(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2019 calend	dar year, or tax year beginning	, 201	9, and e	nding	ng , 20					
В	Check if a	applicable	C Name of organization ILA CLERKS & CHECKERS	LOC	AL 17	71	-	D Employer identification number				
	Address of	change	Doing business as					57-6026500				
	Name cha	•	Number and street (or P O box if mail is not delivered to street	addres	ss)	Roon	n/suite	E Telephone number				
\Box	Initial retu	ırn	2113 COURTLAND AVENUE					(843)723-1774				
$\overline{\Box}$	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign post	al cod		•						
\exists	Amended		CHARLESTON, SC 29403					G Gross rec	eipts \$ 714,648.			
\exists		n pending	F Name and address of principal officer				H(a) Is this a gri		oordinates ⁷ Yes No			
_			ROBERT STRIPLING, 2113 COURTLAND AVE, CHAR.	LEST	ON, SC	29403	1					
	Tax-exem	npt status		7(a)(1)		276	1		see instructions)			
	Website:	·	<u> </u>		7)./	H(c) Group e					
			Corporation		Year of	formation			egal domicile SC			
	art I	Summa							9			
			cribe the organization's mission or most significant a	ctivit	ies. DD	OMOTE	SUI TUND	רתע אתר	MEMBED WEIGADE			
ø	' '	Differry door	ones the organization of mission of most organisative			ONOIL	SODIUM	LII MND	HENDEK WEDLAKE			
Governance	-											
Ĕ	2 7	Chack this	box ▶ ☐ if the organization discontinued its operati	one i	or dieno	seed of	more than	25% of ite	not accote			
8	1		voting members of the governing body (Part VI, line		•			3	150			
	1		independent voting members of the governing body	-				4	150			
sa			per of individuals employed in calendar year 2019 (P				ED I	5	130			
Activities &				-	unive-zea	/LLIV		6	0			
Ćţ			per of volunteers (estimate if necessary) . ated business revenue from Part VIII, column (C), lin		NOV	0 4 20	20	7a				
•	1			~ 1	NO A	0 4 20	32U - 3	7b	714,648.			
	Ь	Net unrelat	ted business taxable income from Form 990-T, line	9 [.	· · ·	-	Prior Year		0.			
		O 4 b4	and areate (Deat VIII time 1 h)	Prior Year	<u> </u>	Current Year						
Revenue	1		ons and grants (Part VIII, line 1h)	C C 4	050	714 640						
	1	_	ervice revenue (Part VIII, line 2g)			_	664,	952.	714,648.			
æ	1		t income (Part VIII, column (A), lines 3, 4, and 7d) .									
	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an				-					
			ue-add lines 8 through 11 (must equal Part VIII, colu				664,	952.	714,648.			
	1		d similar amounts paid (Part IX, column (A), lines 1-3)									
	1		aid to or for members (Part IX, column (A), line 4)									
es	1		ther compensation, employee benefits (Part IX, column		322,	651.	341,161.					
Expenses	1		al fundraising fees (Part IX, column (A), line 11e) .			•						
ă.	1		raising expenses (Part IX, column (D), line 25)									
ш	1	-	enses (Part IX, column (A), lines 11a-11d, 11f-24e)					121.	<u> 162,</u> 526.			
	[-	nses. Add lines 13-17 (must equal Part IX, column (A		-	·		772.	503,687.			
		Revenue le	ess expenses. Subtract line 18 from line 12		·		158,	180.	210,961.			
s or						Beg	inning of Curr	ent Year	End of Year			
Net Assets o Fund Balance	20	Total asset	ts (Part X, line 16)			·	822,	936.	1,035,562.			
A As	21	Total liabili	ties (Part X, line 26)			<u> </u>		781.	2,446.			
			or fund balances. Subtract line 21 from line 20 .		<u> </u>		822,	155.	1,033,116.			
Pa	art II	Signatu	re Block									
Un	der penalt	ies of perjury,	, I declare that I have examined this return, including accompanying	sche	dules and	l stateme	nts, and to the	best of my k	nowledge and belief, it is			
tru ——	e, correct,	and complete	e Declaration of preparer (other than officer) is based on all information	ition o	wnich pr	eparer na	is any knowied	ge				
		\	Ashil Daix)LT. Z	0, 2020			
Sig	gn	Signatu	ure of officer				Date		<i>'</i>			
He	ere	ROBE	ERT STRIPLING, TREASURER									
			r print name and title									
Pa	id.		preparer's name Preparer's signature	<u> </u>	. 0	/ Date		Check 🗹	PTIN A STORY			
		15a	L. McDonald Kisa 1/PK	70	XXA	10	-20-20	self-employe	P01433528			
	eparer		ne ►LISA L. MCDONALD CPA		_		Firm's	EIN ▶				
US	e Only	<i>/</i>	dress ▶ 405 KINGSTON PL, SUMMERVILLE, S	SC 2	9483-	5304	Phone		708-1804			
Ma	y the IRS		this return with the preparer shown above? (see instr						X Yes ☐ No			
_												

Form 99 Part		Statement of Program Service A	noomplichmente		Page
rart		Statement of Program Service Ad Check if Schedule O contains a res		art III	
1		describe the organization's mission			
	PROM	OTE SOLIDARITY AND MEMBE	R WELFARE		
2	Did th	e organization undertake any signifi	cant program services during the ye	ear which were not listed on the	·
_			· · · · · · · · · · · · · · · ·		Yes ⊠No
	If "Yes	s," describe these new services on S	Schedule O.		
3			or make significant changes in h		57 44
		es?			Yes ⊠No
4		·		three largest program services, as	maggired by
4				t the amount of grants and allocation	
		al expenses, and revenue, if any, for		Ç	
	(Codo	\/Expanses \$	including grants of \$) (Revenue \$	
4a) (Hevenue 🌢	
				·	
	/C-d-	\/[and a discourant of the	\	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		•			
				·	
	••••	·····			
	(C = d =) /Fy #		\	
4C	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					*

4d Other program services (Describe on Schedule O.) including grants of \$ (Expenses \$

4e Total program service expenses ▶

) (Revenue \$



Part IV 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		×
		<u> </u>		-
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		×
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? <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, 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	×	
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		×
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)			,
			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		×
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		×
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		 ^
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		×
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		×
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	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		×
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		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 35a		×
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	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		
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? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	February and the Boundary Boun		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. 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?	10		<u></u>

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		1300 e	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0 7 2 A		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13	ماننځانست		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	- umuziona
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		61. M	
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	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?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	12. *	1 20
7	Organizations that may receive deductible contributions under section 170(c).	10.50	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	135 A
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	آگر آھي نيڪسينڌ	سنتشم	
	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	, ,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	· > 4 · ·	Sec. 5	. 49-44-55
е	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	2.4253	2012 25 43
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		Sec.	
_	sponsoring organization have excess business holdings at any time during the year?	8	525°*10X	. 7850°C055
9	Sponsoring organizations maintaining donor advised funds.	1200	200	in the second
a	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	atiána.	127.623
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		35	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11	Section 501(c)(12) organizations. Enter:			250
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.)			
40-	against amounts due or received from them.)	12a	12°1'2	لتحتيظ
12a		12d	2 d	14.C. p \\(\text{3}\)
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	18 mg	100	
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	- 45 (47.5)	() 200 mg
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a	128.0	32354
	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans		450	3
_	Enter the amount of reserves on hand			
с 14а		14a	57367×354°0	×
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a		1
b 45		170	<u> </u>	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	15	23238	2000
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		2223
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720, Schedule O.	10	\$ 4.(76% <u>)</u>	3/5% mil
	n rea. complete i unii 4720, conedule U.	12583 255	- 3552 Sec. 1	1

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. Check if Schedule O contains a response or note to any line in this Part VI	See ın		
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year La 150			Zod
	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 . 150			
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	×	78.23
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		×
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	×	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			34
	the year by the following		20 2 4 1	
a	The governing body?	8a	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
		لــــا	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	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		380	75%
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
Ь	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	ئىلىنىدىنى <u>ت</u>	X
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).	7.5%		
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		
	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		
Secti	on C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (Sec	tion !	501(c)
	(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.	f inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re ROBERT STRIPLING, 2113 COURTLAND AVE, CHARLESTON, SC 29403-3003 (843)723-1		>	

orm	990	(2019)	

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 nor any related organization compensated any current officer, director, or trustee.

Check this box in Heither the organization no	Tarry rolato	u org.	41112		C)	ompo	1100			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individual	unles	Pos eck s pe	more rson	than or trust Highest compensated employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WILLIAM STRIPLING	4.00									
TRUSTEE		×					_	14,378.	0.	0.
(2) NEAL EDGERTON TRUSTEE	5.00	×						11,230.	0.	0.
(3) LANCE MCLAUGHLIN PRESIDENT	32.00			×				80,844.	0.	0.
(4) DANIEL SMITH EXECUTIVE BOARD	2.00	×						6,650.	0.	0.
(5) RALPH CAMPBELL VICE PRESIDENT	32.00			×				35,996.	0.	0.
(6) JAMES MCBRIDE SECRETARY	2.00	×						7,653.	0.	0.
(7) ROBERT STRIPLING TREASURER	15.00			×				36,345.	0.	0.
(8) RICHARD HEITERER EXECUTIVE BOARD	2.00	×						2,651.	0.	0.
(9)										
(10)										
(11)									,,-,	
(12)	<u> </u>			-						
(13)	<u> </u>									
(14)										

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emį	ploy	yee	s, an	<u>d H</u>	lighest Compe	nsated I	Employ	yees (d	ontin	ued)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	Reportable compensation		(E) Reportable compensation from related		(F Estimated of ot		
		per week (list 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	stions	fro	pensation the zation a prganiza	ınd
(15)														
(16)					<u> </u>									
(17)						_								
(18)							-							
				_										
			-											
							ļ							
(23)			-											
(24)														
(25)									,					
1b	Subtotal				•			>	195,747.	, ,	0.			0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-					 	>	195,747.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received mor	e than \$1	00,000	of		
	-			4									Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> s	Schedule J	for si	uch	ınd	ividi	ual	٠.				3		
4	For any individual listed on line 1a, is the organization and related organizations individual											4		. ×
5	Did any person listed on line 1a receive of for services rendered to the organization?									tion or inc	dıvıdual	_		×
Secti	on B. Independent Contractors		<u>-</u>							<u> </u>				
1	Complete this table for your five high compensation from the organization. Report													
	(A) Name and business add	·						Ĺ	(B) Description of sen			(C) Compens		
							_						_	
	Tatal number of understanded as a section to		L-				٠ اسم		hatad ab	ما بداد				
2	Total number of independent contractor received more than \$100,000 of compens	-	_) th	iose listed abov	e) wno				

	Statement of Revo	
2 1 1 2 2 3 V I I I	Statement of Day	
E 22: 14 EN 11 I I	Statement of Revi	2M1112
	Otatomont of fice	J1140

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	ny line in this Pa	ırt VIII		<u> </u>
						***	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaig	ns .		1a			PRINCE OF THE PRINCE		
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues			1b					
, G	Ć	Fundraising events			1c					
ifts Ir A	d	Related organization	ns .		1d					
, G nila	е	Government grants	(cont	ributions)	1e			100		The second of
ons Sir	f	All other contribution								
uti Jer		and similar amounts no	ot incli	uded above	1f					manufation in the state of
trib Ott	g	Noncash contribution								4
on					1g	\$				
a C	h	Total. Add lines 1a-	-1f .		•		Anna Sean Sel Library Control			200 PM 20
ө	0-	MEMBERCUID DU	EC 7	NID AC		Business Code 900099	714 640		714 640	<u> </u>
vic	2a	MEMBERSHIP DU	ES F	AND AS		900099	714,648.	0.	714,648.	0.
yram Ser Revenue	b			•••						
m Ver	d									
Program Service Revenue	u e					-				
	f	All other program se								
ш.	g	Total. Add lines 2a-				▶	714,648.			
	3	Investment income other similar amoun	(ıncl	luding dıvı	dends	s, interest, and				
	4 5	Income from investr Royalties								
	,	noyames		(ı) Rea	 I	(II) Personal	14000 to 5000			205323480000001
	6a	Gross rents	6a	(,,	•	(, . 0.00.112.				
	b	Less rental expenses								
	C	Rental income or (loss)								
	d	Net rental income o		s)		<u>' </u>	September 194 Carobianie	demotions by the state of the state	Categorian of the Add to 1 and	As a N.C. M. SEGRETARY MANDENGES . (14)
	7a	Gross amount from		(i) Securit	ies	(ii) Other		ត់ក្តៅក្នុងនៅ រាំងនៅពេកហើយការពីយេកវិញ្ជាក់ក្រង់ក្នុងស្វែ	សុក្រាញពីជាក្រក្សាកែប្រព័ត្រក្រការប្រជាជាក្រការ	
	, 4	sales of assets								
		other than inventory	7a							4.44
re	b	Less. cost or other basis								
Revenue		and sales expenses .	7b							
3ev		Gain or (loss)	7c	J						
_	d	Net gain or (loss)				<u> ▶</u>	GREWING AL PROVINCE DESCRIPTION	Markey Market C. P. & T. St. and	SCHOOL STATE OF THE STATE OF TH	Share and the state of the stat
Other	8a	Gross income from		ındraısıng						
0		events (not including				1				3.3
		of contributions repair 1c). See Part IV, line			8a					
	h.	Less. direct expens			8b					
	b C	Net income or (loss)				ents >	The state of the s			
	ўа	Gross income i			9 506		A Philipping of the Philipping	TOTAL STATE OF THE		Secretary of the second
		activities. See Part I			9a			Total application of the state		nir meninir 1840
	b	Less direct expens			9b					
	С	Net income or (loss)		gaming a	ctivitie	es . ►				
	10a	Gross sales of in	nvent	ory, less					4770	
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b			(4.85)(1.15)		
	С	Net income or (loss)) from	sales of in	vent	ory			iwa wanth	
Sn		-		_		Business Code	0.8007079.58.58			
eo e	11a			·						
scellaned Revenue	b						<u> </u>			
e Se	C	A.II.								
Miscellaneous Revenue	d	All other revenue						25 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STANGERSTERNALANT	AND THE PROPERTY AND TH
	e	Total. Add lines 11a			<u> </u>	<u> ▶</u>	714 640	《	714 (40	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
	12	Total revenue. See	ınstr	uctions .			714,648.	0.	714,648.	0.

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	

	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	195,747.			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	120,653.			
9 10	Other employee benefits	24,761.			
11 a b	Fees for services (nonemployees): Management	14,580.			
c d	Accounting	15,445.			
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g 12	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion			, ,	
13 14	Office expenses	11,891.	-		
15 16	Royalties	1,562.			
17 18	Travel	49,501.			
19	for any federal, state, or local public officials Conferences, conventions, and meetings	976.			
20 21	Interest	370.			
22 23	Depreciation, depletion, and amortization . Insurance	14,650. 15,893.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				1 Partition Control of
a	(A) amount, list line 24e expenses on Schedule O.) TELEPHONE	5,255.			
b d	DUES AND ASSESSMENTS REPAIRS & MAINTENANCE UTILITIES	5,768. 6,007. 5,292.		····	
е	All other expenses	12,864.			
25 26	Total functional expenses. Add lines 1 through 24e 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)	503,687.			
		PEV 06/02/20 PPO			Form 990 (2010)

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	<u>irt X </u>		<u>.</u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			412,610.	1	631,035.
	2	Savings and temporary cash investments		2			
٠,	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	3,650.
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substa- controlled entity or family member of any of thes	antıal	contributor, or 35%		5	
	6	Loans and other receivables from other disqual under section 4958(f)(1)), and persons described			100 to 10	6	STATE AND ASSESSED TO SEE STATE OF THE SECOND SECON
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost or other	10a	589,140.			
	ь	Less: accumulated depreciation			410,326.	10c	400,877.
	11	•				11	
	12	Investments—other securities. See Part IV, line 1				12	
	13	Investments-program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	l line	33)	822,936.	16	1,035,562.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			11000	20	
	21	Escrow or custodial account liability. Complete F	Part I	/ of Schedule D		21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, substa- controlled entity or family member of any of thes		22			
	23	Secured mortgages and notes payable to unrelate	ted th	nird parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D			781.	25	2,446.
	26	Total liabilities. Add lines 17 through 25		<u> </u>	781.	26	2,446.
Seor		Organizations that follow FASB ASC 958, checand complete lines 27, 28, 32, and 33.	ck he	ere ► 🗵 '			
<u>a</u>	27	Net assets without donor restrictions		· · · · · ·	822,155.	27	1,033,116.
<u>m</u>	28	Net assets with donor restrictions				28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.	58, cl	neck here ▶ 🗌			
6	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq	uipm	ent fund		30	
SS	31	Retained earnings, endowment, accumulated inc		i		31	
7	32	_		·	822,155.	32	1,033,116.
ž	33	Total liabilities and net assets/fund balances .			822,936.	33	1,035,562.

Part	XI Reconciliation of Net Assets	
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	714,648.
2	Total expenses (must equal Part IX, column (A), line 25)	503,687.
3	Revenue less expenses. Subtract line 2 from line 1	210,961.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	822,155.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
		1,033,116.
Part	XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>
	-	Yes No
1	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," explain in	
	Schedule O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a ×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
	reviewed on a separate basis, consolidated basis, or both	
	Separate basis Consolidated basis Both consolidated and separate basis	
b	Were the organization's financial statements audited by an independent accountant?	2b ×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
	separate basis, consolidated basis, or both	
	Separate basis Consolidated basis Both consolidated and separate basis	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c ×
	If the organization changed either its oversight process or selection process during the tax year, explain on	
	Schedule O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	_
_	Single Audit Act and OMB Circular A-133?	3a ×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	a.
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b
	REV 06/02/20 PRO	Form 990 (2019)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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) (s	see separate instructions), ti	hen			
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer ide	ntification number
ILA	CLERKS & CHECKERS			57-60265	
Part	I-A Complete if the	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	definition of "political car		•		•
2	Political campaign activit	y expenditures (see instructions) .			5
3	Volunteer hours for politic	cal campaign activities (see instruc	tions)		
Part	I-B Complete if the	e organization is exempt und	er section 501(d	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ 🧐	S
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$)
3	If the organization incurre	ed a section 4955 tax, did it file Fo	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(d	c), except section 501	(c)(3).
1		ly expended by the filing organiz		527 exempt function ▶ \$	·
2	527 exempt function acti	filing organization's funds contributions			
3		expenditures Add lines 1 and 2.			
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	organization made paymethe amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part	II-A	Complete if the organization section 501(h)).	is exempt u	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A C	heck ►	If the filing organization belong				lliated group memb	per's name,
		address, EIN, expenses, and s					
B · C	heck ►	If the filing organization check			ovisions apply.		
		Limits on Lobby	• •		N t	(a) Filing organization's totals	(b) Affiliated group totals
4-	T-4-11-	(The term "expenditures" me				organization's totals	group totals
1a		bbying expenditures to influence					
b c		bbying expenditures to influence bbying expenditures (add lines 1a	_	• •			
d		xempt purpose expenditures .	-				
e		cempt purpose expenditures (add		d)		-	
f		ng nontaxable amount. Enter t				-	
•	column	-			,		
	If the arr	nount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
		\$500,000		nount on line 1e			1.5
	Over \$50	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,	000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,	500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000		
		7,000,000	\$1,000,000.				
g		pots nontaxable amount (enter 25	-				
h		t line 1g from line 1a. If zero or le					
i		ct line 1f from line 1c. If zero or les	•				
J		is an amount other than zero ig section 4911 tax for this year?			•		Yes No
	reportii			Period Under Sec			
	(Some	e organizations that made a sec	tion 501(h) ele		e to complete all	of the five colum	ns below.
		Lobbying	Expenditures	During 4-Year A	veraging Period		
	Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbyir	ng nontaxable amount					
b		ng ceiling amount of line 2a, column (e))					
С	Total lo	bbying expenditures					
d	Grassro	oots nontaxable amount					
е		oots ceiling amount of line 2d, column (e))					,
f	Grassro	oots lobbying expenditures					
BA	Δ		<u> </u>	REV 06/02/20 PRO		Schedule C (Forr	n 990 or 990-EZ) 2019

	(election under section 501(h)).	l:	a)		(b)	
	each "Yes" response on lines 1a through 1ı below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	A	moun	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?		, , ,			
j	Total. Add lines 1c through 1i				47800m. 1.	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ZUT ZÜTEMBER	Stake AKKNY	4.79.3		15
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		256.xx	···· , ,	v to steed, t	~***** ·
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			14 Tro		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		×
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			_ 2	×	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3	<u></u>	×
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."		Part		line 3	3, is
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	•	2a			
b	Carryover from last year	•	2b			
С	Total	•	2c			
3	Aggregate amount 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ıng				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	_5			
	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grownstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pai	t II-A, I	 ines 1	and
						,
						-
				·		-
						.

Schetdule C (Form 990 or 990-EZ) 2019						
Part IV	Supplemental Information (continued)					
,						
	·					

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Employer identification number Name of the organization

ILA	CLERKS & CHECKERS LOCAL 1771		57- <u>6</u> 0265	
Par			ds or Acco	unts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Fu	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	eld in donor	advised
	funds are the organization's property, subject to the	organization's exclusive legal control	l?	🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, an			
	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or fo	r any other	purpose
	conferring impermissible private benefit?			· · D Yes D No
Par	Conservation Easements.			
	Complete if the organization answered "\	Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the o			
	Preservation of land for public use (for example, recreations)	ation or education) Preservation of	f a historical	lly important land area
	Protection of natural habitat	·		historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form	of a conservation
_	easement on the last day of the tax year.	-		Held at the End of the Tax Year
а			. 2a	
b	Total acreage restricted by conservation easements		<u> </u>	
c	Number of conservation easements on a certified hi		⊢	
d	Number of conservation easements included in (• *		
•	,		1 1	
3	Number of conservation easements modified, trans			he organization during the
3	tax year ►	nerred, released, extinguished, or terr	illiated by ti	ne organization during the
4	Number of states where property subject to conserv	vation easement is located ▶		
5	Does the organization have a written policy regi		ection han	dling of
3	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, inspec			
U	b	ting, harding of violations, and emoronic	g conscivatio	in casements during the year
7	Amount of expenses incurred in monitoring, inspecting	n handling of violations, and enforcing	conseniation	easements during the year
•	S	g, nariding of violations, and emorning	conservation	casements during the year
	***************************************	2/d) above estimize the requirements of		h)(4)(D)(i)
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
0	In Part XIII, describe how the organization reports of			
9	balance sheet, and include, if applicable, the text of			
	organization's accounting for conservation easemer		anolal olaton	ionio triat decembes trie
Parl	III Organizations Maintaining Collections		Other Simi	lar Assets
ı aı	Complete if the organization answered "	•		idi Addetai
	<u></u>			
та	If the organization elected, as permitted under FASI			
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to			
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held			
	·	· · · · · · · · · · · · · · · · · · ·	search in lun	merance of public service,
	provide the following amounts relating to these item			. ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			· φ
2	If the organization received or held works of art,		assets for f	inancial gain, provide the
	following amounts required to be reported under FA			•
a	Revenue included on Form 990, Part VIII, line 1 .		•	\$
b	Assets included in Form 990, Part X	<u> </u>	<u> </u>	<u> </u>

Part	t III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of the	e follow	ving that make s	gnificant use of its
а	☐ Public exhibition		d		or exchange			
b	Scholarly research		е	☐ Other				
С	Preservation for future generation	s						
4	Provide a description of the organiza XIII.	ation's collections	and expla	ain how t	hey further	the org	janization's exem	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Par	t IV Escrow and Custodial Arr	angements.						
	Complete if the organization 990, Part X, line 21.	n answered "Yes	" on For	m 990, I	Part IV, line	9, or	reported an am	ount on Form
1a	Is the organization an agent, trusted included on Form 990, Part X?							t ☐ Yes ☐ No
b	If "Yes," explain the arrangement in F	Part XIII and comple	ete the fo	llowing to	able:			
						<u> </u>	+	mount_
C	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance							? 🗌 Yes 🔲 No
2a b	If "Yes," explain the arrangement in F							
	t V Endowment Funds.	art Alli. Official fici	C II tile C.	Apiariatio	ii iias been	provide	on at Air .	· · · · · ·
	Complete if the organization	n answered "Yes	" on For	m 990. I	Part IV. line	10.		
	30p.0.0	(a) Current year	1	or year	(c) Two year	1	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses					-		
d	Grants or scholarships							
e	Other expenditures for facilities and							
_	programs							
f	Administrative expenses						-	
g	End of year balance							
2	Provide the estimated percentage of	the current year er	nd balanc	e (line 1g	, column (a))) held a	as:	<u> </u>
а	Board designated or quasi-endowme	ent ▶	%					
b	Permanent endowment ▶	%						
C	Term endowment ▶ %	6						
	The percentages on lines 2a, 2b, and	l 2c should equal 1	00%.					
За	Are there endowment funds not in the	ne possession of th	ne organi	zation the	at are held	and ad	ministered for th	e
	organization by							Yes No
	(i) Unrelated organizations							3a(i)
	• • •							3a(ii)
b	If "Yes" on line 3a(ii), are the related of	-						3b
4	Describe in Part XIII the intended use		on's endo	owment f	unds.			
Part			,, –	000		4.4	o	D 1 V 1 10
	Complete if the organization			·				
	Description of property	(a) Cost or of (investm			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land		2,083.					22,083.
b	Buildings	. 52	0,649.	ļ			152,846.	367,803.
C	Leasehold improvements							
d	Equipment		9,620.				28,629.	10,991.
<u>e</u>	Other		6,788.	<u> </u>	<u></u>		6,788.	0.
Total.	. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part I	x, columr	า (B), line 10	C.) .	. ▶	400,877.

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11b. See Form 990, Par	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financial	derivatives			
(2) Closely h	eld equity interests			
(3) Other				
			_	
(B)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col (B) line 12.) . ▶	-		
Part VIII	Investments—Program Related.	ı		
	Complete if the organization answered "Yes" on For	rm 990. Part IV. Im	e 11c. See Form 990. Parl	X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 B 17 1 (B) 1 40 1 b			
	mn (b) must equal Form 990, Part X, col (B) line 13.) .			
Part IX	Other Assets. Complete if the organization answered "Yes" on Foi	rm 000 Part IV Jun	o 11d Soo Form 000 Pari	V line 15
	(a) Description	111 330, Fartiv, III		ook value
(1)	(a) sessingues		(5)	CON VAICE
(2)				
(3)				
(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 Folline 25.	rm 990, Part IV, lın	e 11e or 11f. See Form 99	0, Part X,
1.	(a) Description of liability		IN R	ook value
(1) Federal in			(0)	OOK VAIGE
(2) DUES	oome taxes			0.
	LL AND RELATED LIABILITIES			2,393.
	CARD PAYABLE			53.
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			2,446.
	uncertain tax positions. In Part XIII, provide the text of the footn			
organization's	s liability for uncertain tax positions under FASB ASC 740. Checl	k here if the text of the	footnote has been provided in	Part XIII . \square

Part		•	Return.	
-	Complete if the organization answered "Yes" on Form 990, form Total revenue, gains, and other support per audited financial statements		1	714 640
1 2	· · · · · · · · · · · · · · · · · · ·			714,648.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ۵- ا		
a b	Net unrealized gains (losses) on investments	2a 2b	- 1	
	Recoveries of prior year grants		-	
c d	Other (Describe in Part XIII.)		- 1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	714,648.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			714,040.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-	
c	Add lines 4a and 4b	L	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			714,648.
Part				
	Complete if the organization answered "Yes" on Form 990, F			
1	Total expenses and losses per audited financial statements		1	503,687.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a .		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	503,687.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	•	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5	503,687.
:; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	•		

Schedule D (Fo	rm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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		,

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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

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Name of the organization	Employer identification number
ILA CLERKS & CHECKERS LOCAL 1771	57-6026500
Pt VI, Line 2: ROBERT STRIPLING, TREASURER IS THE BROTHER OF WILL	IAM STRIPLING,
ALTERNATE TRUSTEE.	·····
Pt VI, Line 7a: ALL THE ORGANIZATION'S MEMBERS ELECT THE GOVERNIN	G BOARD OF
OFFICERS.	
Pt VI, Line 6: THE ORGANIZATION IS A UNION COMPRISED OF MEMBERS.	
Pt VI, Line 7b: ALL CHANGES TO THE BYLAWS AND POLICIES OF THE ORG	ANIZATION ARE
REQUIRED TO BE VOTED ON BY THE MEMBERS AND REQUIRES APPROVAL BY 2	/3 OF VOTING
MEMBERS.	
Pt VI, Line 8b: COMMITTEES CAN MAKE RECOMMENDATIONS TO THE EXECUT	IVE BOARD BUT
CANNOT ACT ON THEIR BEHALF.	
Pt VI, Line 11b: A COPY OF THE 990 WAS PROVIDED TO EACH VOTING BO	ARD MEMBER
FOR REVIEW AND QUESTIONS.	
Pt VI, Line 12c: EACH BOARD MEMBER IS REQUIRED TO SIGN THE ORGANI	ZATION'S CONFLICT
OF INTEREST POLICY ON AN ANNUAL BASIS. PURSUANT TO THIS POLICY EA	CH OFFICER AND
BOARD MEMBER WILL RECUSE THEMSELVES FROM ANY DISCUSSION AND VOTE	FOR WHICH A
CONFLICT FOR THEMSELVES OR THEIR FAMILY EXISTS. DETERMINATIONS OF WHETHER A CONFLICT	
EXISTS ARE MADE AT A MANAGEMENT, BOARD MEMBER, OFFICER, AND INDIV	IDUAL LEVEL.
ACTUAL CONFLICTS ARE REVIEWED BY THE BOARD, WITHOUT THE PRESENCE	OF THE INTERESTED
PARTY.	
· -	
	•
•••••••••••••••••••••••••••••••••••••••	