited by an independent accountant?		. 2b	14.6 36° 60	19895.J.J.W
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ited on	⊦a   <u></u>	7	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			Shahi	
С	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 accounts		28.3.0.004	Santa Santa	Fr. \$7072 & 1
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain	on		
0-		ا در داند.			Hid
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	rτn in t	ne   3a		.,
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	· ·		$\vdash$	
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		ne   3b		
	required addit of addits, explain why on ochedule of and describe any steps taxen to didergo such a	auuito		n <b>990</b>	(0010)
			rorr	11 フラリ	12019

#### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) o	organizations Complete Part III			
	e of organization			Empl	oyer identification number
INT	ERNATIONAL ASSOCIAT	ION OF MACHINISTS AUTOMOBILE	MECHANICS UN	110	36-0759680
Pa	rt I-A Complete if t	the organization is exempt und	er section 501	c) or is a section 52	7 organization.
1	Provide a description of t	he organization's direct and indirect p	olitical campaign a	activities in Part IV (see	instructions for
	definition of "political cam	· •			
2	· <del>-</del>	y expenditures (see instructions)		<b>&gt;</b>	\$
3		cal campaign activities (see instruction			
Pa		the organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 49	955 <b>&gt;</b>	\$
2	•	excise tax incurred by organization m	•	-	\$
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	•	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV			
Рa	rt I-C Complete if t	the organization is exempt und	er section 501(	c), except section 5	01(c)(3).
1	Enter the amount directly	expended by the filing organization for	or section 527 exe	mpt function	
	activities			<b>&gt;</b>	\$
2	Enter the amount of the f	iling organization's funds contributed	to other organizati		
	527 exempt function activ	vities		•	\$
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form		
	line 17b			•	\$0 Yes No
4	Did the filing organization	file Form 1120-POL for this year?			Yes No
5		ses and employer identification numb			
		ents. For each organization listed, ent			
		ntributions received that were prompt			
	as a separate segregated	fund or a political action committee (	PAC) if additiona	i space is needed, provi	de information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				·	delivered to a separate
					political organization If none, enter -0-
(1) N	INPL EDUCATION FUND	9000 MACHINISTS PLACE			
	<del> </del>	UPPER MARLBORO, MD 20772	52-6144644	5,8	14 0
(2)					
(3)					
	<u>-</u>				
(4)					
			<u>.</u>		
(5)					
(6)					1

	INTERNATIONAL ASSOCIATION OF MAG edule C (Form 990 or 990-EZ) 2019	CHINISTS AUTON	MOBILE MECHANIC	CS UNIO	36-0759680		Page 2
P	art II-A Complete if the organization under section 501(h)).	tion is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction	
A B	Check ▶ if the filing organization name, address, EIN, excheck ▶ if the filing organization	xpenses, and sh	nare of excess lob	bying expenditui	es)	up member	's
	Limits on Lo (The term "expenditures"	obbying Expendi ' means amounts			(a) Filing organization's totals	(b) Affiliat group tota	
1a	Total lobbying expenditures to influence	public opinion (gra	assroots lobbying)				
b	Total lobbying expenditures to influence			-			
С	Total lobbying expenditures (add lines 1a		(* ),		0	-	
d	Other exempt purpose expenditures	,					
e	Total exempt purpose expenditures (add	lines 1c and 1d)			0	·	
f	Lobbying nontaxable amount Enter the a	•	ollowing table in bot	h			
•	columns		one wing table in out		ا م	-	r
ſ	If the amount on line 1e, column (a) or (b)	is. The lobbyin	ng nontaxable amou	ınt is:	BUNDAN SECTION	100 V C C C C C C C C C C C C C C C C C C	et up talks
ŀ	Not over \$500,000	<del></del>	amount on line 1e				
ŀ	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500 000			
İ	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess				
ı	Over \$1,500,000 but not over \$17,000,000	<del></del>	us 5% of the excess of				
ı	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25				0	THE PERSON OF ALL P	<u>***** (2. ***</u>
h	Subtract line 1g from line 1a If zero or le	•			0		
i	Subtract line 1f from line 1c If zero or les	•			0	<u>.                                    </u>	
i	If there is an amount other than zero on e		e 1) did the organiz	zation file Form 472			
•	section 4911 tax for this year?		, ,	,		Yes	No
		4-Year Averaging	g Period Under Sec	ction 501(h)			
	(Some organizations that made a	•	•	• •	of the five columns	below.	
	·		tructions for lines		•		
		•					
	Lobb	ying Expenditure	es During 4-Year A	veraging Period			
	Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Tota	ıl
2a	Lobbying nontaxable amount			0	0		

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total				
2a	Lobbying nontaxable amount		,	0	0	0				
b	Lobbying ceiling amount (150% of line 2a, column(e))					, 0				
c	Total lobbying expenditures			0	. 0	0				
d	Grassroots nontaxable amount			0	. 0	0				
е	Grassroots ceiling amount (150% of line 2d, column (e))					0				
f	Grassroots lobbying expenditures			0	0	0				

Schedule C (Form 990 or 990-EZ) 2019

Par		nplete if the organization is exempt under section 501(c)(3) and has NOT ction under section 501(h)).	filed	l For	n 576		Page 3
			· (a	 a)		(b)	
		sponse on lines 1a through 1ı below, provide in Part IV a detailed obbying activity	Yes	No	A	moun	t
1	legislation, inc	or, did the filing organization attempt to influence foreign, national, state, or local luding any attempt to influence public opinion on a legislative matter or grough the use of					
a b c		anagement (include compensation in expenses reported on lines 1c through 1i)?					
d	Mailings to me	mbers, legislators, or the public?					
е	Publications, o	r published or broadcast statements?					
f	Grants to othe	r organizations for lobbying purposes?					
g	Direct contact	with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demor	strations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities						
j	Total Add line	s 1c through 1ı		金金			0
2a		es in line 1 cause the organization to be not described in section 501(c)(3)?			3		
ь	If "Yes," enter	the amount of any tax incurred under section 4912	4.7-190				
С	If "Yes," enter	the amount of any tax incurred by organization managers under section 4912					
d	If the filing org	anization incurred a section 4912 tax, did it file Form 4720 for this year?			は武統		Mr. W.
Par	t III-A Con	nplete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5)	or s	ection	•	
	3011	<u> </u>			<del></del>	Yes	No
	Mara aubatant	ally all (000/ or mars) dues resoured pendedustible by members?			1	X	NO
1		nally all (90% or more) dues received nondeductible by members?			2	x	
2	_	zation make only in-house lobbying expenditures of \$2,000 or less?	a-2		2	<b>-^</b>	×
3		ation agree to carry over lobbying and political campaign activity expenditures from the prior ye applete if the organization is exempt under section 501(c)(4), section 501					
rai	501	(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (wered "Yes."					3, is
1	Dues, assessr	nents and similar amounts from members		1			
2		nondeductible lobbying and political expenditures (do not include amounts of nses for which the section 527(f) tax was paid).					
а	Current year			2a			
'b	Carryover from	n last year		2b			
C	Total			2c			0
3	Aggregate am	ount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were	sent and the amount on line 2c exceeds the amount on line 3, what portion of the		海流			,
	excess does th	ne organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and p	olitical expenditure next year?		4			
5	Taxable amou	nt of lobbying and political expenditures (see instructions)		5			0
Part	IV Supple	emental Information					
Provi		ons required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), f	art II-	A, lines	1 and	<u> </u>
2 (se	e instructions), a	and Part II-B, line 1 Also, complete this part for any additional information					
	•						

Schedule C (F	om 990 or 990-EZ) 2019	36-0759660	5. 4
Part IV	Supplemental Information (continued)		Page <b>4</b>
•			
			•
		•••	
	***************************************		
	·····		
	•		

# 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

2019

Open to Public Inspection

Employer identification number

INTER	NATIONAL ASSOCIATION OF MACHINISTS AUTOMOB				759680	
Par			s or A	ccounts	-	
	Complete if the organization answered '					
	<del>-</del>	(a) Donor advised funds		(b) Funds an	d other accou	ints
1	Total number at end of year			-		
2	Aggregate value of contributions to (during year) .			<del></del> -	<del></del>	•
3	Aggregate value of grants from (during year)				<del></del>	<u>-</u> .
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor					_ 🗆 🗖
_	funds are the organization's property, subject to th					s 🗌 No
6	Did the organization inform all grantees, donors, a					
	only for charitable purposes and not for the benef				_	- 🗆 N-
D			• •		· U Ye	s 🗌 No
Par		Was" on Form 000 Port IV line 7				
	Complete if the organization answered '				· <del></del> -	
1	Purpose(s) of conservation easements held by the	<del>-</del>				
	Preservation of land for public use (for example, recre					
	Protection of natural habitat	☐ Preservation of	a ceru	nea nistor	ic structure	•
	Preservation of open space		مطاهيد.	££ _		
2	Complete lines 2a through 2d if the organization he	eid a quaimed conservation contribution	ı ın ıne			
	easement on the last day of the tax year.				the End of th	ne rax rear
a			—	2a		
b	Total acreage restricted by conservation easement			2b	<del></del>	
C	Number of conservation easements on a certified h		<b>⊢</b>	2c		
d	Number of conservation easements included in					
	historic structure listed in the National Register .			2d		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or term	iinated	by the org	ganization (	during the
4	tax year	nuction accompatin located				
4	Number of states where property subject to conser			المصماليمية	~6	
5	Does the organization have a written policy required violations, and enforcement of the conservation ear					s 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec					_
6	Stall and volunteer hours devoted to monitoring, inspect	curry, riandling of violations, and emorcing	CONSE	valion ease	enicino duni	ig the year
7	Amount of expenses incurred in monitoring, inspectir	og handling of violations, and enforcing o	oncon	ation ageai	monte durin	a the year
•	►\$	ig, nationing of violations, and emoleting c	OI ISEI V	alion casci	inents durin	ig the year
_		0/4)	4	170/5//4//	27.7	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?					s ∏ No
•	In Part XIII, describe how the organization reports of					5 L 140
9	balance sheet, and include, if applicable, the text of	of the footpote to the organization's final	ncial et	atomonts	that descri	hes the
	organization's accounting for conservation easeme		i iciai st	atements	inai desem	Des trie
Parl			Other !	Similar A	ssets	<del> </del>
i en	Complete if the organization answered "			J		
				mant and	bolones eb	aat wade
ıa	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets	s held for public exhibition, education	or res	earch in f	urtherance	of public
	service, provide in Part XIII the text of the footnote	to its financial statements that describe	or res	earch in i	urtificialice	or public
	• •				anna ahaal	
þ	If the organization elected, as permitted under FAS					
	art, historical treasures, or other similar assets held provide the following amounts relating to these iter	•	oaroff II	, rui u ici di	ioe oi publi	io a <del>c</del> i vide,
				<b>•</b> •		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		•	· • •		*
•						
2	If the organization received or held works of art, following amounts required to be reported under Fa	ASP ASC OFF relating to those stome				
_	Revenue included on Form 990, Part VIII, line 1 .	HOD MOO 300 relating to these items.		<b>\$</b>		
a L	Access included in Form 200, Part VIII, IIIIe I .			· • •	·	

_		•
۲ac	ıe	_

Part		Organizations Maintaining	Collections of	Art, His	torical	reasures	, or Ot	ther Similar A	ssets (cor	ntinued)
3		the organization's acquisition, ction items (check all that apply):		ther reco	rds, chec	k any of the	e follov	wing that make	significant	use of its
а	☐ Pu	ıblıc exhibition				or exchang				
b		cholarly research		е	☐ Other	· ••••••			<b></b>	
С	☐ Pr	eservation for future generations	3							
4	Provid	de a description of the organiza	tion's collections	and expl	aın how t	hey further	the org	ganization's exe	empt purpo	se in Part
5		g the year, did the organization s to be sold to raise funds rathe							ılar 🗌 Yes	i □ No
Part	IV	<b>Escrow and Custodial Arra</b>	angements.							
		Complete if the organization 990, Part X, line 21.			···					Form 
1a	ınclud	e organization an agent, trustee ded on Form 990, Part X?							not 🔲 Yes	i □ No
b	If "Ye	s," explain the arrangement in P	art XIII and comp	lete the fo	ollowing to	able:	_	<del></del>		
							-		Amount	
C	_	•					10			
d		ions during the year					10			<del></del>
e		butions during the year					16			
f 2a		ig balance				· · ·			hy2 🗆 Vas	. No
		s," explain the arrangement in P								
	l V	Endowment Funds.					F			
		Complete if the organization	answered "Yes	s" on For	m 990, f	art IV, line	e 10.			
		·	(a) Current year	(b) Pr	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four	ears back
1a	Begin	ining of year balance								
b	Contr	ibutions								
С		evestment earnings, gains, and								
d	Grant	s or scholarships								
е		expenditures for facilities and ams								
f	Admir	nistrative expenses								
g		f year balance		<u> </u>						
2		de the estimated percentage of			ce (line 1g	, column (a	)) held	as		
а	Board	designated or quasi-endowme	nt ▶	%						
b		anent endowment								
С		endowment ▶%		1000/						
_		ercentages on lines 2a, 2b, and							.1	
3a		nere endowment funds not in the ization by:	e possession of t	ne organi	zation the	at are neid	and ad	iministered for		res No
	•	nrelated organizations							. 3a(i)	103 110
							•		3a(ii)	
b		s" on line 3a(ii), are the related o							3b	
4		ribe in Part XIII the intended uses	_							<del></del>
Part	VI	Land, Buildings, and Equip	oment.							
		Complete if the organization	answered "Yes	s" on For	m 990, f	Part IV, line	e 11a.	See Form 990	), Part X, lı	ne 10.
		Description of property	(a) Cost or o		1 ' '	or other basis ither)		Accumulated epreciation	(d) Book	value
1a	Land					209,967				209,967
b	Buildi	ngs				1,361,135		360,676		1,000,459
C	Lease	ehold improvements								
d		ment	•			412,905		105,610		307,295
E E	Other		.	200 0==	<u> </u>	409,842	١- ١	26,709		383,133
ı otal.	Mag III	nes 1a through 1e. (Column (d) r	nust equal Form S	190, Part .	A, COIUITII	ı (D), IINE I U	IC J	. ▶		1,900,854

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)	•••••			
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12).▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
(1)				
(2)				
_(3)				
(4)			······································	
_(5)				<del> </del>
(6)				
(7)			<u>-</u>	· · · · · · · · · · · · · · · · · · ·
(8)				
(9)	(1) (5 000 B (1) (0) (1) (0)			
Part IX	mn (b) must equal Form 990, Part X, col (B) line 13) .  Other Assets.			
Fartix	Complete if the organization answered "Yes" on For	m 990 Part IV line	11d See Form	990 Part X line 15
	(a) Description	111 000, 1 411 14, 1111	3 11a. 000 1 0111	(b) Book value
(1)	(L) Door, p. (L)	• • • • • • • • • • • • • • • • • • • •		(5) 5 50 7 10.00
(2)	AND CONTRACTOR OF THE CONTRACT	<del></del>		
(3)		<del></del>	· ·	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 15.)		>	
Part X	Other Liabilities.			· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	▶	
2 Liability for	Lincortain tax positions. In Part XIII, provide the text of the footn	ote to the organization	'e financial stateme	into that reports the

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

Part	XI Reconciliation of Revenue per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" on Form 990,		
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	_
b	Donated services and use of facilities	2b	_
C	Recoveries of prior year grants		_
d	Other (Describe in Part XIII.)		
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:		1.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	4b	<del></del>
_C		40)	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Keturn.
	Complete if the organization answered "Yes" on Form 990,	•	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	ا م	
a	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	-
C	Other losses	2c   2d	-
d	Other (Describe in Part XIII.)		- <del></del>
e	Add lines 2a through 2d		2e   3
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		3
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a b	Other (Describe in Part XIII.)	<del></del>	-
-	·		46
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Add lines <b>4a</b> and <b>4b</b>		4c 5
c 5 Part	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)	5
5 Part Provid	Add lines <b>4a</b> and <b>4b</b>	e 18.)	b, Part V, line 4; Part X, line
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	b, Part V, line 4; Part X, line information.

Schedule D (Fo	m 990) 2019	Pa	age <b>5</b>
Part XIII	Supplemental Information	(continued)	
	<del></del>		
•••••••••••			
		•	
		•	
	·····		
			•••••
	·····		<b></b>

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

OMB No 1545-0047
2019
Open to Public

Attach to Form 990

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number
36-0759680

Part General Information	on on Grants	and Assistance					
1 Does the organization mainta	ain records to su	bstantiate the amou	unt of the grants or assis	stance, the grantees' e	eligibility for the grants	or assistance, and	
the selection criteria used to	award the grant	s or assistance?					X Yes No
2 Describe in Part IV the organ	nization's proced	ures for monitoring	the use of grant funds ii	n the United States			
Part II Grants and Other	Assistance to	Domestic Orga	nizations and Dome	estic Governments	s. Complete if the or	ganization answere	d "Yes" on Form
990, Part IV, line 21	I, for any recip	ent that received	I more than \$5,000 F	Part II can be duplicate	ated if additional spa	ace is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHICAGO FEDERATION OF LABO 130 RANDOLPH STREET STE 260 C	1	501 (C)3	10,000	0			2019 HAYMARKET CIRCLE
(2) GUIDE DOGS OF AMERICA 13445 GLENOAKS BLVD SYLMAR, C	95-1586088	501 (C)3	7,840				GUIDE DOGS DONATIONS
(3)		·					
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							,
2 Enter total number of section	501(c)(3) and g	overnment organiza	ations listed in the line 1	table		<b>•</b>	
3 Enter total number of other o	rganizations liste	ed in the line 1 table	e				2

For Paperwork Reduction Act Notice, see the Instructions for Form 990  $_{\rm HTA}$ 

INTERNATIONAL ASSOCIATION OF MACHINISTS AUTOMOBILE MECHANICS UNIO

Schedule I (Form 990) (2019)

INTERNATIONAL ASSOCIATION OF MACHINISTS AUTOMOBILE MECHANICS UNIO

36-0759680

Schedule I (Form 990) (2019) Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book, FMV appreisal other) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Part I Line 2 ASSISTANCE TO MEMBERS IN NEEED IS DETERMINED BY A COMMITTEE OF 3 UNION MEMBERS. FOR ALL OTHER DONATIONS, THE EXECUTIVE BOARD CAREFULLY REVIEWS ALL REQUESTS PRIOR TO THE MEMBERSHIP APPROVAL AND DISBURSEMENT. APPROVAL IS GRANTED ONLY TO REPUTABLE ORGANIZATIONS WHO HAVE SATISFIED THE BOARD'S DUE DILIGENCE. THE BOARD PERFORMS NO SUBSEQUENT MONITORING OF THE USE OF THE DONATIONS AND GRANDS ALL RECORDS REGARDING DISBURSEMENT OF FUNDS ARE MAINTAINED AT THE LOCAL'S OFFICE

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
►Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

INTERNATIONAL ASSOCIATION OF MACHINISTS AUTOMOBILE MECHANICS UNIO 36-0759680 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III MAN) For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III

Regulations section 53 4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation						
		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
SAMUEL CICINELLI	(1)	162,164			28,655	15,946	206,765	
1 DIR BUSINESS REP	(11)						0	
TERRY KIMMEL	(1)	147,977			27,676	15,946	191,599	
2 ASS DIR BUS REP	(11)						0	
ROBERT LESSMAN	(1)	139,521			26,543	15,946	182,010	
3 BUSINESS REP	(11)						0	
ARMANDO ARREOLA	(1)	136,066			25,837	15,946	177,849	
4 BUSINESS REP	(11)						0	
MARK GRASSESCHI	(1)	135,675			25,837	15,946	177 458	
5 BUSINESS REP	(11)						0	
MICHAEL WENDLING	(1)	135,139			36,177	15,946	187,262	
6 ORGANIZER	(11)							
	(1)							
7	(0)							
	(1)							
8	(0)							
	(i)							
9	(0)							
	(i)							
_10	(11)							
	(1)			 				
11	(11)							
	(0)							
_12	(11)							
	(1)							
13	(ii)							
44	(0)	}						
14	(11)							
	(1)							
15	(11)	-						
40	(1)							
16	(11)	<u> </u>					L	L

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 INTERNATIONAL ASSOCIATION OF MACHINISTS AUTOMOBILE MECHANICS UNIO	36-0759680 Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a for any additional information	nd 8, and for Part II. Also complete this part
	•••••
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Schedule J (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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

INTERNATIONAL ASSOCIATION OF MACHINISTS AUTOMOBILE MECHANICS UNION LOCAL 701

Employer identification number 36-0759680

FORM 990, PART VI, SECTION A, LINE 6 THE ORGANIZATION HAS MEMBERS WHO ARE COMPRISED OF INDIVIDUALS WHO HAVE
EXECUTED A WRITTEN APPLICATION FOR MEMBERSHIP, HAVE TENDERED THE APPROPRIATE INITIATION FEE AND PAID ONE MONTH'S
DUES
FORM 990, PART VI, SECTION A, LINE 7a THE FOLLOWING MEMBERS ARE ELIGIBLE TO VOTE FOR THE OFFICERS OF THE LOCAL
WHICH GENERALLY COMPRISE THE GOVERNING BODY ACTIVE MEMBERS IN GOOD STANDING WHO PAY FULL DUES, UNEMPLOYED
MEMBERS WHO ARE NO LONGER WORKING IN THE INDUSTRY AND PAY \$2 00 PER MONTH, ACTIVE RETIRED MEMBERS, ACTIVE EXEMPT
MEMBERS AND ACTIVE LIFE MEMBERS
FORM 990, PART VI, SECTION A, LINE 7b. THE ACTIONS OF THE EXECUTIVE BOARD (GOVERNING BODY) ARE PRESENTED TO THE
GENERAL MEMBERSHIP FOR THEIR REVIEW AND APPROVAL AT PERIODIC MEMBERSHIP MEETINGS CONVENED AS REQUIRED BY
THE LOCAL GOVERNING DOCUMENTS
FORM 990, PART VI, SECTION A, LINE 8b. THE LOCAL DOES NOT HAVE A SEGREGRATED COMMITTEE WHICH ACTS ON BEHALF OF THE
GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11b THE FORM 990 IS PREPARED WITH THE ASSISTANCE OF A GRAND LODGE AUDITOR AND
PROVIDED TO THE SECRETARY-TREASURER, THE FORM IS SIGNED AND SUBMITTED
FORM 990, PART VI, SECTION B, LINE 15b COMPENSATION FOR THE LOCAL'S ELECTED OFFICIALS AND CERTAIN EMPLOYEES ARE
SET FORTH IN THE LOCAL'S GOVERNING DOCUMENTS
FORM 990, PART VI, SECTION C, LINE 19 THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE OFFICE OF THE
LOCAL UNION
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