

Form **990**
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.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **01-01-2020**, and ending **12-31-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 OPERATIVE PLASTERERS AND CEMENT MASONS'
 INT'L ASSOC OF THE US & CANADA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 9700 PATUXENT WOODS DRIVE NO 200

City or town, state or province, country, and ZIP or foreign postal code
 COLUMBIA, MD 21046

D Employer identification number
 53-0258484

E Telephone number
 (301) 623-1000

F Name and address of principal officer:
 KEVIN SEXTON
 9700 PATUXENT WOODS DRIVE NO 200
 COLUMBIA, MD 21046

G Gross receipts \$ 30,387,417

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 0039

I Tax-exempt status: 501(c)(3) 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.OPCMIA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1864 **M** State of legal domicile: MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE OPERATIVE PLASTERERS' & CEMENT MASONS' INTL ASSOCIATION SHALL SERVE THE INTEREST OF ALL ITS MEMBERS. THE GOALS OF THE ASSOCIATION ARE TO PROTECT ITS MEMBERS FROM UNJUST AND INJURIOUS COMPETITION, TO ENHANCE AND TO PROTECT THE ECONOMIC INTEREST OF ITS MEMBERS AND PROMOTE OUR CRAFTS' INTERESTS THROUGH UNITY OF ACTION. TO SECURE THE UNITY OF ACTION NECESSARY TO ACCOMPLISH OUR MUTUAL OBJECTIVES, THE ASSOCIATION HAS THE ADDITIONAL OBJECTIVE OF THOROUGHLY ORGANIZING THOSE WORKERS EMPLOYED AT OUR CRAFTS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	39
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	35,000	0
9 Program service revenue (Part VIII, line 2g)	19,361,156	19,653,319
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	963,948	1,235,589
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	369,186	298,108
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,729,290	21,187,016
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	160,440	124,779
14 Benefits paid to or for members (Part IX, column (A), line 4)	231,755	279,170
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,826,621	10,317,047
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,814,419	4,257,246
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,033,235	14,978,242
19 Revenue less expenses. Subtract line 18 from line 12	1,696,055	6,208,774

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	38,560,923	46,576,358
21 Total liabilities (Part X, line 26)	30,950	55,728
22 Net assets or fund balances. Subtract line 21 from line 20	38,529,973	46,520,630

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

 Signature of officer
 2021-08-30
 Date

KEVIN SEXTON GENERAL SEC./TREAS.
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-08-26 Check if self-employed PTIN P00360279

Firm's name ▶ NOVAK FRANCELLA LLC Firm's EIN ▶ 61-1436956

Firm's address ▶ 40 MONUMENT RD 5TH FLR Phone no. (610) 668-9400
 BALA CYNWYD, PA 19004

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE OPERATIVE PLASTERERS' & CEMENT MASONS' INTL ASSOCIATION'S PRIMARY MISSION IS TO ACHIEVE A FAIR WAGE, SAFER WORK ENVIRONMENT AND BETTER FRINGE BENEFITS FOR ITS UNION EMPLOYEES AND MEMBERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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	<table border="1"> <tr> <td style="width: 100px;">2a</td> <td style="width: 100px;">39</td> </tr> </table>	2a	39			
2a	39					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			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	Yes		
b If "Yes," enter the name of the foreign country: ▶ <u>CA</u> 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		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No	
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		No	
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).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c			
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td style="width: 100px;">7d</td> <td></td> </tr> </table>	7d				
7d						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h			
8 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.						
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			
10 Section 501(c)(7) organizations. Enter:						
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td style="width: 100px;">10a</td> <td></td> </tr> </table>	10a				
10a						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 100px;">10b</td> <td></td> </tr> </table>	10b				
10b						
11 Section 501(c)(12) organizations. Enter:						
a Gross income from members or shareholders	<table border="1"> <tr> <td style="width: 100px;">11a</td> <td></td> </tr> </table>	11a				
11a						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<table border="1"> <tr> <td style="width: 100px;">11b</td> <td></td> </tr> </table>	11b				
11b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1"> <tr> <td style="width: 100px;">12b</td> <td></td> </tr> </table>	12b		12a		
12b						
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a			
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	<table border="1"> <tr> <td style="width: 100px;">13b</td> <td></td> </tr> </table>	13b				
13b						
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="width: 100px;">13c</td> <td></td> </tr> </table>	13c				
13c						
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		No	
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.			16		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (8), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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's books and records:

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL STEPANO GENERAL PRESIDENT	45.00			X			345,938	0	137,371	
(2) TODD LAIR EXECUTIVE VICE PRESIDENT	45.00			X			261,700	0	133,373	
(3) RICHARD WASSILL VP/CANADIAN CONSULTANT (P)	45.00			X			25,344	0	39,986	
(4) STEVE CLEMENT VICE PRESIDENT	2.00			X			184,285	0	108,433	
(5) MAURICIO ROBLES VICE PRESIDENT	45.00			X			182,703	0	108,431	
(6) MICHAEL HUBLER VICE PRESIDENT - EXEC BRD	45.00			X			234,871	0	130,166	
(7) WAYNE LAFFITTE VICE PRESIDENT	45.00			X			181,904	0	109,156	
(8) ROB MASON VICE PRESIDENT - EXEC BRD	45.00			X			236,083	0	120,788	
(9) CHARLES CORTEZ VICE PRESIDENT	2.00			X			0	0	0	
(10) DOUGLAS TAYLOR VICE PRESIDENT - EXEC BRD	45.00			X			232,755	0	121,802	
(11) RICHARD BAILEY VICE PRESIDENT - EXEC BRD	45.00			X			235,453	0	120,809	
(12) KEVIN SEXTON GEN SEC - TREASURER	45.00			X			296,046	0	141,162	
(13) CHESTER MURPHY VICE PRESIDENT	45.00			X			182,735	0	109,783	
(14) JOEL SANTOS VICE PRESIDENT	45.00			X			198,459	0	114,160	
(15) PAUL BROWN VICE PRESIDENT	2.00			X			0	0	0	
(16) CHRISTIAN FELLER VICE PRESIDENT - EXEC BRD	45.00			X			246,954	0	107,366	
(17) JOSEPH CIACCHI INTERNATIONAL REP	45.00					X	178,815	0	98,667	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRETT HINSLEY INTERNATIONAL REP	45.00					X	177,467	0	108,323	
(19) DEVEN JOHNSON TRAINING DIRECTOR	45.00					X	199,913	0	92,170	
(20) CHRISTOPHER MULLOY INTERNATIONAL REP	45.00					X	167,937	0	96,144	
(21) ROBERT SANTO INTERNATIONAL REP	45.00					X	168,257	0	71,342	
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							3,937,619	0	2,069,432	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 27

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
O'DONOGHUE & O'DONOGHUE LLP 5301 WISCONSIN AVE NW - STE 800 WASHINGTON, DC 20015	ATTORNEY	222,096
VIGILANT WORLDWIDE COMMUNICATIONS 718 EAST 6TH AVE SALT LAKE CITY, UT 84103	LOBBYIST	200,204
TAMSULA CONSULTING 1090 MIFFLIN ROAD PITTSBURG, PA 15207	IT CONSULTANT	135,200
OLD GLORY ASSET MANAGEMENT 5 GREAT VALLEY PARKWAY MALVERN, PA 19355	INVESTMENT MANAGER	110,926
NOVAK FRANCELLA LLC 1 PRESIDENTIAL BLVD SUITE 330 BALA CYNWYD, PA 19004	ACCOUNTANT	110,009

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶						
Program Service Revenue	2a MEMBERSHIP DUES	Business Code 900099	19,653,319	19,653,319			
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f. ▶		19,653,319				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		875,923			875,923	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	257,265				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	257,265				
	d Net rental income or (loss) ▶		257,265			257,265	
	7a Gross amount from sales of assets other than inventory	(i) Securities	9,533,067				
		(ii) Other	27,000				
		b Less: cost or other basis and sales expenses	9,196,192		4,209		
		c Gain or (loss)	336,875		22,791		
	d Net gain or (loss) ▶		359,666			359,666	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a ROYALTIES	900099	40,763			40,763		
b MISCELLANEOUS	900099	80			80		
c							
d All other revenue							
e Total. Add lines 11a-11d ▶		40,843					
12 Total revenue. See instructions ▶		21,187,016	19,653,319	0	1,533,697		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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	124,779			
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 Benefits paid to or for members	279,170			
5 Compensation of current officers, directors, trustees, and key employees	4,566,386			
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	3,040,013			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,219,578			
9 Other employee benefits	1,152,498			
10 Payroll taxes	338,572			
11 Fees for services (non-employees):				
a Management				
b Legal	145,465			
c Accounting	81,608			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	123,620			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	86,030			
12 Advertising and promotion	767,759			
13 Office expenses	228,804			
14 Information technology	426,966			
15 Royalties				
16 Occupancy	299,466			
17 Travel	273,334			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,016			
20 Interest				
21 Payments to affiliates	695,868			
22 Depreciation, depletion, and amortization	323,326			
23 Insurance	145,295			
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.)				
a ORGANIZATIONAL EXPENSE	597,532			
b MEMBER AND AFFILIATE RE	36,993			
c MISCELLANEOUS EXPENSE	7,415			
d TRAINING PROGRAM MATERI	749			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,978,242			
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	637,984	1	490,156
	2 Savings and temporary cash investments	7,819,304	2	10,061,032
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	83,712	4	28,244
	5 Loans and other 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,818,162		
	b Less: accumulated depreciation	10b 1,519,662	7,775,072	10c 8,298,500
	11 Investments—publicly traded securities	22,215,923	11	27,676,926
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	28,928	15	21,500
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,560,923	16	46,576,358	
Liabilities	17 Accounts payable and accrued expenses	15,032	17	2,393
	18 Grants payable		18	
	19 Deferred revenue	15,918	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	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	0	25	53,335
	26 Total liabilities. Add lines 17 through 25	30,950	26	55,728
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	38,529,973	27	46,520,630
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	38,529,973	32	46,520,630	
33 Total liabilities and net assets/fund balances	38,560,923	33	46,576,358	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,187,016
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,978,242
3	Revenue less expenses. Subtract line 2 from line 1	3	6,208,774
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,529,973
5	Net unrealized gains (losses) on investments	5	1,779,125
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	2,758
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	46,520,630

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODIFIED CASH</u> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:

Software Version:

EIN: 53-0258484

Name: OPERATIVE PLASTERERS AND CEMENT MASONS'
INT'L ASSOC OF THE US & CANADA

Form 990 (2020)

Form 990, Part III, Line 4a:

THE OPERATIVE PLASTERERS' & CEMENT MASONS' INTL ASSOCIATION'S PRIMARY MISSION IS TO ACHIEVE A FAIR WAGE, SAFER WORK ENVIRONMENT AND BETTER FRINGE BENEFITS FOR ITS UNION EMPLOYEES AND MEMBERS.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

OMB No. 1545-0047
2020
Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization OPERATIVE PLASTERERS AND CEMENT MASONS' INT'L ASSOC OF THE US & CANADA	Employer identification number 53-0258484
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e 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			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	Yes
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c 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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART I-A, LINE 1:	DURING THE YEAR OPCMIA MEMBERS AND EMPLOYEES WERE PRESENT AT VARIOUS POLITICAL RALLIES TO SUPPORT VARIOUS CANDIDATES RUNNING FOR POLITICAL OFFICE. APPROXIMATELY 5% OF OPCMIA'S EMPLOYEES TIME IS SPENT WORKING ON POLITICAL ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

▶ **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.**

Name of the organization
OPERATIVE PLASTERERS AND CEMENT MASONS'
INT'L ASSOC OF THE US & CANADA

Employer identification number
53-0258484

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		8,628,656	719,670	7,908,986
c Leasehold improvements				
d Equipment				
e Other		1,189,506	799,992	389,514
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				8,298,500

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO CUSTODIAN	53,335
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	53,335

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	22,952,481
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,779,125
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	132,751
e	Add lines 2a through 2d	2e	1,911,876
3	Subtract line 2e from line 1	3	21,040,605
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	123,620
b	Other (Describe in Part XIII.)	4b	22,791
c	Add lines 4a and 4b	4c	146,411
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,187,016

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,041,750
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	209,919
e	Add lines 2a through 2d	2e	209,919
3	Subtract line 2e from line 1	3	14,831,831
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	123,620
b	Other (Describe in Part XIII.)	4b	22,791
c	Add lines 4a and 4b	4c	146,411
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,978,242

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0258484

Name: OPERATIVE PLASTERERS AND CEMENT MASONS'
INT'L ASSOC OF THE US & CANADA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT IS REQUIRED TO EVALUATE TAX POSITIONS TAKEN BY THE OPCMIA AND RECOGNIZE A TAX LIABILITY IF THE OPCMIA HAS TAKEN AN UNCERTAIN POSITION THAT, MORE LIKELY THAN NOT, WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE U.S. FEDERAL, STATE, OR LOCAL TAXING AUTHORITIES. THE OPCMIA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. TYPICALLY, TAX YEARS WILL REMAIN OPEN FOR THREE YEARS; HOWEVER, THIS MAY DIFFER DEPENDING UPON THE CIRCUMSTANCES OF THE OPCMIA.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	GAIN ON EXCHANGE RATE 2,758. PAC REVENUE 129,993.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	GAIN ON SALE OF FIXED ASSETS 22,791. LOSS ON EXCHANGE RATE

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	PAC EXPENSES 209,919. LOSS ON SALE OF FIXED ASSETS

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GAIN ON SALE OF FIXED ASSETS 22,791.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization OPERATIVE PLASTERERS AND CEMENT MASONS' INT'L ASSOC OF THE US & CANADA

Employer identification number 53-0258484

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
3 Enter total number of other organizations listed in the line 1 table 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	OPCMIA OFFICERS APPROVE CONTRIBUTIONS MADE TO ORGANIZATIONS.

Additional Data

Software ID:
Software Version:
EIN: 53-0258484
Name: OPERATIVE PLASTERERS AND CEMENT MASONS'
INT'L ASSOC OF THE US & CANADA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION SPORTSMEN'S ALLIANCE 4800 NORTHFIELD LANE SPRING HILL, TN 37174	27-2345009	501 (C)(3)	19,750				CONTRIBUTION
WESTERN WALL & CEILING CONTRACTORS ASSOCIATION 1910 NORTH LIME STREET ORANGE, CA 92865	33-0359139	501 (C)(6)	21,000				CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH ROAD CONSTRUCTION DEFENSE FUND 1032 15TH STREET WASHINGTON, DC 20005	83-6390399	501(C)(5)	45,000				CONTRIBUTION

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization OPERATIVE PLASTERERS AND CEMENT MASONS' INT'L ASSOC OF THE US & CANADA	Employer identification number 53-0258484
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Part I 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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
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.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in 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 to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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.

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 53-0258484

Name: OPERATIVE PLASTERERS AND CEMENT MASONS'
INT'L ASSOC OF THE US & CANADA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL STEPANO GENERAL PRESIDENT	(i)	345,938	0	0	106,850	30,521	483,309	0
	(ii)	0	0	0	0	0	0	0
1 KEVIN SEXTON GEN SEC - TREASURER	(i)	296,046	0	0	105,731	35,431	437,208	0
	(ii)	0	0	0	0	0	0	0
2 TODD LAIR EXECUTIVE VICE PRESIDENT	(i)	261,700	0	0	97,949	35,424	395,073	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL HUBLER VICE PRESIDENT - EXEC BRD	(i)	234,871	0	0	93,870	36,296	365,037	0
	(ii)	0	0	0	0	0	0	0
4 ROB MASON VICE PRESIDENT - EXEC BRD	(i)	236,083	0	0	93,870	26,918	356,871	0
	(ii)	0	0	0	0	0	0	0
5 RICHARD BAILEY VICE PRESIDENT - EXEC BRD	(i)	235,453	0	0	93,870	26,939	356,262	0
	(ii)	0	0	0	0	0	0	0
6 DOUGLAS TAYLOR VICE PRESIDENT - EXEC BRD	(i)	232,755	0	0	93,870	27,932	354,557	0
	(ii)	0	0	0	0	0	0	0
7 CHRISTIAN FELLER VICE PRESIDENT - EXEC BRD	(i)	246,954	0	0	92,288	15,078	354,320	0
	(ii)	0	0	0	0	0	0	0
8 JOEL SANTOS VICE PRESIDENT	(i)	198,459	0	0	78,400	35,760	312,619	0
	(ii)	0	0	0	0	0	0	0
9 STEVE CLEMENT VICE PRESIDENT	(i)	184,285	0	0	74,509	33,924	292,718	0
	(ii)	0	0	0	0	0	0	0
10 CHESTER MURPHY VICE PRESIDENT	(i)	182,735	0	0	74,509	35,274	292,518	0
	(ii)	0	0	0	0	0	0	0
11 DEVEN JOHNSON TRAINING DIRECTOR	(i)	199,913	0	0	78,400	13,770	292,083	0
	(ii)	0	0	0	0	0	0	0
12 MAURICIO ROBLES VICE PRESIDENT	(i)	182,703	0	0	74,509	33,922	291,134	0
	(ii)	0	0	0	0	0	0	0
13 WAYNE LAFFITTE VICE PRESIDENT	(i)	181,904	0	0	74,509	34,647	291,060	0
	(ii)	0	0	0	0	0	0	0
14 BRETT HINSLEY INTERNATIONAL REP	(i)	177,467	0	0	73,122	35,201	285,790	0
	(ii)	0	0	0	0	0	0	0
15 JOSEPH CIACCHI INTERNATIONAL REP	(i)	178,815	0	0	73,122	25,545	277,482	0
	(ii)	0	0	0	0	0	0	0
16 CHRISTOPHER MULLOY INTERNATIONAL REP	(i)	167,937	0	0	70,618	25,526	264,081	0
	(ii)	0	0	0	0	0	0	0
17 ROBERT SANTO INTERNATIONAL REP	(i)	168,257	0	0	45,825	25,517	239,599	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization OPERATIVE PLASTERERS AND CEMENT MASONS' INT'L ASSOC OF THE US & CANADA	Employer identification number 53-0258484
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total							▶ \$ _____					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GRACE SEXTON	FAMILY MEMBER RELATED TO KEVIN SEXTON	12,005	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

OPERATIVE PLASTERERS AND CEMENT MASONS'
INT'L ASSOC OF THE US & CANADA

Employer identification number

53-0258484

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	OPERATIVE PLASTERERS AND CEMENT MASONS' INTERNATIONAL ASSOCIATION IS A MEMBERSHIP ORGANIZATION. APPLICATION FOR MEMBERSHIP IS GOVERNED BY ARTICLES 21 AND 22 OF THE INTERNATIONAL CONSTITUTION WHICH IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF INTERNATIONAL OFFICERS OF OPERATIVE PLASTERERS AND CEMENT MASONS' INTERNATIONAL ASSOCIATION IS GOVERNED BY ARTICLE 5 OF THE INTERNATIONAL CONSTITUTION, WHICH IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	OPERATIVE PLASTERERS AND CEMENT MASONS' INTERNATIONAL ASSOCIATION'S FORM 990 IS PREPARED BY ITS INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT WHO THEN FORWARDS THE COMPLETED RETURN TO THE ORGANIZATION'S GENERAL SEC./TREAS. FOR SIGNATURE AND REVIEW BY THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<p>THE ANNUAL SALARIES PAID TO THE GENERAL OFFICERS, GENERAL EXECUTIVE BOARD MEMBERS, ASSISTANTS TO THE GENERAL PRESIDENT, VICE PRESIDENTS (ONLY WHEN ON ASSIGNMENT FROM THE GENERAL PRESIDENT), AND INTERNATIONAL REPRESENTATIVES (ONLY WHEN ON ASSIGNMENT FROM THE GENERAL PRESIDENT) SHALL BE CALCULATED BY THE FINANCE COMMITTEE AS FOLLOWS: (1) THE FINANCE COMMITTEE SHALL DETERMINE THE ANNUAL SALARY TO BE PAID TO THE GENERAL PRESIDENT, WHICH SHALL BE APPROVED BY THE GENERAL EXECUTIVE BOARD. (2) BASED UPON THE GENERAL PRESIDENT'S SALARY IN SECTION 4(A)(1) OF THE CONSTITUTION OF THE OPCMIA OF THE UNITED STATES AND CANADA AFL-CIO, THE SALARY FOR THE OTHER POSITIONS SET FORTH ABOVE SHALL BE AS FOLLOWS: (A) THE ANNUAL SALARY OF THE GENERAL SECRETARY-TREASURER SHALL BE SET AT 90% OF THE GENERAL PRESIDENT'S ANNUAL SALARY. (B) THE ANNUAL SALARY OF THE EXECUTIVE VICE PRESIDENT SHALL BE SET AT 80% OF THE GENERAL PRESIDENT'S ANNUAL SALARY. (C) THE ANNUAL SALARY OF A VICE PRESIDENT/GENERAL EXECUTIVE BOARD SHALL BE SET AT 75% OF THE GENERAL PRESIDENT'S ANNUAL SALARY. (D) THE ANNUAL SALARY OF AN ASSISTANT TO THE GENERAL PRESIDENT SHALL BE 55% OF THE GENERAL PRESIDENT'S ANNUAL SALARY. (E) THE ANNUAL SALARY OF A DIRECTOR OF A DEPARTMENT SHALL BE AT 55% OF THE GENERAL PRESIDENT'S ANNUAL SALARY. (F) THE ANNUAL SALARY OF A VICE PRESIDENT (WHEN ON ASSIGNMENT FROM THE GENERAL PRESIDENT) SHALL BE 50% OF THE GENERAL PRESIDENT'S SALARY. (G) THE ANNUAL SALARY OF AN INTERNATIONAL REPRESENTATIVE (WHEN ON ASSIGNMENT FROM THE GENERAL PRESIDENT) SHALL BE 45% OF THE GENERAL PRESIDENT'S SALARY. IF AN INDIVIDUAL HOLDS TWO POSITIONS (SUCH AS VICE PRESIDENT AND DIRECTOR), HE SHALL RECEIVE THE ANNUAL SALARY OF THE HIGHER POSITION. (3) THE GENERAL EXECUTIVE BOARD, UPON RECOMMENDATION OF THE FINANCE COMMITTEE, SHALL BE AUTHORIZED TO INCREASE OR DECREASE THE ANNUAL SALARY OF THE GENERAL PRESIDENT SET FORTH IN ARTICLE 4, SECTION 4(A)(1) IN BETWEEN CONVENTIONS. ANY INCREASE SHALL NOT EXCEED THE PERCENTAGE INCREASE, IF ANY, IN THE CONSUMER PRICE INDEX FOR URBAN WAGE EARNERS AND CLERICAL WORKERS, U.S. CITY AVERAGE, ALL ITEMS (1982-1984=100), ALSO REFERRED TO AS THE "CPI-W," DURING THE TWELVE MONTH PERIOD FROM SEPTEMBER OF THE PRIOR YEAR TO SEPTEMBER OF THE CURRENT YEAR. ANY SUCH INCREASE SHALL BE LIMITED TO A MAXIMUM OF 4% PER YEAR. (4) NO FULL-TIME OFFICER SHALL BE TAKEN OFF ASSIGNMENT WITHOUT THE APPROVAL OF THE GENERAL EXECUTIVE BOARD.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OPERATIVE PLASTERERS AND CEMENT MASONS' INT'L ASSOC OF THE US & CANADA MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CANADIAN EXCHANGE RATE GAIN/(LOSS) 2,758.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 1:	OPERATIVE PLASTERERS AND CEMENT MASONS' INTERNATIONAL ASSOCIATION FINANCIAL STATEMENTS ARE PREPARED USING THE MODIFIED CASH BASIS OF ACCOUNTING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	OPERATIVE PLASTERERS AND CEMENT MASONS' INTERNATIONAL ASSOCIATION'S GOVERNING BODY IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THAT PERFORMS THE AUDIT.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
OPERATIVE PLASTERERS AND CEMENT MASONS'
INT'L ASSOC OF THE US & CANADA

Employer identification number

53-0258484

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0258484

Name: OPERATIVE PLASTERERS AND CEMENT MASONS'
INT'L ASSOC OF THE US & CANADA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
911 RIDGEBROOK ROAD SPARKS, MD 21152 53-0258484	PENSION FUND	MD	401 (A)				No
911 RIDGEBROOK ROAD SPARKS, MD 21152 52-6135348	PENSION FUND	MD	401 (A)				No
9700 PATUXENT WOODS DRIVE SUITE 200 COLUMBIA, MD 21046 52-1280934	TRAINING FUND	MD	501 (C)(5)				No
9700 PATUXENT WOODS DRIVE SUITE 200 COLUMBIA, MD 21046 52-2226173	PENSION FUND	MD	401 (A)				No
9700 PATUXENT WOODS DRIVE SUITE 200 COLUMBIA, MD 21046 02-0594692	POLITICAL ACTION COMMITTEE	MD	SECTION 527				No
9700 PATUXENT WOODS DRIVE SUITE 200 COLUMBIA, MD 21046 91-2104535	POLITICAL ACTION COMMITTEE	MD	SECTION 527				No
9700 PATUXENT WOODS DRIVE SUITE 200 COLUMBIA, MD 21046 52-0852330	APPRENTICE TRAINING FUND	MD	501 (C)(3)	LINE 7			No
9700 PATUXENT WOODS DRIVE SUITE 200 COLUMBIA, MD 21046 27-1356414	SCHOLARSHIP FUND	MD	501 (C)(3)	LINE 11			No
9700 PATUXENT WOODS DRIVE SUITE 200 COLUMBIA, MD 21046 47-3740409	TRAINING FUND	MD	501 (C)(5)				No