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֚֚֡֝֜֝֜֜֝֟֝֟֝֟֝֟֝֟֝֓֟֟֝֟֝֓֓֟֟֓֓֓֟֟֓֓֟֟ ֓֓֓֞֞֓֓֞֩֞֩֞֩֞֞֩֞֩֞֞֩	
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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

Open to Public

Dep	artment of	f the Treasury nue Service	► Do not enter	social security numbe v.irs.gov/Form990 for i		-	=		Inspection
A			ndar year, or tax year begi	 		and ending		har 31	, 20 17
<u></u>		applicable	C Name of organization Inter			ind ending			r identification number
Ö	Address	• •	Doing business as	HAUDHAI ASSOCIATIOI	1 OI WIACIIIIISIS				- 0337344
H		ŭ	Number and street (or P.O b	ox if mail is not delivered to	street address)	Room/suite	. —	E Telephone	
님	Name cl		12365 St. Charles Roci		o direct address;	1100111130,10			- 739-6200
H	Initial ret		314	- 733-0200					
H	Amende	rn/terminated	G Gross red	eipts \$ 4,885,274					
H			Bridgeton, MO 63044-2 F Name and address of princip		/				ibordinates ⁷ Yes No
ш	Applicat	tion pending	12365 St. Charles Rock					-	included? Yes No
_	Tayloro	mpt status		501(c) (5) < (insert n		□ 527 <u></u>	–		ist. (see instructions)
<u>'</u>	Website			oric) (5) Insertin	0) = 4947(a)(1) 01	- 34 A	H(c) Group		
ĸ		organization	Corporation Trust	Association Other ► U	nion L Ye	ar of formatio			of legal domicile MO
_	art	Summ			11011			1 0	inoger destruction [1][O
	1		escribe the organization's	s mission or most sign	nificant activities.				
ė	1		IZED FOR THE IMPROV	_			CONDITIO	NS FOR	ALL
and			SENTED EMPLOYEES						
Governance	2		is box ▶☐ if the organiz	ation discontinued its	operations or di	sposed of	more than	25% of it	s net assets.
õ	3		of voting members of the					3	10
∞	4		of independent voting me			, line 1b)		4	0
Activities &	5	Total nur	nber of individuals emplo	yed in calendar year	2017 (Part V, line	e 2a) .		5	31
₹.	6	Total nur	nber of volunteers (estim	ate if necessary) .				6	0
Ä	7a		elated business revenue					7a	0
	b	Net unre	lated business taxable in	come from For 🖼 🕮 🛭	TIME 34-	7		7b	0
					SCIACO		Prior Ye	ar	Current Year
a	8	Contribu	tions and grants (Part VII	I, line 1h 💸 .	1900 100	නි . L		0	0
Revenue	9	Program	service revenue (Part VII	I, line 2g 🔐 . NUV	1.3 2018	위	11,1	01,426	4,504,227
ě	10		ent income (Part VIII, colu			위 . L	6	22,548	380,198
	11	Other rev	venue (Part VIII, column (/ enue-add lines 8 through	A), lines 5 , 6d, 80,3 5	10 and 11e) .	₹ . L		27,740	849_
	12					ne 12)	11,7	51,714	4,885,274
	13		nd similar amounts paid		•	· · <u> </u>		0	0
	14		paid to or for members (I	* *		· · _		0	
ès	15		other compensation, empl	•		5–10)	2,5	02,334	2,557,395
ens	16a		onal fundraising fees (Par		•			0	0
Expenses	· _b		draising expenses (Part I		**	0		<u> </u>	
_	''		penses (Part IX, column (_、・・ -		48,385	2,390,295
	18		penses. Add lines 13–17			_	11,7	50,719	4,947,690
	19	Revenue	less expenses. Subtract	line 18 from line 12	· · · · · ·		eginning of Cui	995	(62,416) End of Year
Net Assets or	E 00	Tatalasa	nata (Dant V. lina 16)			P			
Asse,	20		sets (Part X, line 16) .			• • -	5,7	11,214	6,522,941
et .	21 22		oilities (Part X, line 26) .	troot line 01 from line		· ·	F 7	0	0 522 044
	art II		ets or fund balances. Sub ture Block	tract line 21 from line	20	:	3,1	11,214	6,522,941
			ury, I declare that I have examine	ad this return, including ac-	companying schodulo	e and etatom	onte and to th	no host of m	v knowledge, and heliof it is
tri	ue, correc	aities of perju ct, and comp	olete Declaration of preparer (oth	ner than officer) is based or	all information of whi	is and statem ich preparer h	nas any knowl	edge	ly knowledge and belief, it is
_			1-1-1		-			ala	1/18
Si	gn	Sigr	nature of office				Dat	ie /	
	ere	, ,	mothy Young, Secreta	ary-Treasurer				· /	,
• • •		I B	e or print name and title	ily illuduiti				-	
_			ype preparer's name	Preparer's signatu	re	Date	e	Chill F	PTIN
	aid	´	•					Check L self-empl	
	repare	1	name ▶				Firm	's EIN ▶	·
U	se On	עוו	address >					ne no	
Ma	ay the I		s this return with the pre	parer shown above?	(see instructions)				Yes No
_	<u> </u>		uction Act Notice, see the s	•			11282Y		Form 990 (2017)

orm 990		Page 2
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u> 🗆
1	Briefly describe the organization's mission:	
	Organized for the improvement of wages, hours and working conditions for all represented employ	/ees
2	Did the everywhere and while any series to the every district the ever	
2	Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	· Yes 🗹 No
	Did the organization cease conducting, or make significant changes in how it conducts, any progr	ram
•	services?	· Yes V No
	If "Yes," describe these changes on Schedule O.	. Tes Mo
	Describe the organization's program service accomplishments for each of its three largest program service.	ione as moneurad by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to others
	the total expenses, and revenue, if any, for each program service reported.	anocations to others,
	and to the original control of the c	
4a	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0 /
	Improved wages, hours and working conditions for all represented employees	······································
	······	
	······································	

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	WHAT I I I I I I I I I I I I I I I I I I I	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	1
	/ / / / / / / / / / / / / / / / / / /	/
	······································	
	***************************************	•••••
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ▶ 0	

105

Part	V 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			,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
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? <i>If "Yes," complete Schedule D, Part III </i>	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		V
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		Ť
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		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		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		٧
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		>
12 a	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		~
14 a	, , , ,	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		~
				_

Form 99	90 (2017)		F	age 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
20 a		20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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		~
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	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		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		1
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.			

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.

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<u>Part</u>	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Check is conceded a contains a response of note to any line in this Fart V	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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 in 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		1
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		
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	<u> </u>		
	and services provided to the payor?	7a	<u> </u>	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		\ \
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	-	-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	-
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:	1		
11 a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ .	_
	Note. See the instructions for additional information the organization must report on Schedule O.		ĺ	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand	1	 	V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	+

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	tructi							
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			$\overline{\mathbf{z}}$						
<u>Section</u>	on A. Governing Body and Management										
		1		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10			İ						
	If there are material differences in voting rights among members of the governing body, or										
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 0									
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, or trustees, or key employees to a management company or other person? .										
4											
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		~						
6	Did the organization have members or stockholders?		6	<u> </u>							
7a	Did the organization have members, stockholders, or other persons who had the power to										
	one or more members of the governing body?		7a	<u> </u>							
b	Are any governance decisions of the organization reserved to (or subject to approve										
	stockholders, or persons other than the governing body?		7b	~							
8	Did the organization contemporaneously document the meetings held or written actions ur	ndertaken during			[
	the year by the following.										
а	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 cann										
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9		<u></u>						
Secti	on B. Policies (This Section B requests information about policies not required by the	ne Internal Reven	ue C								
				Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a	~	<u> </u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of										
44.	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b	~							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t	-	11a	~	 						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	~	<u> </u>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gr		12b	~							
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"	40-								
40	describe in Schedule O how this was done		12c								
13	Did the organization have a written whistleblower policy?		13	V							
14 15	Did the organization have a written document retention and destruction policy?	and approval by	14	~	- 1						
13	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation										
_	The organization's CEO, Executive Director, or top management official		15a	ļ	I						
a			15a		~						
b	Other officers or key employees of the organization		130								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ular arrangement									
104	with a taxable entity during the year?	_	16a		V						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization		104		-						
b	participation in joint venture arrangements under applicable federal tax law, and take steps										
	organization's exempt status with respect to such arrangements?		16b								
Secti	on C. Disclosure		1.00	l							
17	List the states with which a copy of this Form 990 is required to be filed ► MO		_								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and 990-T (Section	n 5010	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 in So	chedule (O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing docum	,	erest	policy	v. and						
	financial statements available to the public during the tax year.	-, · · · · · · · · · · · · · · · · ·	·								
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	. ▶							
	Timothy I Young (314) 739-6200 12365 St. Charles Rock Road Bridgeton MO 63044-2503										

Daga	
raue	

_			
Form	990	(201	71

Part VII	Compensation of Officers, D	Directors, T	rustees,	Key Employees,	Highest Compen	sated En	nployees,	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.

List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.	
(C)											
(A)	(B)	(B) Position (do not check more than one						(D)	(E)	(F)	
Name and Title	Average					is both		Reportable	Reportable	Estimated	
	hours per week (list any	ek (list anv				or/trust		compensation from	compensation from related	amount of other	
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	em ph	Former	the	organizations	compensation	
	related organizations	/idua	tutio	Ĕ	em Em	lest o	l er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	below dotted	9 =	nali		οχ	[©]				and related organizations	
	line)	stee	ızı		ñ	ens				organizations	
			ee			Highest compensated employee					
(1) B. Dean Webb	2.0	l			ļ			132	o	0	
President Part-Time (2) B. Dean Webb	1.0			~							
V-President/President Part-time	.0	1		ļ			1	0	o	0	
(3) Timothy Young	40.0		╁		<u> </u>		-				
Secretary-Treasurer Full-time	.0	1		1			1	120,641	0	6,749	
(4) Terry Knoth	1.0			T	1	-					
Trustee Part-time	.0	1		1				96	0	0	
(5) Ted Schulte	1.0							48	0	0	
Trustee Part-time	.0			~				40	ı v		
(6) Terry Sutton	1.0	Į						48	0	0	
Trustee Part-time	.0	ļ	<u> </u>	~	<u> </u>		<u> </u>	70			
(7) Mark Conner	40.0							154,818	o	15,213	
Dir-Bus-Representative	.0	ļ	_	<u> </u>	 	~	<u> </u>	10 1,010			
(8) David Weaver	40.0	ļ						144,729	o	7,179	
Asst-Dir-Bus-Representative	.0	<u> </u>	-	—		V	<u> </u>	-			
(9) Roy Collins	40.0	1						127,644	0	11,992	
Business Representative (10) Dwight Terry	40.0	 	\vdash	╁		~	<u> </u>				
Business Representative	.0	1				\ \rac{1}{2}		127,683	0	9,636	
(11) Kevin Broemmer	40.0		┼	<u> </u>		 	<u> </u>				
Business Representative	.0	1	İ	ľ		1		127,332	0	8,640	
(12) Mike Ringo	1.0		T			 	<u> </u>				
Trustee Part-time	.0	1	1			l	1	40) 0	0	
(13) Mike Ringo	1.0	1	1								
V-President/President Part-time	.0	1		1				ď	0	0	
(14)	.0										
	.0										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C) Position												- .	
	(A) Name and title	(B) Average			neck i	more	e than o		(D) Reportable	(E) Reportable		(F) le Estimated		
		hours per week (list any	office				or/trust	tee)	compensation	compensation		amo	unt of her	
		hours for	or d	Ιξ	Officer	Кey	emp	Form	the	organization		compe	nsation	1
		related organizations	Individual trustee or director	盲	er	Key employee	nest c	ner	organization (W-2/1099-MISC)	(W-2/1099-MI 	ISC)	organ	n the ization	
		below dotted line)	9 1 72	nal tr		loye	"imp						elated zations	i
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	stee	Institutional trustee		TO	Highest compensated employee							
			<u> </u>				8	<u> </u>						
(15)		0.0	}											
(16)		.0		\forall		\vdash		\vdash						
		.0						L			\perp			
(17)		.0	-											
(18)		.0	 	\vdash	-	\vdash	\vdash	\vdash			-+			
		.0						<u> </u>						
(19)		.0												
(20)		0.0	-	\vdash	\vdash	_		├	1					
1201		.0	<u> </u>							<u> </u>				
(21)		.0			Г	Γ		Γ						
(22)		.0	-	\vdash	\vdash	├		\vdash						
1241		.0	1											
(23)		.0		\top	Г	⇈		\vdash	†			-		
(2.4)		.0	ļ		igapha	igspace		<u> </u>	<u> </u>					
(24)		0.0	1											
(25)		.0	 	+	\vdash	\vdash	<u> </u>	\vdash	 	 				
		.0	<u>l </u>		L	L		Ļ			_			
1b	Sub-total		· ·	٠	٠	•		>	803,211	 	0		59,4	109 0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	· ·			•			>	803,211	<u> </u>	0		59,4	
2	Total number of individuals (including bur reportable compensation from the organ	ıt not limited						_		ore than \$10		of		
													Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>											3	_	
4	For any individual listed on line 1a, is the													
•	organization and related organizations	greater th	an \$	150,	,000)? <i>I</i>	lf "Ye	s,"	complete Sch	nedule J for	r such			
	ındıvıdual											4	~	
5	Did any person listed on line 1a receive of for services rendered to the organization											5		لر
Section	on B. Independent Contractors	- 11 100, -	عم. ۱۰۰۰	10.0		700.	310 0 .		- Such porcon		• •			
1	Complete this table for your five highest													
	compensation from the organization. Repear.	port compe	nsatı	on f	or tl	he c	:alenc	lar :	year ending wil	th or within t	he org	anızatıc	ın's ta	ях
	(A) Name and business add	dress							(B) Description of s	services		(C) Compens	ation	
					_			igspace			_			
								\vdash						
								╁╌		-				
								上						
2	Total number of independent contractor received more than \$100,000 of compens								nose listed ab	ove) who				

Part	VIII	Statement of Reve					D+ \ //!!		
		Check if Schedule O	contains	a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b					
	С	Fundraising events .		1c					
	d	Related organizations		1d					
	е	Government grants (con	tributions)	1e					
	f	All other contributions, gi	ifts, grants,						
활절		and similar amounts not inc	luded above	1f					
들임	g	Noncash contributions includ	led in lines 1a	-1f [.] \$					
a လ	h	Total. Add lines 1a-1	f		🕨			İ	
ne		•			Business Code				
ven	2a	Dues for redistributi	ions		900099	1,426,986	1,426,986		
8	b	Monthly Dues			900099	1,935,260	1,935,260		
, je	С	Grand Lodge			900099	558,660	558,660		
Se	d	Lodge 777 Organize			900099	95,919	95,919		
E	е	W/H for Redistributi	ons		900099	285,595	285,595		
Program Service Revenue	f	All other program serv	vice reveni	ue.	900099	201,807	201,807		
P.	g	Total. Add lines 2a-2	f			4,504,227			
	3	Investment income	(ıncludıng	divid	ends, interest,				
i		and other similar amo	ounts) .		▶	380,198	380,198		
	4	Income from investment	t of tax-exe	mpt bo	ond proceeds ►				
	5	Royalties			•				
			(ı) Rea	l	(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	C	Rental income or (loss)							A
	d	Net rental income or ((loss) .		•				
	7a	Gross amount from sales of	(i) Securi	ties	(II) Other				
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss) .			<u> </u>				
4)									
une	8a	Gross income from fu							
•		events (not including \$							
Other Rev		of contributions reporte			ļ.				
Jer		See Part IV, line 18 .		-					
ð		Less: direct expenses							
		Net income or (loss) f			events . >				
	9a	Gross income from ga							
		See Part IV, line 19 .				İ			
		Less, direct expenses							
		Net income or (loss) f			vities ▶				
	10a	Gross sales of in							
		returns and allowance		_					
	b	Less: cost of goods s							
	<u>c</u>	Net income or (loss) f		ot inv	,	50	50		
		Miscellaneous F			Business Code	-			<u> </u>
		Redeposited Check	s		900099	799	799		
	b							 -	
	C								
	d	All other revenue .							
	_ e	Total. Add lines 11a-				799	4 225 27		
	12	Total revenue. See i	nstructions	s	<u> ▶</u>	4,885,274	4,885,274	0	0

Part IX Statement of Functional Expenses

Sectio.	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	olumn (A)
	Check if Schedule O contains a respon	se or note to any lin			
	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	146,047	146,047		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,803,684	1,803,684		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	116,955	116,955		
9	Other employee benefits	357,911	357,911		
10	Payroll taxes	132,798	132,798		
11	Fees for services (non-employees):		,,		
а	Management				
b	Legal	28,264	28,264		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				,
12	Advertising and promotion				
13	Office expenses	93,480	93,480		
14	Information technology				
15	Royalties				
16	Occupancy	57,540	57,540		
17	Travel	152,022	152,022		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	33,027	33,027		
20	Interest				
21	Payments to affiliates	550	550		
22	Depreciation, depletion, and amortization .	45.444	49 44 4		
23	Insurance	45,414	45,414		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_		65,529	65,529	<u> </u>	ļ <u>-</u>
a	Voluntary Donations Dues for redistribution	1,440,419	1,440,419		
b	Payroll Doductions	268,920	268,920		
9	Payroll Deductions Transfer of Funds	128,500	128,500	<u></u>	
d e	Transfer of Funds All other expenses	76,630	76,630		· -·
25	Total functional expenses. Add lines 1 through 24e	4,947,690	4,947,690		0
26	Joint costs. Complete this line only if the	4,341,030	<u>⊸,547,650</u>		
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here life following SOP 98-2 (ASC 958-720)				
		ı			

Form 990 (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	5,493,151	2	6,297,230
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	-		
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	İ		•
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	<u> </u>
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 607 803			
	L .	007,000	040.000	400	205 744
		Less. accumulated depreciation 10b 382,092	218,063	11	225,711
	11	Investments—publicly traded securities		12	
	12 13	Investments—other securities. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,711,214	16	6,522,941
	17	Accounts payable and accrued expenses	0,711,214	17	0,022,041
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jpi		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	0	26	0
Ø		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and	•		
၁င		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets	· -	29	
Net Assets or Fund Balances		complete lines 30 through 34.			
S.	30	Capital stock or trust principal, or current funds	5,493,152	30	6,297,230
set	31	Paid-in or capital surplus, or land, building, or equipment fund	218,062		225,711
As	32	Retained earnings, endowment, accumulated income, or other funds.	2.0,002	32	
let	33	Total net assets or fund balances	5,711,214	33	6,522,941
~	34	Total liabilities and net assets/fund balances	5,711,214		6,522,941
	_				Form 990 (2017)

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)	1		,885,	274	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3		(62,4	16)	
4						
5	Net unrealized gains (losses) on investments	5		874,	143_	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
David	33, column (B))	10	6	,522,	941	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	<u> </u>		- L	
1	Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ Other			Yes	No	
•	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," expenses the property of the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the organization changed its method of accounting from a prior year or checked "Other," expenses the property of the property of the organization changed its method of th	oloin in	-			
	Schedule O.	Jiaiii III	'			
22	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
Zu	If "Yes," check a box below to indicate whether the financial statements for the year were comp				<u> </u>	
	reviewed on a separate basis, consolidated basis, or both	,,,ou o,				
	☐ 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 audite	d on a			Ť	
	separate basis, consolidated basis, or both:			١.		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ŀ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c			
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ır	,		i	
	Schedule O.		1			
За	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 under	-	•			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	<u> </u>	<u> </u>	
			For	n 990	(2017)	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Inte	rnational Association of Machinists		43 - 0337344
Par			
	Complete if the organization answered		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono		
	funds are the organization's property, subject to the		_
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
Dav			· · · · · · · L Yes L No
Par	Conservation Easements.	"Ves" on Form 000 Port IV line 7	
	Complete if the organization answered		•
1	Purpose(s) of conservation easements held by the		of a brotomaally management land area
	Preservation of land for public use (e.g., recrea	·	of a distorically important land area of a certified historic structure
	Preservation of open space	☐ Freservation C	or a certified historic structure
2	Complete lines 2a through 2d if the organization h	seld a qualified conservation contribute	on in the form of a conservation
-	easement on the last day of the tax year.	icia a qualifica conscivation contributi	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in	• •	
			I I
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation e	asements it holds?	· · · · · · · · · Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
•	> \$	0(4) - 1	E 170/LV/AVDV
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(a) above satisfy the requirements of	
•			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		Harrolat Statements that describes the
Par	Organizations Maintaining Collection		r Other Similar Assets
· u	Complete if the organization answered		
 1a	If the organization elected, as permitted under Si		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela		
	(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 ar	t, historical treasures, or other simila	ar assets for financial gain, provide the
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these	items:
а	Revenue included on Form 990, Part VIII, line 1		▶ \$_
h	Assets included in Form 990, Part X		> ¢

Part									
3	Using the organization's acquisition, a	ccession, and oth	ner recor	ds, chec	k any of the	e follow	ing that are a	sıgnıfıcant	use of its
	collection items (check all that apply).		_	_					
а	Public exhibition				or exchang				
	Scholarly research		e (Other					
_	Preservation for future generations		مامنت امت						oo in Dod
4	Provide a description of the organizati XIII.						•		ise ili Pari
5	During the year, did the organization sassets to be sold to raise funds rather								s 🗌 No
Part					- Granta	011000			3 🔲 140
	Complete if the organization		on For	m 990. f	Part IV. line	9. or	reported an a	mount on	Form
	990, Part X, line 21.				,		•		
1a	Is the organization an agent, trustee,	custodian or othe	er interm	ediary fo	or contribut	ons or	other assets i	not	
	included on Form 990, Part X?							. □ Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing to	able [.]				
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun								
Par	If "Yes," explain the arrangement in Pa Endowment Funds.	irt XIII. Check nere	e ir the ex	kpianatio	n nas been	provide	ed on Part XIII		
rai	Complete if the organization	answered "Yes"	on For	m 990 I	Part IV line	10			
	Complete ii the organization	(a) Current year		or year	(c) Two year		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance						· · · · · · · · · · · · · · · · · · ·		<u>. </u>
b	Contributions								
С	Net investment earnings, gains, and losses		,						
d	Grants or scholarships								
e	Other expenditures for facilities and							_	
	programs								
f	Administrative expenses				1				•
g	End of year balance								
2	Provide the estimated percentage of the	ne current year en	d balanc	e (line 1ç	g, column (a)) held a	as:		
а	Board designated or quasi-endowmen	nt ▶	%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
_	The percentages on lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	e possession of th	ie organi	zation th	at are neid	and ad	ministered for	tne I	V N-
	organization by.							20/3	Yes No
	(i) unrelated organizations					• •		. 3a(i)	
b	(ii) related organizations							. 3a(ii) . 3b	
4	Describe in Part XIII the intended uses								
Par			5 5,100						 .
	Complete if the organization		" on For	m 990.	Part IV, line	e 11a.	See Form 990), Part X,	line 10.
	Description of property	(a) Cost or ot		1	or other basis		Accumulated	(d) Boo	
		(investm	ent)	(4	other)	d	epreciation		
1a	Land						,		
b	Buildings								
C	Leasehold improvements							•	
d	Equipment		344,039				303,780		40,259
<u>e</u>	Other		263,764		(D) 1		78,312		185,452
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9:	90, Part .	x, colum	n (B), line 10	JC.)	🕨		225,711

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, Im	e 11b. See Form 9	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		d of valuation f-year market value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)	•••••			
(E)				,
(F)				
(G) (H)	•••••			<u> </u>
	N 15 100 Det V. et /01 et 0.			
Part VIII	b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on F	form 000 Part IV Jun	o 11a Soo Form (000 Part V line 12
	(a) Description of investment	(b) Book value		od of valuation
	(a) Description of investment	(b) Book value		f-year market value
(1)		<u> </u>	<u> </u>	·
(1)				
(3)				
(4)		1		
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, Iin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
_(1)				
_(2)				
(3)				
(4)				
_(5)				
(6)				
(7)				
(8)				
(9)	ımn (b) must equal Form 990, Part X, col (B) line 15)			<u> </u>
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
raitA	Complete if the organization answered "Yes" on F	Form 990 Part IV Jun	e 11e or 11f See	Form 990 Part X
	line 25.	om soo, rare iv, in	0 110 01 111. 000	1 01111 000, 1 4.1 7.,
1.	(a) Description of liability (b) Book valu	e		
(1) Federal II	* * * * * * * * * * * * * * * * * * * *			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 25) ▶			
	r uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organizatio	n's financial statemen	ts that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740). (

Part			Return.	1
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
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:			
а	Net unrealized gains (losses) on investments	2a	1 1	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 1	
b	Other (Describe in Part XIII.)	4b	↓ ——	
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	·	•	er Ketui	'n.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
а	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	4	,
C	Other losses	2c	-	
d	Other (Describe in Part XIII.)	2d		
e	5		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	4.		
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	-	
h				
b	•		40	
С	Add lines 4a and 4b		4c	
с 5	Add lines 4a and 4b		4c 5	
c 5 Part	Add lines 4a and 4b	e 18.)	5	line 4: Part X. line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
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5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
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5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
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5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V,	

Schedule D (Fo	rm 990) 2017	Page 5
art XIII	Supplemental Information (continued)	
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

International Association of Machinists

Employer identification number 43 - 0337344

Part	Questions Regarding Compensation			
			Yes	No
1a	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.			1
	☐ 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			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
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		
2	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 ²	2		
				1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		٠, ا	
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		-	ŀ
	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			
4	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		. ′	
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
C	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.		ě,	1
		•		1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			1
5	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			
а	The organization?	5a		
b	Any related organization?	5b	<u> </u>	L
	If "Yes" on line 5a or 5b, describe in Part III.			1
_	5 A STATE OF			
6	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.			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.		ı	ļ. j
7	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		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	⊢ :−		<u> </u>
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	In Part III	8		
			<u> </u>	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			_
	Regulations section 53.4958-6(c)?	9		1

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

Note: The sum of columns (B)(I)—(III) fc	or eac	n listed individual mu	st equal the total am	ount of Form 990, Par	t VII, Section A, line	ia, applicable colurii	applicable column (U) and (E) amounts for that individua	s for that Individual
(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(g)	in column (B) reported as deferred on prior Form 990
Man O Jack	3	15.4 8.18		15 213		c	170.031	0
Main Colliner	3	5			, ,	0		0
1 DIr. Bus. Rep.		0			,	,	,	
Dave Weaver	E	144,729	0	7,179	0	0	151,908	0
2 Asst. Dir. Bus. Rep.	Ξ	0	0	0	0	0	0	0
	8	0	0	0	0	0	0	0
3	3	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
4	Ξ	0	0	0	0	0	0	0
	()	0	0	0	0	0	0	0
5	Ξ	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
9	Ξ	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
7	3	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
8	Ξ	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
6	Ξ	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
10	Ξ	0	0	0	0	0	0	0
	8	0	0	0	0	0	0	0
11	Ξ	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
12	Ξ	0	0	0	0	0	0	0
	ε	0	0	0	0	0	0	0
13	Ξ	0	0	0	0	0	0	0
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14	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
15	Ξ	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
16	<u>(ii)</u>	0	0	0	0	0	0	0

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017	\ 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, and 8	, and for Part II Also complete this part
for any additional information	
	•

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	Schedule J (Form 990) 2017
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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.

20**17**

Open to Public Inspection

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

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

Employer identification number Name of the organization INTERNATIONAL ASSOCIATION OF MACHINISTS AND AERSPACE WORKERS 43 - 0337344 FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE OFFICERS. A PAPER COPY IS AVAILABLE FOR REVIEW BY THE GOVERNING BODY FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE CONTAINED WITHIN THE INTERNATIONAL CONSTITUTION OF THE ORGANIZATION. FINANCIAL STATEMMENTS AND FORM 990 ARE AVAILABLE FOR REVIEW UPON REQUEST FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION CONSISTS OF DUES PAYING MEMBERS. ONLY ELECTED DELEGATES TO THE ORGANIZATION ARE ELIGIBLE TO ELECT MEMBERS OF THE GOVERNING BODY AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. UPON DISSOLUTION OF THE ORGANIZATION, ALL ASSETS WOULD BE PLACED INTO RECEIVERSHIP WITH THE INTERNATIONAL GRAND LODGE. FORM 990, PART VI, SECTION A, LINE 7A: ONLY ELECTED DELEGATES TO THE GOVERNING BODY ARE ELIGIBLE TO ELECT OR APPOINT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: ONLY ELECTED DELEGATES TO THE GOVERNING BODY WHO ARE ALSO MEMBERS ARE ELIGIBLE TO APPROVE OR RATIFY DECISIONS OF THE GOVERNING BODY. PART XI, LINE 8 - OTHER ADJUSTMENTS: UNREALIZED LOSS ON INVESTMENT AND DEPREACIATION OF NON

chedule O (Form 990 or 990-EZ) (2017)		
Name of the organization INTERNATIONAL ASSOCIATION OF MACHINISTS AND AERSPACE WORKERS	Employer identification number 43 - 0337344	
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Name of the organization INTERNATIONAL ASSOCIATION OF MACHINISTS AND AERSPACE WORKERS	Employer identification number 43 - 0337344
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